**Westpark Co-op Preschool**



**Registration Package**

**2018-2019**

**514-830-KIDS**

(514-830-5437)

100 rue Fairview, DDO, H9A 1V4

Web site: www.westparkpreschool.weebly.com

email: [westparkpreschool@hotmail.com](mailto:westparkpreschool@hotmail.com)

**Westpark Co-op Preschool Registration 2018-2019**

Dear Parents:

Welcome to Westpark Co-Op Preschool. To complete your registration, please include the following:

1. A completed registration form, consisting of all pages with the school logo in the top right-hand corner.
2. A $45.00 cheque dated for the time of registration to cover the registration fee (non-refundable). *If you submit a completed registration package before June 1st, 2018, the fee is only $25.00.*
3. A cheque for monthly fee for May 2019 **dated for the time of registration**. This is non-refundable in the case of early withdrawal. ((b) & (c) may be included on one cheque if you wish).
4. 8 post-dated cheques dated the first of the month, September 2018 to April 2019 inclusive (monthly fees depend on program chosen, please see following table).
5. A one-time consumable fee of $50.00 is payable at the beginning of the school year. (You may include this with your first cheque for September 2018).
6. Online payment option: See next page follow instructions therein.

|  |  |  |  |
| --- | --- | --- | --- |
| **Program** | **Option** | **Description** | **Cost per Month** |
| **Moms & Tots** (2 year old program)  Mondays, 9:00 - 11:00  ***\*\*\*minimum of 4 children to run class\*\*\**** | A | Monday Mornings  - with parent or caregiver | $ 40.00 |
| **Preschool** (3- and 4-year old program) | B | 4 days a week (Tues - Fri) | $ 160.00 |
| Tuesdays - Fridays; 9:00 - 11:30 | C | 3 days a week | $ 145.00 |

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***An additional fee for field trips may also apply***

All cheques should be made payable to Westpark Co-Op Preschool.

Attached are the necessary registration and health forms for your child. These forms **must** be submitted before your child may attend our school.

School holidays are the same as the Lester B. Pearson School Board, except for pedagogical days (some of which may apply). A calendar will be posted at the beginning of the school year.

If you have any questions or would like some additional information, please feel free to contact us at 514-830-5437.

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Thank you,

The Westpark Co-op Preschool Board of Directors.

**Westpark Co-op Preschool Registration 2018-2019**

**ONLINE PAYMENT OPTION**

Please follow the instructions below to pay your Preschool fees via email e-transfer:

1. Send all money e-transfers to [**a\_paor@education.concordia.ca**](mailto:a_paor@education.concordia.ca) (it will be processed by Treasurer, April Paor and verified by Co-chair, Geneva)
2. A one-time payment to include the following fees is due at registration, we will confirm registration via email once payment is processed.
   1. $45 registration fee (*If you submit a completed registration package before June 1st, 2018, the fee is only $25.00)*
   2. Monthly fee for May 2019. This is non-refundable in the case of early withdrawal
   3. A one time consumable fee of $50.00
3. Monthly fees are to be paid on the first of each month.

For any questions please contact April ([a\_paor@education.concordia.ca](mailto:a_paor@education.concordia.ca)) or Geneva (gpearsall@gmail.com)

**Westpark Co-op Preschool Registration 2018-2019**

**CONFIDENTIAL**

Please indicate which program you are registering for and circle days:

Tots Program \_\_\_\_ Junior Program (3-yr. olds) \_\_\_\_ Senior Program (4-yr. olds)\_\_\_

Which days? T W Th F Which days? T W Th F

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name known as:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (D/M/Y): \_\_\_/\_\_\_/\_\_\_ Age as of Sept. 1st, 2018: \_\_\_years,\_\_\_\_months Sex: \_\_\_\_

Full Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medicare Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family’s email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Languages spoken at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and number of regular caregiver, if different from above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Persons to contact in case of emergency:

|  |  |  |
| --- | --- | --- |
| Name | Phone Number | Relationship to Child |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

List of persons authorized to pick up the child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* It is the assumption that both parents are allowed to pick up the child unless otherwise stated.

If another person is to pick up your child and his or her name does not appear on this list, please call and notify the school prior to pick up time, and ensure that the person knows that a proof of identification may be required.

**Westpark Co-op Preschool Registration 2018-2019**

**CONFIDENTIAL - BACKGROUND INFORMATION**

Please fill in this **confidential** form and submit it ***directly to your child’s teacher***. This will help the teacher better understand and relate to your child.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Personal Habits:**

Eating Habits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sleeping Habits: \_\_\_\_\_Walk \_\_\_\_\_Talk \_\_\_\_Nightmares

What time does he/she go to bed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does she/he go directly to sleep? \_\_\_\_\_ yes \_\_\_\_\_no

Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Toilet Habits: When trained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother tongue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speech difficulties? \_\_\_\_\_yes \_\_\_\_\_ no

Hearing difficulties? \_\_\_\_\_yes \_\_\_\_\_no

Visual problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Family Situation:**

Child’s position in the family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number and ages of siblings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do both parents live with the child? \_\_\_\_\_yes \_\_\_\_\_no

