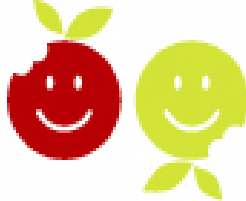


# ROYAL YORK ROAD NURSERY SCHOOL



## ROYAL YORK ROAD NURSERY SCHOOL - COOPERATIVE PROGRAM 2012 - 2013 REGISTRATION PACKAGE

*Before you submit your registration form, please review the following checklist:*

### **DUTY FAMILY REGISTRATION CHECKLIST**

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

- ⇒ Completed Registration package
- ⇒ Child Immunization Form
- ⇒ Completed Toronto Reference Check Form
- ⇒ Completed Parent Medical Form to be submitted at September 2012 meeting.
- ⇒ Completion of the Behaviour Management Form - *to be completed at the September 2012 meeting.*
- ⇒ Completion of the Persons to Release Form - *to be completed at the September 2012 meeting*
- ⇒ A cheque in the amount of **\$80** for Registration Deposit. Dated February 15, 2012. <sup>1</sup>
- ⇒ A cheque in the amount of **\$175** dated June 1<sup>st</sup>, 2012. <sup>2</sup>
- ⇒ A cheque in the amount of **\$16.95** for the Police Reference Check fee – dated February 15, 2012.

### **NON - DUTY FAMILY REGISTRATION CHECKLIST**

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

- ⇒ Completed Registration package
- ⇒ Child Immunization Form
- ⇒ Completion of the Persons to Release Form - *to be completed at the September 2012 meeting*
- ⇒ A cheque in the amount of **\$80** for Registration Deposit. Dated February 15, 2012. <sup>1</sup>
- ⇒ A cheque in the amount of **\$255** dated June 1<sup>st</sup>, 2012. <sup>2</sup>

<sup>1</sup> All cheques are made payable to Royal York Road Nursery School

<sup>2</sup> First month tuition is refundable only with 30 days written notice up to and including May 1st, 2012

## *Nursery School Program Overview*

Tuesday, Wednesday and Friday mornings: 9:00 am – 11:25 am

Class Maximum: 15/class (2 classes run consecutively)

### **PROGRAM FEES:**

DUTY - \$175 / Month (September – June)

NON – DUTY - \$255 / Month (September – June)

\$80 Registration Deposit

### **PROGRAM REQUIREMENTS:**

- Your child must have been born on or before May 31st, 2010 to participate in this program.
- Your child must be toilet trained by the first day of school.
- Enrollment into this program is until June 2013. If you withdraw your child from the program through the year, your spot will be offered to another family. Please see the note below with respect to withdrawing from the program.

### **CANCELLATION POLICIES:**

- There is no reimbursement or discount for missed classes.
- 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 15th, 2013.
- A \$30 administration fee will apply to all withdrawals.
- No refund will be provided for the \$80 Registration Fee

### **COOPERATIVE PROGRAM EXPECTATIONS:**

- **Snack Rotation:** This program includes a snack rotation policy. Each family (duty and non-duty) is expected to provide snack beverage for up to 15 children in the class on their designated snack day.
- **Volunteer Roles:** The Royal York Road Nursery School (RYRNS) is structured as a co-operative school. Each family (duty and non-duty) is expected to assume a volunteer role. The volunteer roles are structured to ensure the continued success of the school.
- **Fundraising:** all families are expected to participate in fundraising initiatives and events.

*Programs, price, and policies are subject to change. 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.*

## Registrant Information

CHILD'S SURNAME, GIVEN NAME	CHILD'S DATE OF BIRTH	AGE AS OF DEC 31/2012

PARENT'S INFORMATION	PARENT #1	PARENT #2
SURNAME		
FIRST NAME		
HOME ADDRESS: <i>(include postal code)</i>		
WORK ADDRESS: <i>(include name of company, suite number, tower information.)</i>		
HOME TELEPHONE NUMBER:		
WORK TELEPHONE NUMBER:		
CELL PHONE NUMBER:		
EMAIL ADDRESS:		

Custody - Joint Custody:    Yes    No

If one parent has custody of the child, we will 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 INFORMATION

	PRIMARY CONTACT	SECONDARY CONTACT
Last Name		
First Name		
Home Phone		
Work Phone		
Cell Phone		
Relationship		

### PERSONS TO RELEASE—NAME OF PEOPLE WE MAY RELEASE YOUR CHILD TO

GIVEN NAME	FAMILY NAME	RELATIONSHIP

You will be asked to review these names and sign a PERSON TO RELEASE FORM at the September 2012 Orientation Meeting

FOR OFFICE USE ONLY: DATE OF ADMISSION: \_\_\_\_\_ DATE OF DISCHARGE: \_\_\_\_\_

## *Policies, Agreements, & Waivers*

### **A. PARENT AUTHORIZATION:**

I hereby give consent for my child to attend and participate in the 2012 Royal York Road Nursery School Program 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 indemnify 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.

