

Welcome to
North Dumfries Preschool Co-operative Inc.



Enrolment Package 2022-2023



Please fill out the following documents and hand them in to the preschool.

92 Northumberland Street (inside Knox Church)

PO Box 1136

Ayr, ON N0B 1E0

519-632-8272

membership@ndpci.ca

Updated April 2022

Dear Parents,

Thank you for your interest in the North Dumfries Preschool Co-operative Inc. We are a co-operative preschool who has been offering exceptionally rated early childhood education and development programs to toddlers and preschoolers since 1980.

As a co-operative, our preschool is owned and operated by the families enrolled. Parents and Guardians are directly involved in every aspect of the preschool's operation, from the classroom to the boardroom. This gives families a key role in developing our classroom programming and in making financial decisions regarding tuition and expenses.

Parents or Guardians may contribute time to the school in various ways depending on their interests and personal schedules. They may take an active role in staffing the preschool through "duty days", they can be members of committees, or they may take a position on our Board of Directors. Being a part of a preschool can be a very rewarding experience for the whole family and allows you to be a part of a key time in their child's life. Your involvement may also provide an opportunity to meet new people and make new friends.

To learn more about our history and philosophy, our programming and teachers, and what it means to be a part of a co-operative preschool, please visit our website www.ndpci.ca or contact us either by phone at (519) 632-8272 or by email at supervisor@ndpci.ca.

Enclosed is our enrollment package for the school year. To register, please submit your completed package by contacting our Director of Membership to make arrangements for drop-off of your paperwork. You can reach the Director of Membership directly at membership@ndpci.ca. There is also a Family Handbook and Policies & Procedures Manual to download and read prior to your enrollment being accepted. The information contained within the Handbook and Manual is regulated by the Ministry of Education and the Region of Waterloo. We are mandated to provide all families with this important information regarding all aspects of the preschool.

Please let the director of Membership know if you have any questions regarding information within the package or if you require assistance in filling out the registration forms.

We look forward to a fun, exciting and rewarding year together at preschool!

Sincerely,

The North Dumfries Preschool Co-operative Inc. Board of Directors

Admission Date:

Withdrawal Date:

FOR OFFICE USE ONLY

Student Information

| | | | |
|--------------------------|-------------------------|----------------------------|--|
| Last Name | | | |
| First Name | | | |
| Nickname | | | |
| Gender | | | |
| Address | | | |
| City | | Postal Code | |
| Birthdate | | Home Phone | |
| Languages Spoken at Home | | | |
| Registered Class | Tues/Thurs AM (Toddler) | Mon/Wed/Fri AM (Preschool) | |

Guardian Information

| | |
|---|--|
| Guardian #1 | |
| Last Name | |
| First Name | |
| Address Same as Student <input type="checkbox"/> | |
| Home Phone | |
| Cell Phone | |
| Email Address | |
| Guardian #2 | |
| Last Name | |
| First Name | |
| Address Same as Student <input type="checkbox"/> | |
| Home Phone | |
| Cell Phone | |
| Email Address | |

Custody Information

| | | |
|----------------|-------|--------------------------------------|
| Not Applicable | Joint | Sole** (**Additional Forms Required) |
|----------------|-------|--------------------------------------|

Pick Up List and Emergency Contacts

| Name | Phone |
|------|-------|
| | |
| | |

Student Medical Information

| | | |
|-------------------------|------------|---------|
| Doctor Name | | |
| Address | | |
| Phone | | |
| Health Card No. | | |
| Medical Coverage | Provincial | Private |
| Allergies | Y | N |
| If yes, please describe | | |
| | | |
| Special Needs | Y | N |
| If Yes, please describe | | |
| | | |

Medical Background

Has your child ever had any of the following:

| | | | |
|---------------|-----|------------------------|--|
| Hearing Test? | Y N | Communicable Diseases? | |
| Eye Test? | Y N | Hospital Stay | |

If yes, please describe

Consent to Emergency Medical Treatment

I/We hereby give permission for my/our child to receive emergency medical treatment in the event that I/We cannot be contacted.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Family Background

| Siblings | | | |
|----------|--------|-----|-----------------|
| Name | Gender | Age | Additional Info |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Other Members in Household

| Name | Relation to Child |
|------|-------------------|
| | |
| | |
| | |

Is there any other information we should be aware of that may affect your child's behaviour (ex. divorce, recent loss, family illness etc.?) **Y N**

If yes, please describe

About Your Child

| | | |
|--|---|---|
| Does your child have any fears? | Y | N |
| If yes, please describe | | |
| Does your child experience separation anxiety? | Y | N |
| Does your child use aggressive behaviour to communicate? | Y | N |
| Has your child attended any organized classes? | Y | N |
| If yes, please describe | | |
| Additional information that would be helpful in the provision of care for your child | | |
| Has your child had any evaluations from outside sources? (KidsAbility, KW Habilitation, Speech Assessments etc?) | Y | N |
| If yes, please note any recommendations and highlight steps that have been taken. | | |

Toilet Training

| | | | | | |
|--|---|---|-------------------|---|---|
| Is your child toilet trained during the day? | Y | N | During the night? | Y | N |
| Does your child have accidents during the day? | Y | N | During the night? | Y | N |
| Does your child let you know when they need to use the bathroom? | Y | N | Comments: | | |
| Child's word/term for urination | | | | | |
| Child's word/term for bowel movements | | | | | |



Region of Waterloo Public Health

Immunization Information Form For new registrants attending a Child Care Centre in Waterloo Region

Form A

The Day Nurseries Act requires that all infants and children attending a child care centre be fully immunized against Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella and Haemophilus Influenza type B. Please complete this form and attach the appropriate immunization record to provide your child care centre and Region of Waterloo Public Health with this required information.

| | | |
|---|-----------------|--|
| Child's Last Name: | | Child's First Name: |
| Date of Birth: -- -- / --- / --- Year / month / day | Boy Girl | Child's Ontario Health Card Number (optional): |
| Name of Parent/Guardian A: | | Name of Parent/Guardian B: |
| Child's Primary Address: | | |
| City: | | Postal Code: |
| Home Phone: | | |
| Child Care Centre: School currently attending: | | |
| Please print the name of country where the immunization records are from: | | |

Immunization History

Please attach two (2) photocopies of your child's immunization record (yellow card) including all immunizations given since birth. One will be kept on file at the child care centre while the other will be sent to Public Health. Please ensure the dates of immunization are included. If your child was not born in Canada please attach a photocopy of their medical immunization history from their country of origin.

The chart on the reverse side of this page shows the required routine immunization schedule for children in Ontario (this schedule may change if your child misses any of these immunizations). Please review the chart to make sure your child is up-to-date according to the schedule. If you require assistance with reading the chart or your immunization record please contact Region of Waterloo Public Health at 519-883-2007 option 6.

Parent/Guardian Signature: _____ Date: _____

NOTICE OF PURPOSE - PERSONAL HEALTH INFORMATION

By completing this form, you are consenting to the collection and use of your personal health information by Region of Waterloo Public Health to maintain the provincial immunization database. For further information please contact the Director of Central Resources at 519-882-2000

Publicly Funded Immunization Schedules for Ontario – January 2021

Publicly funded vaccines may be provided only to eligible individuals and must be free of charge

| Routine Schedule: Children Starting Immunization in Infancy | | | | | | | | | | | | | |
|---|-----|----------|----------|----------|---------------------|-----------|-----------|---------|---------|----------|----------|------------------------|----------|
| Vaccine | Age | 2 Months | 4 Months | 6 Months | 1 Year [Ⓞ] | 15 Months | 18 Months | 4 Years | Grade 7 | 14 Years | 24 Years | ≥34 Years [†] | 65 Years |
| DTaP-IPV-Hib Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b | | ◆ | ◆ | ◆ | | | ◆ | | | | | | |
| Pneu-C-13 Pneumococcal Conjugate 13 | | ◆ | ◆ | | ◆ | | | | | | | | |
| Rot-5 Rotavirus | | ▲ | ▲ | ▲ | | | | | | | | | |
| Men-C-C Meningococcal Conjugate C | | | | | ◆ | | | | | | | | |
| MMR Measles, Mumps, Rubella | | | | | ■ | | | | | | | | |
| Var Varicella | | | | | | ■ | | | | | | | |
| MMRV Measles, Mumps, Rubella, Varicella | | | | | | | | ■ | | | | | |
| Tdap-IPV Tetanus, diphtheria, pertussis, Polio | | | | | | | | ◆ | | | | | |
| HB Hepatitis B | | | | | | | | | ● | | | | |
| Men-C-ACYW Meningococcal Conjugate ACYW-135 | | | | | | | | | ● | | | | |
| HPV-9 Human Papillomavirus | | | | | | | | | ● | | | | |
| Tdap Tetanus, diphtheria, pertussis | | | | | | | | | | ◆ | | | |
| Td (booster) Tetanus, diphtheria | | | | | | | | | | | | ◆ Every 10 years | |
| HZ Herpes Zoster | | | | | | | | | | | | | I |
| Pneu-P-23 Pneumococcal Polysaccharide 23 | | | | | | | | | | | | | ■ |
| Inf Influenza | | | | | | | | | | | | | |

***Every year in the fall**

◆ - A single vaccine dose given by intramuscular injection

■ - A single vaccine dose given by subcutaneous injection

▲ - A single vaccine dose given by mouth

● - Provided through school-based immunization programs. Men-C-ACYW is a single dose; HB is a 2 dose series (see Table 6); HPV-9 is a 2 dose series (see Table 6); HPV-9 is a 2 dose series (see Table 10). Each vaccine dose is given by intramuscular injection

Ⓞ - Given no earlier than the 1st birthday, and prior to 16 months of age

† - Once a dose of Tdap is given in adulthood (24 years of age), adults should receive Td boosters every 10 years thereafter

I - HZ is a 2 dose series (see Table 12) given by intramuscular injection

★ - Children 6 months to 8 years of age who have not previously received a dose of influenza vaccine require 2 doses given 2-4 weeks apart. Children who have previously received ≥1 dose of influenza vaccine should receive 1 dose per season thereafter

Note: A different schedule and/or additional doses may be needed for high risk individuals (see Table 3) or if doses of a vaccine series are missed (see appropriate Tables 4-24)

Withdrawal Policy

Four weeks notice is required should a family decide to withdraw his/her child from preschool. A written letter or email of withdrawal shall be submitted to the Teacher/Supervisor and Director of Membership stating withdrawal date and any pertinent information relating to the withdrawal. The four weeks notice will begin upon confirmation of receipt of request for withdrawal by the Teacher/Supervisor. Fee rebate will be effective from the end of the four weeks notice and commencing on the Monday of the following week.

I have read the Withdrawal Policy; I understand and agree to the Withdrawal Policy of the North Dumfries Preschool Co-Operative Inc.

Signature of Parent/Guardian

Date

Confidentiality Agreement

This form is designed to inform families of their responsibilities to protect any confidential information discussed with them during their period of involvement with North Dumfries Preschool Co-Operative Inc. The form should be signed by the parent/guardian and witnessed by a Board Member or the Teacher. The form should be kept in the family file at all times.

PROTECTION OF CONFIDENTIAL INFORMATION

I, _____ have been made aware of the confidential nature of information concerning children and their families, and the confidentiality of such information will be respected.

I will exercise all reasonable care and caution in protecting printed or written confidential information from casual observation, unauthorized perusal or other such abuse.

I also understand that student information which shall come to my knowledge will be considered confidential and shall not be released to any other agency without signed authorization from the parent(s)/guardian(s)

Signature of Parent/Guardian

Date

Signature & Position of Witness

Date

Remind App Permission

I hereby grant permission for NDPCI to use photos of my child and communicate learning experiences through the "Remind App". I have read the vendor's privacy policy at www.remind.com/trust-safety.

Signature of Parent/Guardian

Date

Phone No. to be used for app

Consent Form



Child's Last Name: _____

Child's Given Name: _____

Date of Birth (D/M/Y): _____

Gender: _____

- A. I hereby grant permission for my child to use all the play equipment and to participate in activities provided by North Dumfries Preschool Co-Operative.

Signature of Parent/Guardian

Date

- B. I hereby grant permission for my child to participate in excursions/walks while at North Dumfries Preschool Co-Operative (notification from the Teacher will be given to all families prior to the excursion)

Signature of Parent/Guardian

Date

- C. I hereby grant permission to North Dumfries Preschool Co-Operative to reprint photographs of my child participating in school activities on promotional flyers, information brochures for the school or the school's website. I understand that these photos will not be used for or sold for profit-making or commercial purposes.

Signature of Parent/Guardian

Date

- D. I hereby grant permission to North Dumfries Preschool Co-Operative to reprint photographs of my child participating in classroom activities for documentation, posting in the classroom and end of preschool yearbooks.

Signature of Parent/Guardian

Date

- E. I have read the policy on anaphylaxis, and have a basic understanding of anaphylactic allergies, the ways the preschool will try to minimize exposure and the steps to be taken in an anaphylactic emergency including by not limited to administration of an Epi-Pen. If I have a child with an anaphylactic allergy, I will contact the teacher to arrange a meeting in order to develop an individualized Action Plan for my child before my child's first day of classes.

Signature of Parent/Guardian

Date

- F. I hereby grant permission for the staff at North Dumfries Preschool Co-Operative to apply sunscreen and diaper cream that I have supplied to my child as needed.

Signature of Parent/Guardian

Date

Duty Helpers*

*The following 4 pages only need to be filled out by parents/guardians acting as Duty Helpers in the classroom. If you enrolled as a "Non-Participating" family, skip to page 15.

An additional consent form with all policies and procedures will need to be read and signed by all staff, duty parents, volunteers and students prior to the start of their first duty day.

PRE-EMPLOYMENT HEALTH FORM FOR EMPLOYEES/PROVIDERS /VOLUNTEERS IN CHILD CARE CENTERS

| | |
|--|------------------------------------|
| This information will be kept on file at the child care setting or designated location. It will be used to maintain a cumulative record of immunization status and to identify persons with health problems. This information may also be shared with the Region of Waterloo Public Health if an outbreak occurs. | |
| Last Name: | First Name: |
| Home Address: | |
| City: | Postal Code: |
| Home Phone () _ _ _ - _ _ _ _ | Work Phone () _ _ _ - _ _ _ _ |
| Child Care Centre: | Home Child Care |

General Instructions:

- a) Employees/providers are required to have up-to-date immunization, tuberculosis screening history and to complete this form with information on infectious diseases and general health history as indicated.
- b) Volunteers are required to complete this form to provide information regarding immunization, tuberculosis screening history, infectious disease history and general health information. There is no requirement that these be up-to-date, **although it is highly recommended.** Parent co-op volunteers are included in this category. TB skin testing is not recommended for volunteers who expect to work less than 150 hours/year (approximately one half day per week).

Please read and complete the following sections:

| IMMUNIZATION HISTORY It is very important that any persons working with children have up-to-date immunization. | DATE (Year/Month/Day) |
|--|--|
| Tetanus Diphtheria Pertussis (i.e., Adacel™) - funded for adults as a one-time adult dose, safe any time after a tetanus vaccine; no need to wait 10 years If Tetanus, Diphtheria, Pertussis was completed more then 10 year ago: Tetanus Diphtheria – should receive a booster every ten year (after receiving tetanus, diphtheria, pertussis. | ____ / ____ / ____ ____ / ____ / ____ |
| Measles, Mumps, Rubella (One dose after 1 st birthday. Not required if born prior to 1970 or if has lab-documented immunity to all three infections. Note: since Aug/11 a second dose of MMR is recommended for young adults (18-25 years) and persons who received the killed measles vaccine in 1967-1970.) | ____ / ____ / ____ |
| Polio (Initial series given in childhood only - adult boosters are not required except in certain situations.) | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | |
|---|---|
| Routine adult immunization is available free of charge from your physician if you require a booster. | |
| Hepatitis B (Immunization against Hep B may be beneficial but is not a requirement. Vaccine may be purchased through your family physician.) | Yes <input type="checkbox"/> <input type="checkbox"/> |

| | |
|---|--|
| TUBERCULOSIS (TB) SCREENING HISTORY | |
| Please complete the following screening tool: | |
| Have you come to Canada in the past 5 years from one or more of the following regions? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <ul style="list-style-type: none"> • Asia (including Middle Eastern Countries) • Africa • Central and South America • Eastern Europe | |
| Have you spent more than 3 consecutive months in one or more of the following regions in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <ul style="list-style-type: none"> • Asia (including Middle Eastern Countries) • Africa • Central and South America • Eastern Europe | |
| Do you have any of the medical conditions listed below? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <ul style="list-style-type: none"> • Kidney Problems • HIV/AIDS • Diabetes • Silicosis • Cancer | |
| Do you take immune suppressing medications? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you been exposed to someone with tuberculosis in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <p>If you answered YES to any of the above questions TB Skin Testing is <u>required</u>.</p> <p>Complete testing section below.</p> <p>If you are unsure how to answer any of the above questions, please contact your family physician or call Region of Waterloo Public Health at (519) 575-4400.</p> | |

| | Date of test | Result (in mm) |
|--|--------------|----------------|
| <p>A one step (not two step) TB skin test is required for those child care providers and employees who have answered YES to any of the above TB screening questions.</p> <p>The testing should be completed within six months prior to commencing employment and is strongly recommended for volunteers who expect to work more than 150 hours/year (one half day per week).</p> <p>Note: Employees working at multiple sites or changing employment in the child care sector within Waterloo Region only require one TB skin test ever; therefore the 6 month requirement would apply only to the first job.</p> | | |
| <p>Chest X-ray</p> <p>If needed due to a positive skin test reaction as recommended by the health care practitioner at the time of testing. A repeat chest x-ray is not required within six months of hire.</p> | | |

