



Registration for EOCP 2010-2011 School Year

*Thank-you for choosing
East Oshawa Co-Operative Preschool!*

Welcome to East Oshawa Co-operative Preschool! Our preschool is unique not only in what we offer your child in our programming, but also in what we offer you as a parent. You have the opportunity to be actively involved in your child's education! We are a preschool that values family involvement and as a non-profit organization, we rely on our members to take on various roles at our school, including volunteer days, committee work and fundraising. Concerned your schedule will not accommodate an active involvement at the preschool? We offer two types of membership, so please read your options carefully as you complete this registration package.

Duty or Non-Duty describes your level of membership with EOCP. A duty family will be scheduled a volunteer day once every three to six weeks. If you are not able to schedule time for volunteer days, you will be considered a Non-Duty family.

Active Fundraisers are those families who commit to participate in fundraising for the school to meet their \$100.00 commitment. **Inactive Fundraisers** are those families who do not want to participate in fundraising and who will pay the \$125.00 fundraising fee at the beginning of the school year.

School Times: Morning Program: (Mon. thru Thurs.) 9:00 - 11:30
 Afternoon Program: (Mon. thru Fri.) 1:00 - 3:30

PROGRAM	DUTY		NON-DUTY	
	Monthly Fee	May Fee	Monthly Fee	May Fee
2 AM.....	\$110.00.....	\$55.00	\$165.00.....	\$82.50
3 AM.....	\$155.00	\$77.50	\$220.00.....	\$110.00
4 AM/5 PM.....	\$200.00.....	\$100.00	\$275.00.....	\$137.50

Tuition: 10 post-dated cheques dated the first of each month beginning **August 1st and ending May 1st**. Please note: for May only, that the cheque is exactly one half of the other months. Each cheque represents an average portion of the annual tuition. Some months (e.g. Dec and Mar) have fewer program days due to holidays. To simplify bookkeeping for everyone, the annual tuition is divided by 9 ½. Tuition is paid one month in advance. Please also note that Duty families are paying tuition only, and Non-Duty families are paying tuition plus a premium.

Cost:

1. A non-refundable registration fee of \$50.00
2. Tuition Fees: Monthly post-dated cheques required for the entire school year
INCLUDED WITH THE COMPLETED REGISTRATION FORMS.

School Dates: School will commence in September 2010 and end the second week in June of 2011. A staggered entrance will be implemented for September and you will be notified of your child(ren)'s starting date by email or phone in August. School vacations and statutory holidays will be observed. A school calendar will be given in September.

Health Requirements:

For children attending EOCP

- A current health record
- two copies of the Day Nursery Immunization Record Form **are attached** and both need to be filled out
- Two photocopies of your child's yellow immunization card (the one your doctor fills out when your child is immunized) needs to be attached. One set of copies goes to the Department of Health, the other set stays with the preschool

For adults volunteering at EOCP

- Parents, guardians, or caregivers **who participate as Volunteer (Duty) Parents** are required to complete a **Medical Declaration of Health**.
- DPT booster within the last 10 years for a volunteer at the preschool covering Volunteer Days
- TB test is highly recommended

Mandatory CRIMINAL REFERENCE CHECK:

This policy requires all volunteers providing direct service to children to complete a Criminal Reference Check. Please return a CRC for each person who might be doing Volunteer Days to a Teacher or mail to E.O.C.P. Mark the envelope "Attention: Vice President" along with your child's first and last name, and write the program they will be attending.

Durham Regional Police 579-1520 - Cost \$15.00 (for non-profit organizations), allow 3-5 weeks for processing so please apply as soon as you return your registration package.

Please Note: Volunteer Parents returning for more than **TWO** consecutive years **NEED** to submit a new CRC.