Other members of the household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please continue on next page.....***

**CONFIDENTIAL - BACKGROUND INFORMATION**

(continued)

1. **Social Background:**

How does he/she get along at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does she/he handle new situations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does he/she get along in play with others? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has she/he any keen interests (i.e. pets, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much TV does the child watch? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Favourite programs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything more concerning your child and his/her experiences which you think

will help us in our understanding of him/her?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Early History:**

Has there been any illness or accident that has left lingering after-effects?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any physical disabilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Westpark Co-op Preschool Registration 2018-2019**

**PARENT PARTICIPATION FORM** (confidential)

As parents in a co-op preschool, we all need to pitch in to make our school functional, efficient, and a fun place to be. Please fill in the following questionnaire to tell us a little more about yourself.

Name of child registered in school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_JR \_\_\_SR \_\_\_Tots

Home phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s occupation (or former occupation):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s occupation (or former occupation):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been associated with this or any other co-op preschool or school?

If yes, in what capacity?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With which school were you associated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As this is a co-operative preschool, one parent or both must be prepared to serve on a committee, or take office in the school. Below is a list of the various committees of the school. Please list you first three choices in order of preference. Positions will be filled on a first-come, first-serve basis. Everyone must assume a position, and all positions must be filled. For a description of positions, please see page 4 of the Westpark Co-op Preschool Handbook.

**Board of Directors:**

Co-chairpersons

Registrar

Secretary

Treasurer

**Other positions / committees:**

Tots program contact Scheduling

Publicity Fundraising

Photocopying Health Officer

Purchasing / Supplies Emergency Parents

Scholastics Sewing and Laundry

Building and Repairs Library Parent

Field Trips

My Choices:

a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ b)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please continue on next page.....***

**PARENT PARTICIPATION FORM**

(continued)

Do you own a typewriter or computer? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you type? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you have access to photocopying? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you have access to discounts? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, which kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you play a musical instrument? \_\_\_\_\_ yes \_\_\_\_\_ no

Can you do any artwork, (publicity posters, etc)? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you have a flair for writing newsletters, publicity? \_\_\_\_\_ yes \_\_\_\_\_ no

Are you perfectly bilingual and willing to help with translations should the need arise?

\_\_\_\_\_ yes \_\_\_\_\_ no

Are you a stay-at-home parent? \_\_\_\_\_ yes \_\_\_\_\_ no

Who will be doing duty days? \_\_\_\_\_ child’s mother

\_\_\_\_\_ child’s father

\_\_\_\_\_ child’s babysitter

\_\_\_\_\_ other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEGAL ADVISOR: If you are a parent with legal knowledge, and are willing to be on hand should the need arise, please sign below:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Westpark Co-op Preschool Registration 2018-2019**

**CHILD’S HEALTH FORM**

(confidential)

All parents must provide completed medical forms to the Westpark Co-op Preschool BY LAW.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_ Tots \_\_\_\_ JR \_\_\_\_SR

Pediatrician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medicare Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency treatment in case of severe allergic reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Communicable Diseases**

Please circle which of the following your child has had, or has been vaccinated against:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Chicken Pox* | yes | no | vaccinated | *Measles* | yes | no | vaccinated |
| *German Measles* | yes | no | vaccinated | *Mumps* | yes | no | vaccinated |
| *Whooping Cough* | yes | no | vaccinated | *Other\_\_\_\_\_\_\_\_\_\_\_* | yes | no | vaccinated |

Operations or serious illnesses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any routine medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Playgroup activities NOT recommended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ I have included updated copies of my child’s vaccination record

**OR**

\_\_\_\_ I have completed the following page (p. 8) of this form.

***Please sign each of the following:***

* 1. I agree to comply with the health regulations by providing completed and signed medical forms prior to the start of school.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I hereby authorize the Westpark Co-op Preschool of D.D.O. to take all necessary steps concerning my child’s health in case of emergency.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I fully understand and accept all the registration information in this package.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILD’S HEALTH FORM**

(continued)

1. This page only needs to be filled out if you have **NOT** submitted copies of your child’s vaccination records.

To whom it may concern,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is in good health for attendance to nursery school.

Any recommended limitations on nursery school activity:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Westpark Co-op Preschool Registration 2018-2019**

**DUTY PARENT AND PARENT’S HEALTH STATEMENT**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_ Tots \_\_\_\_ JR \_\_\_\_SR

I certify that, to my knowledge, I am in good health and am free of any infectious disease. There is no known reason for me to avoid participating in preschool activities, including being a duty day parent.

I will inform the teachers and refrain from participating in preschool activities if this health status changes, until an exposure to an infectious disease can be further investigated.

Parent’s Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* Other copies of this form are available from the Registrar, or the Health Officer. One form

should be filled out for each adult planning on participating in duty days.

**Westpark Co-op Preschool Registration 2018-2019**

We hereby apply for active membership in the Westpark Co-op Preschool of D.D.O. and enclose the registration fee of $45.00 which is not refundable (or $25.00 if submitting before June 1st).