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.

PARENT 1—NAME:	SIGNATURE:	DATE:
PARENT 2—NAME	SIGNATURE:	DATE:

**D: INSURANCE POLICY**

As a member of APE - Association for Preschool Education, we subscribe to a group policy. This policy includes general liability and property and accident coverage. However, it does not include any auto coverage for parents and the children they drive to and from school or on school related trips.

It is recommended that each individual should carry, at the very least one million dollars (\$1, 000,000.00) liability coverage. Remember, driving someone else’s child only once a month qualifies as driving on a regular basis.

It is extremely important that each individual carries this additional insurance for your own protection and the protection of the children. However, the Board of Directors does not warrant, promise or guarantee that any parent or entity has liability insurance beyond the group policy arising from our membership with the Association for Preschool Education Council. A copy of the group policy is available upon request. In this way, we are fulfilling our responsibility to our Membership by keeping you well informed and aware of your personal responsibility in regard to the Nursery School.

I/We understand that adequate coverage for my auto is my/our responsibility, and I/we also understand that Royal York Road Nursery School does not provide or warranty the existence of automotive or other liability insurance coverage for other parent members of the co-operative. Both Parents/Guardians must sign.

PARENT 1—NAME:	SIGNATURE:	DATE:
PARENT 2—NAME	SIGNATURE:	DATE:

**E: MEDICAL AUTHORIZATION**

I give permission for my child to attend, and for the staff of the Royal York Rod Nursery School to act as a kind and judicious parent. Should it become necessary for my child to receive medical attention, I hereby give the staff permission to use their best judgement 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.

To the best of my knowledge, my daughter/son is physically able to participate in all activities offered at the Royal York Road Nursery School, except as noted on the registration form.

PARENT 1—NAME:	SIGNATURE:	DATE:
PARENT 2—NAME	SIGNATURE:	DATE:

**F. ROYAL YORK ROAD NURSERY SCHOOL PROTECTION OF CONFIDENTIAL INFORMATION**

I will exercise all reasonable care and caution in protecting printed or written confidential information concerning children and their families from casual observation, unauthorized perusal or other such abuse. Confidentiality of such information will be respected.

I also understand that client information which will come to my knowledge will be considered confidential and will not be released to any other agency without signed authorization by the parent(s).

PARENT 1—NAME:	SIGNATURE:	DATE:
PARENT 2—NAME	SIGNATURE:	DATE:

**G: PERMISSION TO TAKE REGISTRATION FORMS OFF SITE**

Understanding that much of the Registrar’s paper work is done at their home, hereby consent and give permission to the current and successive holder(s) of the office of Registrar of Royal York Road Nursery School to temporarily move and relocate registration packages, waivers and other private family information from the school premises for the purposes of fulfilling the official duties of the office of Registrar. I understand that these forms are otherwise kept on the premises of the Royal York Road Nursery School.

PARENT 1—NAME:	SIGNATURE:	DATE:
PARENT 2—NAME	SIGNATURE:	DATE:

**H: ROYAL YORK ROAD NURSERY SCHOOL OUTING RELEASE AND INDEMNITY AGREEMENT FORM**

I, the legal parent/guardian of (Child’s Name) \_\_\_\_\_, give my permission for (Child’s Name) to participate in all school activities both on and off the premises of Royal York Rod Nursery School. The undersigned hereby waives and releases Royal York Road Nursery School, its Directors, Officers, Agents and Employees from any and all claims, demands, actions or causes of action which may arise out of accident, injury or damage which may occur to (Child’s Name) \_\_\_\_\_ while participating in the school’s activities, on and off site excursions, for the school year 2011-2012. I also assume and accept all risk, danger and hazards in connection with the Royal York Road Nursery School.

I HAVE READ AND UNDERSTAND THIS RELEASE AND INDEMNITY AGREEMENT PRIOR TO SIGNING IT AND AM AWARE THAT BY SIGNING THIS DOCUMENT I AM AFFECTING THE LEGAL RIGHTS AND LIABILITIES OF MYSELF AND MY HEIRS.

PARENT 1—NAME:	SIGNATURE:	DATE:
PARENT 2—NAME	SIGNATURE:	DATE:

**I. 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.

Nursery Staff, students, duty parents 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. Trained RYRNS Staff (only) is to administer the injection as per instructions, per child.

This training will be offered at the September Orientation meeting, and new volunteers, duty parents and staff will receive training prior to their first day.

