



Child's Name:		<i>For office use only:</i> Start Date	<i>For office use only:</i> End Date
<b>Check Applicable:</b>	<input type="checkbox"/> Little Chef's Club AM (Monday 9:00-11:30am) <input type="checkbox"/> Little Chef's Club PM (Monday 1:00-3:30pm) <input type="checkbox"/> Little Arts Club (Wednesday 1:00 – 3:30pm) <input type="checkbox"/> Little Alphabet Club AM (Thursday 9:00-11:30am) <input type="checkbox"/> Little Alphabet Club PM (Thursday 1:00-3:30pm)		

**ROYAL YORK ROAD NURSERY SCHOOL**

851 Royal York Road  
 Etobicoke, Ontario M8Y 2V3  
 Email: [enrichment@ryrns.ca](mailto:enrichment@ryrns.ca)  
 Website: [www.ryrns.ca](http://www.ryrns.ca)

**REGISTRATION FORM CHECKLIST**

The undersigned acknowledges that final acceptance into the program depends upon the completion/provision of the following:

- Completed Registration Form
- A cheque made to RYRNS in the amount of \$25 for registration deposit. Dated later of the current date or February 15, 2012. (Non-refundable)
- A cheque made to RYRNS in the amount of \$90 dated August 1, 2012 for the first month's tuition. (Refundable only if the program coordinator receives a written cancellation notice by July 31, 2012.)

**PROGRAM REQUIREMENT**

- Your child must be born prior to April 1, 2010 for the Little Arts Club; and born prior to October 1, 2009 for the Little Chef's Club and the Little Alphabet Club.
- Your child must be toilet trained by the first day of school.
- All remaining monthly fee cheques and consumable fees (as applicable) must be provided prior to the first class.

**Child's Information:**

Name of Child (Last)	(First)	Date of Birth (MM/DD/YY)	Child's Age on October 1, 2012:

**Parent Information:**

	Parent 1	Parent 2
Last Name		
First Name		
Home Phone		
Work Phone		
Cell Phone		
Email Address*		
Home Address (include postal code)		
Work Address (include name of company, Street, Floor, Suite# and postal code)		

\*Parent 1 Email address will be used as the main form of communication.

**Custody - Joint Custody:**  Yes  No

If only one parent has custody of the child, we require a copy of the custody order. Please indicate which address the child resides.

**Child's Medical Information:**

Doctor's Name (Last)	(First)	Doctor's Phone #	Child Health Card # (optional)
Doctor's Address (including postal code):			
List all allergies, sensitivities and dietary restrictions, and other health concerns if any.			

**Emergency Contact – please provide two:**

	Primary Contact	Secondary Contact
Last Name		
First Name		
Home Phone		
Work Phone		
Cell Phone		
Relationship		

**Release Consent - Names of persons to whom the child may be released:**

First Name	Last Name	Relationship

**For Office Use Only**

Form	Registration Fee	First Month's Fee	Consumable Fee	Postdated Cheques

## **PROGRAM DETAILS**

All programs run from **October to June**. Registration is on a first come, first serve basis and is on-going.

### **Little Arts Club and Little Alphabet Club - Snack Rotation**

The Little Arts Club and the Little Alphabet Club include a snack rotation policy. Each family is expected to provide snack + beverage for up to 14 children in the class on their designated snack day. When providing snack each family must practice clean preparation habits at home and avoid cross contamination with nuts and nut products (refer to the Anaphylactic Policy section). As much as possible, the school encourages each family to avoid prepackaged snacks, cookies and other sugary foods. The snack rotation calendar will be distributed prior to the start of the program.

### **Little Chef's Club**

There is no snack rotation for the Little Chef's Club, as snack will be provided (children will eat what is created during class). Refer to "Consumable Fee" section below in lieu of snack rotation. Note: the classrooms are a peanut / tree nut-free environment; however, due to the nature of the class, all other cooking ingredients are used as required.

### **Payment**

*All cheques are to be made payable to: "Royal York Road Nursery School" or "RYRNS." Please note the child's first and last name on the memo line on each cheque.*

- **Registration Fee**: There is a one-time non-refundable \$25 registration fee to be paid at the time of registration. The registration fee is applicable per child, and will be waived if the child is enrolling in the nursery school program.
- **Monthly Program Fees**: The program cost is \$90 per month, per program, inclusive of taxes. Monthly post dated cheques (dated the first day of each month) are required for the full duration of the program. All cheques must be submitted before the first class.
- **Consumable Fee (Little Chef's Club only)**: The Little Chef's Club requires a non-refundable consumable fee (material fee) of \$50 for the year, to be paid before the first class.

### **Withdrawal and Refund Policy**

- Should a parent decide to withdraw their child from a program, written notice of the intent to withdraw from the program must be delivered to the teacher / program coordinator at least four weeks prior to the desired withdrawal date. Refunds on the monthly program costs will be prorated based on date of withdrawal, not based on attendance.
- No refund will be offered for withdrawal on or after February 15<sup>th</sup>, 2013.
- A \$30 administration fee will apply to all withdrawals.
- No refund or discount will be provided for missed days, even if these days are made known in advance.
- No refund will be provided for the \$25 Registration Fee or the \$50 Consumable Fee

*Programs, prices and policies are subject to change without notice. RYRNS reserves the right to terminate the registration of any child if, in the opinion of the school director(s), it is in the best interest of the school to do so. If RYRNS terminates a child's registration, a proportional refund will be considered.*

The undersigned acknowledges that they understand and accept all provisions in this Registration Form, and certifies that all information provided herein is true and accurate.

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

**Where did you hear about our program(s)?** \_\_\_\_\_

**A. PARENT AUTHORIZATION:**

I hereby give consent for my child to attend and participate in the 2012 Royal York Road Nursery School Enrichment Program(s) for which he/she is registered and all related activities thereto, both on and off of RYRNS premises ("the Program"), unless I advise otherwise in writing. To the best of my knowledge, my child is in good health and is physically able to participate in the Program, except as expressly noted on my child's registration form. I will notify RYRNS immediately if she/he is exposed to any infectious diseases.

I give permission for RYRNS staff to act as a kind and judicious parent to my child while my child is under their care and supervision. Should it become necessary for my child to receive medical attention, I hereby authorize staff to use their best judgment in obtaining professional medical care for my child. I agree to accept financial responsibility in excess of the benefits allowed by provincial health plans. I understand that in the event of illness or accident I will be notified as soon as possible.

I hereby release and agree to indemnity and hold harmless RYRNS and any of its current, former or future affiliates, officers, employees, servants, volunteers or assigns from any claims, demands, actions or causes of action arising from or out of any accident, injury or event which may occur from any cause whatsoever while my child is participating in the Program, or is enroute to or is leaving the Program. I further assume and accept all risk, danger and hazards in connection with the Program.

Parent 1 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B. ROYAL YORK ROAD NURSERY SCHOOL PHOTOGRAPH RELEASE**

I understand that during the Program, RYRNS staff or volunteers may take photographs and my child may appear in these photographs. These pictures may be used for RYRNS purposes only and will not appear on the RYRNS website. Should a photograph of my child be considered for outside advertisement or some form of public display, an individual waiver describing the purpose and details of this display will be readied at that time for my consideration.

I hereby give permission for my child's picture to be taken during the course of the Program for RYRNS purposes only.

Parent 1 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**C. SMOKE FREE POLICY**

In accordance with the *Smoke-Free Ontario Act* and in compliance with the *Day Nurseries Act*, RYRNS has a Smoke Free Policy. The intent is to protect children, staff and parents by prohibiting smoking in all enclosed workspaces and public places at all times – including, but not limited to – within 10 meters of RYRNS' external doors, regardless of whether children are present.

**D. ANAPHYLACTIC POLICY**

To ensure the safety of children with dangerous nut allergies, every effort is made to ensure that RYRNS' classroom environment is free of nut products. We ask parents to avoid nut products and products containing nuts when bringing in snacks.

The RYRNS Anaphylactic Policy is as follows:

1. Strategy to Reduce the Risk of Exposure to Anaphylactic Causative Agents

- In order to reduce the risk of any event occurring at the school, all snacks brought into the school will be required to be **PEANUT / TREE NUT FREE**
- A list of certain materials used for craft or sensory programming will be made and monitored based on the allergies of the children attending the program
- This list will be reviewed as necessary depending on the life threatening allergies of the children enrolled in the program
- Snacks for the child with a potentially or confirmed life-threatening food allergy will be the responsibility of the child's parent/guardian and will be brought in, on the day of the program, by the child's parent/guardian ONLY

2. Communication Plan

- General information on life-threatening allergies, including anaphylactic allergies is available to all staff, parents and students
- Information will be obtained from parents at registration regarding the child's medical condition, including whether the child is at risk for anaphylaxis
- A picture of the child and a list of his/her allergies will be posted in the classroom
- Parents providing snack will be advised to check labels and ingredients for anaphylactic causing agents

3. Development of a Child's Individual Plan

The parent/guardian and Physician of an enrolled child with an anaphylactic allergy are required to provide input on the child's individual plan, including the emergency procedure that includes:

- A description of the child's allergy
- Monitoring and avoidance strategies
- Signs and Symptoms of an anaphylactic allergy
- Action to be taken by RYRNS Staff in the event the child has an anaphylactic reaction
- Parent/guardian consent that allows RYRNS Staff to administer the allergy medication in the event their child has an anaphylactic reaction

4. Emergency Procedure

- An "Anaphylactic Emergency Plan" must be submitted and reviewed with the Supervisor/teacher before the child can attend school
- Parent/guardian must fill out EMERGENCY ALLERGY ALERT FORM/CONSENT TO ADMINISTER)

In the event of an anaphylactic reaction:

- Trained RYRNS staff (only) is to administer the injection as per instructions, per child.
- EMS are to be alerted, ASAP (call 911)
- Parent(s) of the child with anaphylactic reactions are to be notified of the event. Parents of remaining children will be called if an early pick up is necessary.
- Staff (supervisor or teacher) will accompany the child in the ambulance to hospital unless otherwise stated by the emergency medical personnel
- A church officer or administrator will be called to help assist the remaining teacher(s) to maintain a safe environment until an auxiliary staff arrive or parents pick up the remaining children

5. Training

Nursery Staff, students, and volunteers will be provided with training from a parent or physician on what procedures are to be followed in the event of a child having an anaphylactic reaction. This will include how to recognize the signs and symptoms of anaphylaxis and administer medication. Upon completion of the training, the 'Anaphylactic Training Log' will need to be signed by the trainer and the trainee. Trained RYRNS Staff (only) is to administer the injection as per instructions, per child.

- The 'Anaphylactic Emergency Plan' will be reviewed by staff and signed off. A copy of the Plan will kept in the Supervisor's file
- New volunteers and staff will receive training prior to their fist day

I have read and understand the RYRNS Anaphylactic Policy. I agree to follow procedures outlined in this policy. If necessary, I agree to be trained in the recognition of signs and symptoms and the emergency procedures, which will need to be followed.

Parent 1 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_