COMMITTEE INFORMATION

East Oshawa Preschool is a co-operative where all parents either serve on the Executive or on a Committee. At the **Parent Information Meeting** being held on **Monday, May 24th 2010 at 7:00PM** at the preschool, you may sign up for a position on the committee of your choice. A short description of the function and duties of each of these Committees is given below. If you wish more information or have questions please feel free to contact the school. There will also be a **Parent Orientation Meeting** the first week of September.

EXECUTIVE COMMITTEE: President, Vice-President, Treasurer, Communications Chair, Equipment Chair, Fundraising Chair, Membership Chair & Program Support Chair.

COMMUNICATIONS COMMITTEE: The function of the communications committee is to record the minutes of all meetings, prepare monthly newsletter, maintain website, check preschool email, budget and advertise for E.O.C.P., update and support the President with any communication that may be required. One committee member is responsible for writing the EOCP Newsletter, using submissions provided by teachers and board members.

EQUIPMENT COMMITTEE: The equipment committee is responsible for maintaining the equipment and premises. To achieve this we have different positions available which include: Laundry (towels and cloths), toy washing, gardening, shopping for supplies, and a handy person to do repairs/maintenance as needed.

FUNDRAISING COMMITTEE: The fundraising committee is responsible for raising money by means of fundraising activities and/or campaigns held throughout the school year. Committee members select a fundraising activity or campaign to organize and run.

MEMBERSHIP COMMITTEE: The function of the membership committee is to update and revise the pre-registration and registration packages, respond to inquiries about EOCP, and maintain the registration, membership and waiting lists. One committee member is required to schedule the monthly Volunteer Day roster.

PROGRAM SUPPORT COMMITTEE: The function of the program support committee is to work as a team with the teaching staff to ensure the necessary program supplies and support are available. There are several positions within the committee which include, creating and keeping an up to date bulletin board, social person/photographer, and teacher support (shopping and cutting). The program support committee also will assist the teaching staff with special events throughout the year.

REGISTRATION INFORMATION

Program – Please circle one: Preschool AM or JK Alternative PM (5 day only)

 Please circle one: 2 day Mon/Wed or Tues/Thurs

 3 day Mon Tues Wed Thurs (Circle 3)

 4 day Mon-Thurs

Membership (circle one): Duty Non-Duty

Fundraising (circle one): Active Inactive

Child's Name: _____ M / F (circle one)

Birth date: _____

Address: _____ City: _____

Postal Code: _____ **Email address:** _____

Telephone (H): _____ Other (Mom) _____

(Dad): _____

Mother's Name: _____ Address: _____

Mother's Work Address: _____

Father's Name: _____ Address: _____

Father's Work Address: _____

Alternate Contact (Must be Living Locally) Name: _____

Phone _____ Address: _____

Relationship: _____

My child may be released from East Oshawa Co-Operative Preschool to:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

MEDICAL INFORMATION AND CONSENT

Family doctor: _____ Phone: _____

Address: _____

Child's Health Card Number: _____

Medical Conditions: _____

Allergies: Food: _____ Others: _____

Any Special Requirements for diet, rest, exercise etc.: _____

If your child was not feeling well, what signs would you recommend we look for?

I HEREBY GIVE PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT IN THE EVENT I CANNOT BE CONTACTED.

Signature of Parent or Guardian: _____ Date: _____

Admission Date: _____ Discharge Date: _____

East Oshawa Co-Operative Preschool Inc.

TEACHER'S INFO FORM

Parents' Names: _____

Child's Name: _____ Nickname? _____

Birthdate: _____

Siblings Name: _____ Age: _____ M / F Birthdate: _____

Siblings Name: _____ Age: _____ M / F Birthdate: _____

Siblings Name: _____ Age: _____ M / F Birthdate: _____

Siblings Name: _____ Age: _____ M / F Birthdate: _____

Medical Information: Has your child been tested for the following?