The registration fee covers student accident insurance, supplies and some other expenses. Monthly fees cover teachers’ salaries.

I also enclose the tuition fee for the last month of the school year - May 2019, which is non-refundable, due and payable at the time of registration.

Senior Preschool children should be 4 years of age as of September 30th, 2018. Junior Preschool children should be 3 years of age as of September 30th, 2018. Children in the Tots program should be 2 years old by September 30th, 2018.

If accepted into active membership, I fully understand and agree to uphold the following rules and obligations:

1. To be bound by the By-laws of the Westpark Co-op Preschool of Dollard-des-Ormeaux / Jardin d’Enfants Communautaire Westpark de Dollard-des-Ormeaux, and to observe all rules and regulations issued by the Board of Directors. I agree as a parent in the co-op school to participate in the parents’ committee and fulfill my responsibilities therein.
2. To submit a series of eight (8) post-dated cheques or online payments covering the period September 1st, 2018 to April 1st, 2019. The cheques or online payments will be dated for the first of each month.
3. In the event that the child is to be withdrawn from the school:
   1. One month’s notice must be given to the registrar IN WRITING at any time on or before January 1st, 2019.
   2. The amount refundable is dependant on a replacement being available to fill the vacancy caused by the withdrawal. Any refund will only apply to the period September 1st, 2018 through January 1st, 2019.
   3. If the child withdraws after January 1st, 2019, the tuition fees for February, March, and April are only refundable at the discretion of the Board of Directors, as it may be difficult to find a replacement when the year is so advanced, and this withdrawal may cause serious financial hardship to the school.
4. I hereby release the Westpark Co-op Preschool of Dollard-des-Ormeaux and its officers, from all or any responsibility or liability arising from or out of any incident or accident which may occur on or about or en route to or from school premises, or any grievances resulting from decisions made by the Parent’s Board.
5. I recognize that field trips and duty days are part of the school curriculum, and my child and I are expected to participate in both.
6. We will keep the teachers informed of any event or change of routine at home which may affect our child’s behaviour, and advise the teacher should our child come in contact with any communicable diseases, including lice.
7. We agree (father and/or mother) to make ourselves available twice during the year to help with setting up the school and closing the school for the summer (i.e. moving in and moving out).
8. The Westpark Co-op Preschool of D.D.O. does not provide transportation.

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

N.B. There are two copies of this form. Please ***sign and return*** this copy at the time of registration.

**Westpark Co-op Preschool Registration 2018-2019**

We hereby apply for active membership in the Westpark Co-op Preschool of D.D.O. and enclose the registration fee of $45.00 which is not refundable (or $25.00 if submitting before June 1st).

The registration fee covers student accident insurance, supplies and some other expenses. Monthly fees cover teachers’ salaries.

I also enclose the tuition fee for the last month of the school year - May 2019, which is non-refundable, due and payable at the time of registration.

Senior Nursery children should be 4 years of age as of September 30th, 2018. Junior Nursery children should be 3 years of age as of September 30th, 2018. Children in the Tots program should be 2 years old by September 30th, 2018.

If accepted into active membership, I fully understand and agree to uphold the following rules and obligations:

1. To be bound by the By-laws of the Westpark Co-op Preschool of Dollard-des-Ormeaux / Jardin d’Enfants Communautaire Westpark de Dollard-des-Ormeaux, and to observe all rules and regulations issued by the Board of Directors. I agree as a parent in the co-op school to participate in the parents’ committee and fulfill my responsibilities therein.
2. To submit a series of eight (8) post-dated cheques or online payments covering the period September 1st, 2018 to April 1st, 2019. The cheques or online payments will be dated for the first of each month.
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4. I hereby release the Westpark Co-op Preschool of Dollard-des-Ormeaux and its officers, from all or any responsibility or liability arising from or out of any incident or accident which may occur on or about or en route to or from school premises, or any grievances resulting from decisions made by the Parent’s Board.
5. I recognize that field trips and duty days are part of the school curriculum, and my child and I are expected to participate in both.
6. We will keep the teachers informed of any event or change of routine at home which may affect our child’s behaviour, and advise the teacher should our child come in contact with any communicable diseases, including lice.
7. We agree (father and/or mother) to make ourselves available twice during the year to help with setting up the school and closing the school for the summer (i.e. moving in and moving out).
8. The Westpark Co-op Preschool of D.D.O. does not provide transportation.

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

N.B. There are two copies of this form. Please ***keep*** this copy for your records.

**WESTPARK CO-OP PRESCHOOL Code of Conduct**

Westpark Co-op preschool teaches and promotes respect for all individuals (teachers, students and parents).

Our school policy is based on respect for self, others and the learning environment. Appropriate behaviour is

expected not only from the students, but from everyone involved with the school.

There is a zero tolerance for any verbal, emotional or physical abuse of any kind. We believe that as a co-op,

we must be able to resolve any issues in a diplomatic and reasonable manner.

If any individual cannot follow the school’s code of conduct they may be asked to leave the preschool.

Please sign.

Print (in block letters): Signature:

Parent of: