

Welcome to
North Dumfries Preschool Co-operative Inc.



Enrollment Package 2021-2022



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 September 2021

Dear Parents,

Thank you for your interest in 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 are directly involved in every aspect of the preschool's operation, from the classroom to the boardroom. This gives parents a key role in developing our classroom programming and in making financial decisions regarding tuition and expenses.

Parents may contribute time to the school in various ways depending on their interests and personal schedules. Parents take an active role in staffing the preschool through "duty days," they are 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 parents 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 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 e-mail at supervisor@ndpci.ca.

Enclosed is our registration package for the school year. To register, please submit your completed package to the preschool 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 Parent Handbook and a Policies & Procedures Manual to download and read prior to your registration 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 parents 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,

North Dumfries Preschool Co-operative Inc. Board of Directors

Admission Date: _____

Withdrawal Date: _____

For Office Use Only

Parent Information

Parent #1				
Last Name				
First Name				
Occupation				
Business Name				
Business Address				
Business Phone #		Ext.	Cell #	
Parent #2				
Last Name				
First Name				
Occupation				
Business Name				
Business Address				
Business Phone #		Ext.	Cell #	

Custody Information

Not Applicable	Joint	Sole**	(**Additional forms required)
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Pick Up List and Emergency Contacts

Name	Phone #

Student Information

Last Name			
First Name			
Nickname			
Gender	M	F	
Address		Apt #	
City		Postal Code	

Home Phone #		Email	
Languages Spoken at Home			
Days to Attend	Mon AM (Toddler)	Tues/Thurs AM (Preschool)	Wed/Fri AM (Preschool)

Student Medical Information

Doctor Name			
Address			
Phone #			
Health Card #			
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?	Y	N
Eye Test?	Y	N	Hospital Stay?	Y	N

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
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Family Background

Siblings			
Name	Gender	Age	Additional Information

Other Members in Household

Name	Relation to Child

Is there any information we should be aware of that may affect your child's behaviour? (Ex. Divorce, Family Illness, etc.)

Y N	If yes, please describe
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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 comments/information that would be helpful in the provision of care for your child.	
Has your child had any evaluations from outside sources? (Kids Ability, KW Habilitation, Speech Assessments etc.?)	Y N
If yes, please note any suggestions/concerns that were highlighted and any 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
Child's term for urination			
Child's term for bowel movements			
Does your child let you know when they need to use the bathroom? Y N			

Please Answer the Following

Are you interested in sitting on the Board of Directors?	Y N
Are you interested in being a Paid Duty Parent? (Someone who is available to cover others and receive \$25 per shift)	Y N
Are you able to be an Emergency Coverage Duty Parent for your child's class?	Y N
Do you have a certified and up to date First Aid Certificate? (If yes, please provide copy to the Preschool)	Y N

Withdrawal Policy

One month's notice is required should a parent decide to withdraw his/her child from preschool. A written letter or email of withdrawal shall be submitted to the Teacher and Director of Membership stating withdrawal date and any pertinent information relating to the withdrawal. Fee rebate will be effective from the end of the one month's notice and commencing on the 1st of the following month.

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 parents/caregivers 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/caregiver 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).

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 <https://www.remind.com/trust-safety>.

Signature of Parent/Guardian

Date

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 parents/guardians 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 but 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

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

Please complete the following screening tool:

Have you come to Canada in the past 5 years from one or more of the following regions? Yes No

- 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?

Yes No

- Asia (including Middle Eastern Countries)
- Africa
- Central and South America
- Eastern Europe

Do you have any of the medical conditions listed below? Yes No

- Kidney Problems
- HIV/AIDS
- Diabetes
- Silicosis
- Cancer

Do you take immune suppressing medications? Yes No

Have you been exposed to someone with tuberculosis in the past? Yes No

If you answered YES to any of the above questions TB Skin Testing is required.

Complete testing section below.

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.

	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>____ / ____ / ____</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>	<p>____ / ____ / ____</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) 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>			
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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:



Region of Waterloo Public Health

**Form
A**

Immunization Information Form For New Registrants attending a Child Care Centre in Waterloo Region

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 Hemophilus 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 other 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 – December 2016

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	12 Months	15 Months	18 Months	4-6 Years [^]	Grade 7	14-16 Years [†]	24-26 Years [‡]	≥34 Years [‡]	65 Years
D'TaP-IPV-Hib Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b		◆	◆	◆			◆						
Pneu-C-13 Pneumococcal Conjugate 13		◆	◆		◆								
Rot-1 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-4 Human Papillomavirus									●				
Tdap Tetanus, diphtheria, pertussis										◆	◆		
Td (booster) Tetanus, diphtheria												◆	
HZ Herpes Zoster													■
Pneu-P-23 Pneumococcal Polysaccharide 23													■
Inf Influenza													

* Every year in the fall

◆ = A single vaccine dose given in a syringe and needle by intramuscular injection
 ■ = A single vaccine dose given in a syringe and needle by subcutaneous injection
 ▲ = A single vaccine dose given in an oral applicator 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-4 is a 2 dose series (see Table 10). Each vaccine dose is given in a syringe and needle by intramuscular injection
[^] = Preferably given at 4 years of age
[†] = Given 10 years after the (4-6 year old) Tdap-IPV dose
[‡] = Given 10 years after the adolescent (14-16 year old) Tdap dose
 ‡ = Once a dose of Tdap is given in adulthood (24-26 years of age), adults should receive Td boosters every 10 years thereafter
 * = Children 6 months to 8 years of age who have not previously received a dose of influenza vaccine require 2 doses given ≥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 4-23)

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 N6A 5P9
Phone: 1-800-265-4221, 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
Infectious 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 Evacuation, 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 Behaviour	Y	N
Field Trips and Off-Site Activities	Y	N
Children's' Clothing/Belongings	Y	N
Conflict Resolution Policy	Y	N
Role of Parents in the Program	Y	N
Prohibited Practices	Y	N
Covid-19 Policy	Y	N

Signature: _____

Date: _____

Checklist for Registration Package

Registration Form Complete (3 pages)	Y	N
Withdrawal Policy	Y	N
Protection of Confidential Information	Y	N
Remind App Permission	Y	N
Police Check (Parents will not be able to participate in a duty day until police check is on file).	Y	N
Consent Form	Y	N
Child Immunization Forms (including two (2) photocopies of immunization records AND Form A, Form B OR Form C1 Exemption)	Y	N
Adult Health History	Y	N
Collection of Personal Information	Y	N
Review of Policies and Procedures Checklist	Y	N
 Mandatory Meeting Cheques (Per Family)		
Fall Annual General Meeting (AGM) October 1st - \$50	Y	N
Spring Annual Special Meeting May 1st - \$50	Y	N
 Mandatory Fundraising Cheques		
Toddler Class (2 cheques- \$200 dated Jan 1st, \$100 dated June 1st)	Y	N
Preschool Class (2 cheques- \$200 dated Jan 1st, \$100 dated June 1st)		

Tuition Fees

Tuition Fees			
Registration Fee	\$50 One time		
Toddler Class	\$100/month (9 cheques dated 1st of each month)	\$300 (Oct 1 st) \$600 (Jan 1 st)	\$900/annual (Dated Oct 1st)
Preschool Class	\$200/month (9 cheques dated 1st of each month)	\$600 (Oct 1 st)	\$1800/annual (Dated Oct 1st)

		\$1200 (Jan 1 st)	
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