PARENT 1—NAME:	SIGNATURE:	DATE:
PARENT 2—NAME	SIGNATURE:	DATE:

## **J. ROYAL YORK ROAD NURSERY SCHOOL VOLUNTEER AGREEMENT**

The Royal York Road Nursery School is a parent co-operative preschool program. We are dedicated to stimulating our children's growth and development socially, emotionally, physically and cognitively. The co-op program allows the parents to be with their child as they take their first steps into a school situation. This creates a valuable child-parent-teacher relationship because of the parent's active participation and the closer association with the child's teacher. Because we are a co-operative, we can offer this preschool experience for approximately half the cost of comparable private sector nursery schools. Achieving this goal requires a clear and continuing commitment from all member parents and a shared recognition of what we must all do to maintain a successful community.

### **As a Member of the Executive Committee of the Royal York Road Nursery School, we undertake the following on behalf of the Board of Directors:**

1. It is our commitment to ensure that your child is happy and contented within the school.
2. We will listen to any concerns that you might have, either through the Parent/Teacher Liaison or directly to the Executive Committee, and will act upon them appropriately.
3. We will make every effort to assist you in your duties.
4. We will make every effort to encourage the development and circulation of your suggestions, ideas, and concerns through our general meetings, social functions, newsletter and special events for our members. We endeavor to make the co-operative experience a positive one for all parents and children.

### **As a parent member of the Royal York Road Nursery School I agree to participate fully in the following activities of the co-operative:**

#### **1. Duty Days (applicable to duty family registrants only)**

I recognize that I will work in the school as a duty parent approximately once every two weeks depending on registration levels and that I will perform those duties willingly and in keeping with the spirit of the co-operative. In particular, I will familiarize myself with the behaviour management policy and do my best to abide by it. I understand that my primary caregiver may also participate in performing duty/craft days. In choosing to share my duty/craft days with my caregiver I will perform a minimum of five or 25% of the duty/craft days per year as the family member.

#### **2. Volunteer Job**

I recognize that I will be assigned a specific job in addition to normal duty/craft days, and that I will perform this job willingly, timely and enthusiastically.

#### **3. Fundraising**

I recognize that I will be expected to participate in the fundraising events to benefit the school. Only through fundraising will our school, as a whole be able to exist.

#### **4. Clean-up**

I recognize that I will be expected to participate in one organized clean up during the school year. (January or June)

#### **5. Meetings**

I recognize that I will be expected to attend general meetings held approximately every six to eight weeks and executive meetings if I am a member of the executive committee in order to participate in the running of the school. I also understand that a \$25.00 fine will be levied per meeting missed if I miss more than one meeting without just cause.

**J. VOLUNTEER AGREEMENT, *continued***

**6. Non- performance**

I recognize that if I do not perform my duties as a member of the co-operative, my family may be asked to withdraw. Extenuating circumstances may be given special consideration upon written confidential application with the executive committee.

**7. Snack**

I understand that I am expected to provide snack for up to 15 children in my child’s class on my designated snack duty day, approximately one to three times per month. When providing snack I will practice clean preparation habits at home and avoid cross contamination with nuts and nut products. I will avoid prepackaged snacks, cookies and other sugary foods and understand that 100% whole grains are encouraged. I will check the snack journal and do my utmost to avoid duplication, as well as record my snack on each of my snack duty days.

I have read and understand the RYRNS Volunteer Agreement .

PARENT 1—NAME:	SIGNATURE:	DATE:
PARENT 2—NAME	SIGNATURE:	DATE:

**VOLUNTEER POSITIONS** - Each family is required to choose one volunteer position from either the Executive Committee or General Membership.

Executive Committee

- President (should be held by a returning family)\*
- Registrar (should be held by a returning family)\*
- Health and Safety/ Parent-Teacher Liaison (should be held by a returning family)\*
- Treasurer (should be held by a returning family)\*
- Secretary (should be held by a returning family)\*

**Volunteer Positions for General Membership**

Executive Support Committee

- Association of Preschool Education Representative
- Duty/Snack Scheduler
- Executive Assistant

Program Committee

- Special/Social Event Coordinator\*\* (2 positions)\*
- Party Planning Committee\*\* (4 positions)
- Event Photographer\*\* (2 positions)
- Enrichment Program Coordinator \*
- Scholastic Book Order/Librarian

Communications Committee

- Webmaster
- Marketing Coordinator
- Caboose Monthly Newsletter
- Fundraising Chairperson
- Fundraising Committee (4 Positions)

Equipment Committee

- Laundry and cleaning
- Weekly toy cleaning (3 Positions)\*
- Repairs and Maintenance
- Purchasing
- Resource Materials (4 Positions)\*

List your volunteer position request in order of preference:

- 1.
- 2.
- 3.

\*INDICATES POSITIONS FOR PARENT OF MULTIPLES TO CHOOSE FROM

\*\* MUST DIVIDE APPROPRIATELY WITH PARENTS FROM BOTH NURSERY AND PRESCHOOL PROGRAMS, SUBJECT TO CHANGE

**K. ROYAL YORK ROAD NURSERY SCHOOL RELEASE, INDEMNITY, AGREEMENT AND DECLARATION**

I/We the undersigned do hereby represent that all statements made by me/us on the Registration Form are correct and I/we acknowledge and agree to all terms and conditions of the application.

In the event that I/we cannot be reached at a time of illness or accident, or if the emergency is such that time does not permit such contact, the Royal York Road Nursery School is hereby authorized to contact the physician named on the Registration Form. If the named physician cannot be reached, permission is hereby granted for the school to call a licensed physician of its selection.

I/We also realize that young children, even under supervision, will have occasional accidents. Therefore, I/we release, indemnity and hold the Royal York Road Nursery School, its agents and employees harmless from any and all claims, damages or other liabilities for injuries to my/our child beyond the provisions of the Association for Preschool Education’s group insurance policy. A copy of this policy is available upon request.

In addition, I/we acknowledge that the requirement for each volunteer and member of the Board of Directors to complete a Criminal Reference Check is a requirement of the Ontario Ministry of Community and Social Services and is completed through the services of the Metropolitan Toronto Police Service (Police\*). I/We hereby release, indemnify and hold the Royal York Road Nursery School, its agents and employees harmless from any and all claims, damages or other liabilities for injuries which may occur to my/our child by someone who has successfully completed a Criminal Reference Check. Permission is granted to have my/our child participate in all supervised excursions from the Nursery School.

By signing this agreement, I/we acknowledge that I/we have read it, and am/are in agreement with its provisions. I/We understand the purpose of collecting this information and for what purpose it will be used.

PARENT 1—NAME:	SIGNATURE:	DATE:
PARENT 2—NAME	SIGNATURE:	DATE:

**L. PARENT AND EXECUTIVE SIGNATURES**

This is to be signed with Executive Board Member present – to be signed at Orientation Meeting in September 2012. The registrant has read and understands the contents of this registration package. The program,

PARENT 1—NAME:	SIGNATURE:	DATE:
PARENT 2—NAME	SIGNATURE:	DATE:
EXECUTIVE MEMBER—NAME	SIGNATURE:	DATE:

## *Duty Parent Registrations*

### ADDITIONAL INFORMATION FOR DUTY PARENT REGISTRANTS

#### **M. ROYAL YORK ROAD NURSERY SCHOOL CRIMINAL REFERENCE CHECK PROCEDURE**

##### **(Consent To Disclosure)**

As required by the Ministry of Community and Social Services, any volunteer (Duty/Craft) person who has direct contact with children must provide a Criminal Reference Check. Participation in the School is dependent upon the results of this check. This reference check will show any criminal charges or pending charges that are child related. The Criminal Reference Check form will be provided to you for completion and must be returned with the registration package.

#### **N. VOLUNTEERS MUST UPDATE THEIR FILE EVERY YEAR**

This Consent to Disclosure form that is processed by the Metropolitan Toronto Police Service (Police/911) and their results will be sent to the applicant. The applicant then must bring the original results to the Registrar and the President. Should there be a positive result, the Registrar will receive notification and it will be the responsibility of the School to request the appropriate details from the member. The written summation given by the police to the applicant should then be disclosed to the President and Registrar of the School and / or the forfeit of your family's placement in the School.

This application, THE CONSENT TO DISCLOSURE must be completed and submitted at the same time as the registration form. Failure to submit this form will result in your family forfeiting their membership at the school.

Should you have further questions regarding this application please call the Registrar or the President of the school. A copy of the Policy and Procedures for the Criminal Reference Check for volunteer parents can be found in the Policies and Procedures Manual, available at [www.ryrns.ca](http://www.ryrns.ca) , and/or is available in hard copy upon request.

#### **O. ROYAL YORK ROAD NURSERY SCHOOL CAREGIVER INFORMATION – to be completed by duty families only**

Caregivers are an integral part of many duty families at the Royal York Road Nursery School. We ask that you share their information with us below.

Name:	
First Name	Last Name
Address:	
Phone Number:	

The Caregiver must submit the same forms as the parent members (Medical Form, Consent to Disclosure, Criminal Reference Check, and be trained in accordance with the Behaviour Management Policy). These forms must be completed prior to their first Duty/Craft day. The Behaviour Management Policy will be presented at the September Orientation meeting.

The Caregiver may perform some, not all of your family's Duty/Craft days. The Board would like to see you perform a minimum of five Duty/Craft days throughout the entire school year. As well, the family member is responsible for the administrative position. This cannot be performed by the caregiver. The Caregiver may not replace your presence at a General or Executive (if applicable) meeting. They are however welcome to attend with you. We strongly recommend that the Caregiver attends the Orientation Session.