TB skin test may be obtained through your family physician (will charge a fee as advised by the College of Physicians and Surgeons), a local walk-in clinic (fees vary) or can be arranged by calling Region of Waterloo Public Health at 519-575-4400 (fee will also be charged).

| INFECTIOUS DISEASE HISTORY Working with children may expose persons to a variety of infectious diseases. It is helpful for a person to know if he/she is immune to certain childhood diseases for his/her own protection (as some infections produce more severe symptoms in adults or are a concern to a fetus if a person is pregnant). | Immune (history of disease or immunity from vaccine) | NO | UNKNOWN |
|---|---|----|---------|
| <p>Chickenpox</p> <p>If you are unsure, a blood test can be done to determine immunity. A chickenpox vaccine is now available at your family physician, or contact Region of Waterloo Public Health for more information at 519-575-4400</p> | | | |
| <p>Rubella (German Measles)</p> <p>All women of childbearing age should know if they are immune to rubella prior to a pregnancy. A blood test will determine immunity; a routine test during pregnancy.</p> | | | |

Please consult with your physician if you wish to determine your immunity to these infections.

| GENERAL HEALTH | YES | NO |
|-----------------------------------|-----|----|
| I am presently in good health. | | |
| Any limitations to participation? | | |

Comments: _____

| | |
|--|--------------|
| Signature of Employee / Provider / Volunteer: | Date: |
| | |

Duty Day Requirements

Please answer the following:

| | |
|---|-----|
| Are you interested in sitting on the Board of Directors? | Y N |
| Are you interested in being a Paid Duty Helper? (Someone who is available to cover in class duty days and receive \$25 per shift) | Y N |
| If yes, how many days a month are you available to help with? | |
| Are you able to be an emergency coverage duty helper for your child's class? | Y N |
| If yes, how many days a month are you available to help with? | |
| Do you have a certified and up to date First Aid Certificate? (if yes, please provide a copy to the Preschool) | Y N |

Notice with Respect to the Collection of Personal Information (Freedom of Information and Protection of Privacy Act)

Any person employed (this includes staff, duty parents, students and volunteers) by a licensed child care/preschool must complete this form.

In administering and enforcing the Child Care Early Years Act the Ministry of Education program advisors and the Director under the Ministry of Education may collect and review personal information about any person (as described above) employed by a licensed child care.

This form is required to be on file for the Ministry's review at the child care centre where you are employed or volunteering.

Your personal information may be provided by your employer in connection with an application for approval of a Supervisor, a person to take the place of a Registered Early Childhood Educator.

Information collected in the licensing process about Registered Early Childhood Educators may be shared with the College of Early Childhood Educators if necessary, for the enforcement of the Early Childhood Educators Act, 2007.

Questions concerning the direct or indirect collection of personal information may be addressed to the:

London Regional Office, Child Care Quality Assurance and Licensing Branch, Early Learning Division, Ministry of Education, Suite 207, 217 York St., London, ON N6A5P9
Phone: 1-800265-4221, or (519) 667-1440

Name: _____

Signature: _____

Date: _____

*a copy of this form shall be given to the person who completes it.

Review of Policies and Procedures

I have read and understand the following policies and/or procedures as outlined in the Policies and Procedures Manual:

| | | |
|---|---|---|
| Program Statement and Implementation Policy | Y | N |
| Infections Illness of a Staff Member | Y | N |
| Administration of Medications | Y | N |
| Nutrition, Food Handling and Preparation | Y | N |
| Use of Universal Precautions including Playground Safety Policy and Sanitary Conditions | Y | N |
| Serious Occurrence Reporting Procedure and Enhanced Serious Occurrence Procedure | Y | N |
| Recording and Reporting Suspected Child Abuse | Y | N |
| Responding to Allegations of Misconduct or Suspected Child Mistreatment Made Against People Working in the Setting or Other Children Attending the Program | Y | N |
| Responding to Discriminatory Incidents | Y | N |
| Fire Drill, Emergency Shelter and Emergency Management Procedures | Y | N |
| Responding to and Reporting Child Illness, Health Concerns, Accidents and Injuries | Y | N |
| Arrival, Release and Departure of Children in the Program | Y | N |
| Quality Assurance Activities | Y | N |
| Confidentiality | Y | N |
| Police Records Check | Y | N |
| Workplace Violence and Harassment Policy | Y | N |
| Inclusion and Accessibility Policy | Y | N |
| Duty Parent, Volunteer and Student Supervision Policy/Child Care Supervision Policy | Y | N |
| Enrollment, Withdrawal and Terminations | Y | N |
| Registration/Orientation/Mandatory Meetings and Wait List Policy | Y | N |
| Notification of Illness to Teacher | Y | N |
| Illness in a Child and Degree of Illness which Precludes a Child from Care | Y | N |
| Fee Payment, Payment Options and Payment Relating to Absences Due to Illness or Vacation | Y | N |
| Guiding Children's Behavior | Y | N |
| Field Trips and Off-Site Activities | Y | N |
| Children's Clothing/Belongings | Y | N |
| Conflict Resolution Policy | Y | N |
| Role of Parents/Guardians in the Program | Y | N |
| Prohibited Practices | Y | N |

Signature: _____

Date: _____

Checklist for Complete Registration Package

| | | |
|--|---|---|
| Registration Form Complete (4 pages) | Y | N |
| Child Immunization Forms (including two (2) photocopies of immunization records AND Form A, Form B OR Form C1 Exemption) | Y | N |
| Withdrawal Policy | Y | N |
| Protection of Confidential Information | Y | N |
| Remind App Permission | Y | N |
| Consent Form | Y | N |
| Review of Policies and Procedures Checklist | Y | N |
| Registered with OneList | Y | N |

Mandatory Meeting Cheques (Per Family) *these cheques will not be cashed unless family is notified

| | |
|--|------|
| Absence at Mandatory Fall Annual General Meeting (AGM) dated Sept 1, 2022 | \$50 |
| Absence at Spring Mandatory Annual General Meeting (AGM) dated May 1, 2023 | \$50 |

Mandatory Fundraising Cheques (Per Family) *these cheques will not be cashed unless family is notified

| | |
|---|-------|
| Not meeting Fall fundraising requirements as outlined during the Fall AGM dated Jan 1, 2023 | \$200 |
| Not meeting Spring fundraising requirements as outlined during the Fall AGM dated Jun 1, 2023 | \$100 |

For Duty Helper Registrants:

| | | |
|--|---|---|
| Adult Health History | Y | N |
| Duty Day Requirements | Y | N |
| Collection of Personal Information | Y | N |
| Police Check (Parents will not be able to participate in a duty day until police check is on file) | Y | N |

Tuition Cheques*

Registration Fee ~one time annual fee

\$50

Toddler Class

Non-Participating ~no duty days

| | | |
|---|---|--------------------------------|
| \$250/month (10 cheques dated 1st of each month) | \$1000 (dated Sept 1st) \$1500 (dated Jan 1st) | \$2500 (dated Sept 1st) |
|---|---|--------------------------------|

Participating ~one duty day /month

| | | |
|---|--|--------------------------------|
| \$200/month (10 cheques dated 1st of each month) | \$800 (dated Sept 1st) \$1200 (dated Jan 1st) | \$2000 (dated Sept 1st) |
|---|--|--------------------------------|

Preschool Class

Non-Participating ~no duty days

| | | |
|---|---|--------------------------------|
| \$350/month (10 cheques dated 1st of each month) | \$1400 (dated Sept 1st) \$2100 (dated Jan 1st) | \$3500 (dated Sept 1st) |
|---|---|--------------------------------|

Participating ~one duty day/month

| | | |
|---|---|--------------------------------|
| \$300/month (10 cheques dated 1st of each month) | \$1200 (dated Sept 1st) \$1800 (dated Jan 1st) | \$3000 (dated Sept 1st) |
|---|---|--------------------------------|

*Contact Director of Membership (membership@ndpci.ca) if you would prefer another method of payment

NOTE: All families are required to participate in Fundraising activities and attend 2 Mandatory Annual General Meetings per year whether Participating or Non-participating.