Hearing Y / N Date: _____ Results: _____

Vision Y / N Date: _____ Results: _____

Development:

Do you have any concerns about your child's development? (i.e. toileting, speech, physical development, allergies, asthma etc., Y / N

Comments: _____

Do you wish to discuss your concerns with the staff? Y / N

Does your child have independent skills using the washroom? Y / N

Comments: _____

Are there any other languages spoken in the home other than English? Y / N
Specify: _____

What expectations or goals do you have for your child in the upcoming school year?

Do you have any special skills or talents that you would like to share with the pre-school?

East Oshawa Co-operative Preschool Consent Form

Child's Name: _____

(1) Field Trip/Outing Release

I give permission for my child to participate in outings (walks, etc.) and outdoor activities throughout the school year. I understand these walks will be supervised by Teachers and Parent volunteers.

(2) Photograph Release

I give permission for my child to have his/her photograph or video taken at the Preschool and used for display purposes (within the Preschool, for the newspaper, website, advertising materials for preschool , newsletters, etc.) provided only first names are given out.

I have read and understand the two releases described above, and I am in full agreement. I have crossed out any items which I do not wish to consent to.

Signed: _____ Date: _____

Medical Authorization Form: Potassium Iodide (K1) Pills

In the event of a serious accident at the Darlington or Pickering Nuclear Generating Stations, radioactive material may escape from the Station. One type of radioactive material that may be released is radioiodine. If this material is inhaled, it is absorbed by the thyroid gland. Taking potassium iodide (K1) pills will minimize the amount of radioiodine taken up by the thyroid.

If we are notified by the Region of a serious accident either at Darlington or Pickering Generating Stations, we will enact the Emergency Telephone System. You will receive a phone call advising you of the situation and asking that you immediately come to the Preschool and pick up your child. After 15 minutes, Staff will transport any remaining children to our evacuation center, the Oshawa Civic Center. You may pick up your child from there.

It is expected that there will be plenty of time to close our school and evacuate everyone before any radiation exposure occurs. However, a decision has been made by the Regional Municipality of Durham to pre-distribute the potassium iodide (K1) pills to all schools within a 30 km radius of the nuclear generating stations.

There may be some reaction to the potassium iodide pills if your child is allergic to iodide. The use of potassium iodide pills is voluntary. Please complete the medical authorization if you wish your child to receive these pills and return it to the preschool and return it along with your registration package.

Thank you.
E.O.C.P. Staff and Executive

In case of a serious accident at Darlington or Pickering Generating Stations,

I hereby give permission for my child _____ to be given
potassium iodide (K1) in the prescribed dose (1/2 tablet).

I hereby do not give permission for my child _____ to be
given potassium iodide.

Date: _____ Signed: _____

MEDICAL DECLARATION OF HEALTH: FOR DUTY MEMBERS

This form must be completed by all members or caregivers who will be doing volunteer days. If more than one person per family will be volunteering, a separate form must be completed for each person. Because we are regulated by the Day Nurseries Act, T.B. tests are highly recommended every five years and Booster shots (Diphtheria and Tetanus) are mandatory if the volunteer has not been inoculated within the last 10 years. Both the T.B. test and Booster can be done through your family physician.

Child's Name: _____ **Program:** _____

Participating Parent/Caregiver: _____

Address: _____

Postal Code: _____ **Telephone:** _____

Please complete the following information:

1. Date of last Physical Examination: _____ D/M/YEAR

2. A Tuberculin Skin Test (T.B.) is highly recommended every 5 years.

If last T.B. test was negative, record date of reading _____ D/M/YEAR

If T.B. test was positive, record date of chest x-ray. _____ D/M/YEAR

3. Date of last Diphtheria and Tetanus booster. _____ D/M/YEAR
(required every 10 years)

4. List any allergies: _____

5. Family Doctor: _____

Address: _____

Phone number: _____

I, _____, declare that I am free of communicable diseases, and am mentally and physically able to work as a Volunteer for East Oshawa Cooperative Preschool.

Member Signature: _____

Date: _____

MEMBERSHIP AGREEMENT:

Child's Name _____

Program: _____ Date: _____

We understand that the Co-Operative is an organization whose successful operation depends on the participation and sharing of responsibilities of all co-operating families. We agree to:

Volunteer Days (if applicable): Assist the school staff according to the Volunteer roster schedule, and if unable to attend, arrange for a substitute.

Meetings: Will attend the following *mandatory* membership meetings –

- Parent Information in May
- September (for my child to meet the teacher, and an evening orientation)
- General Membership meeting in November

Committees: Work on one committee, attend the committee meetings or serve as an Executive Member.

Withdrawals: A member of the Co-operative may withdraw their membership by giving the Membership Chairperson one month notice in writing; otherwise one month's tuition will be retained. In the event that a person withdraws after April 1st 2011 no cheques will be returned.

Administration: Adhere to the principles of the Co-Operative. Each member is responsible for being familiar with our policies and procedures as found on our website in the members section (or a paper copy can be provided upon request).

For an exceptional school and for a happy relationship among Parents, the Board, the Children, and the Teachers, we agree to abide by the agreement as outlined above. Failure to comply with any of these obligations will result in a written request to reconsider your commitment.

Signature of Parent/Guardian: _____ Date: _____

FEES AND TUITION AGREEMENT:

All cheques are to be made payable to "East Oshawa Co-Operative Preschool". We understand and agree to the following fees and tuition schedule:

1. **Registration Fee:** \$50.00 non-refundable
2. **Tuition: 10** post-dated tuition cheques dated the first of each month beginning August 1st and ending May 1st. (Non-Duty cheques are for tuition plus a premium)
3. **Fundraising Fee** for Inactive Fundraising Members: \$125.00 non-refundable fundraising fee dated September 1st, 2010.
4. **Meeting Cheques 2** \$25 cheques post dated for the day of the Parent Orientation Meeting and the AGM. These cheques will be destroyed if you attend these mandatory meetings or cashed if you fail to attend. (only one parent/family is required to attend)
5. **NSF Fee :** a \$35.00 NSF fee will be charged for any NSF cheques

Signature of Parent/Guardian _____ Date: _____

Dear Parents:

On January 1, 2004, (PIPEDA), the Personal Information Protection and Electronic Documents Act covering the collection, use or disclosure of personal information in the course of any commercial activity took effect. This includes East Oshawa Co-operative Preschool.

Our responsibilities under this act are outlined in our Policies, but in general, we are mandated to inform you of the purpose of all personal information we collect from you.

Please take the time to read this policy which you will find in the Policies and Procedures binder.

During registration and subsequently we have collected information from you in order to:

- Best meet your child's needs
- Give your child the best program possible
- Meet all legislative requirements
- Be able to contact you in case of an emergency

We do not sell your information to third parties. Our procedures are to protect your information from error, loss or unauthorized access.

Please sign below indicating you have an understanding of East Oshawa Co-operative Preschool's PIPEDA Policy.

Signature

Date

REGISTRATION PACKAGE CHECKLIST

Have you:

- Completed the Registration form, making sure to include your child's Health Card Number, a local emergency contact and current address and phone numbers?
- Completed the Teacher's Information Form?
- Completed your child's Medical Information? Have you filled out two copies of the Day Nursery Immunization Record Form and included two photocopies of your child's yellow Immunization Card?
- Completed the Medical Declaration of Health if you will be a duty member?
- Signed your membership Agreement and Fees and Tuition Agreement, as well as the PIPEDA policy?
- Included post dated tuition cheques?
- Included a Fundraising cheque, if you will be an Inactive Fundraiser?
- Included post dated meeting cheques?
- Included a Criminal Reference Check for each parent, guardian, and/or caregiver who will participate on Volunteer Days? (If Volunteer Parents are returning for consecutive years to the school, a new CRC is not required.)
- Marked your calendar to attend the Parent Information Meeting on Monday, May 24th 2010 at 7:00 PM at the Preschool?**