



Dear Parent(s),

Thank you for choosing Dundas Valley Co-op Preschool. Now that your child is Registered you'll need to complete the forms in this **Enrolment Package**. The forms need to be signed and returned to the Membership Coordinator.

PLEASE SUBMIT COMPLETED FORMS AT THE SAME TIME IN ONE PACKAGE AT LEAST TWO WEEKS BEFORE YOUR CHILD'S START DATE.

Contents:

- Terms of Agreement
- Confidentiality Form
- General Information Sheet
- Parental Consent Form
- Immunization and Health History
- Allergies and Dietary Restrictions
- Parent Participation/Co-op Task Lists

If you will be participating as a Duty Volunteer, please refer to the Duty Volunteer Handbook for additional paperwork. A police check and immunization records are required.

If you have any questions about the program please feel free to discuss them with the Teacher(s) at your scheduled interview prior to starting the program.

Please feel free to call or e-mail me with any questions you may have. Thank you for completing and submitting the forms in a timely manner. All of the paperwork needs to be in place before your child's start date. We look forward to you joining us for an exciting and enriching year at Dundas Valley Co-op Preschool.

Sincerely,

Caitlin Rakowski
Membership Coordinator 2017/18
Dundas Valley Co-op Preschool
86 Cameron Avenue
Dundas, ON L9H 1P8
caitrakowski@gmail.com

DUNDAS VALLEY CO-OPERATIVE PRESCHOOL
86 Cameron Avenue, Dundas, Ontario L9H 1P8

TERMS OF AGREEMENT

1. I agree to be bound by the rules and regulations and by-laws of the Dundas Valley Co-Operative Preschool Incorporated (“Dundas Valley Co-op Preschool”).
2. I understand the required duties of the adult members of Dundas Valley Co-Op Preschool to be:
 - a) attendance at a minimum of two (2) general meetings (Orientation and AGM);
 - b) to attend at least one Executive meeting;
 - c) to participate in Co-op Tasks outlined in the last section of this package;
 - d) participation in one toy clean-up or forfeit the \$100 toy clean up cheque;
 - e) to participate in fundraising activities or pay required fundraising fee;
 - f) to read and understand the preschool’s policies; and
 - g) regular participation in the classroom (for Duty Volunteers only).
3. I agree to pick up my child on time. The morning program finishes at 12:00 p.m. If I or my designated pick up person is late, I agree to pay a late fee of \$15 for every 15 minutes late.
4. I agree to make monthly fee payments at the start of the month or as agreed to by the Treasurer. I agree that any monthly school fee payment not submitted by the first school day of the month will be subjected to a fine of \$5.00 per school day that payment has not been made.
5. I agree to pay the required Registration Fee, which is non-refundable should I withdraw my child from the preschool.
6. I agree to submit the required forms and health information before my child’s start date.
7. I acknowledge that membership in the co-op will terminate when fees are no longer paid.
8. For Duty Volunteers: I agree to complete and submit the following before first duty day:
 - (a) Vulnerable Sector Check
 - (b) Health information outlined in the Duty Volunteer Manual

Parent’s Signature: _____ Date: _____

Parent’s Signature: _____ Date: _____

Dundas Valley Co-op Preschool Confidentiality Form

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 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).

Signature

Date

Signature of Witness and Title

Date

DUNDAS VALLEY CO-OPERATIVE PRESCHOOL GENERAL INFORMATION SHEET

Child's Name:	
Name of Sibling(s):	
1.	Age:
2.	Age:
3.	Age:
Other members of the household:	
1.	Relationship to child:
2.	Relationship to child:
Has your child had any previous group play experiences?	
If yes, where?	
Does your child have neighborhood playmates?	
What ages are the playmates?	
In general, how does your child react to a stressful situation?	
Does your child have to be reminded to go to the bathroom?	
Does your child have any special fears that you are aware of?	
Does your child speak any other language besides English?	
What are your child's favorite:	
Indoor activities?	
Outdoor activities?	
What method of behavior control is used in your home?	

What is your child's reaction to this?
How would you describe your child's personality (aggressive, withdrawn, etc.)?
How does your child relate to:
Other children?
Other adults?
How do you feel your child will react to the initial separation from you here at school?
What do you expect your child to gain from attending preschool?
What are your expectations (as a parent) of the school?
Have you ever had a concern about your child's development or health needs?
Yes No
Have you ever consulted a doctor, nurse, or therapist about your child's development or health needs outside of the normal well child check-ups?
Yes No
Additional Comments:

DUNDAS VALLEY CO-OPERATIVE PRESCHOOL
86 Cameron Avenue, Dundas, Ontario L9H 1P8

PARENTAL CONSENT FORM

Name of Child: _____ Date _____

I hereby give my consent for my child to participate in supervised trips providing I am informed of each impending trip.

I will not hold any person or persons in attendance at the preschool responsible in case of accidents, contraction of illness, or loss of personal property.

If, at any time, due to such circumstances as accident or sudden illness, medical treatment may be given as necessary. I understand that any expense incurred for such treatment is my responsibility.

(The above will enable a doctor to give necessary treatment in case of an emergency when the parents cannot be contacted. It is understood that every effort will be made to reach the parent.)

Signature of Parent/Guardian: _____ Date: _____

I give permission for my child's and my name and address to be sent out to other families at the preschool on a class list

Circle One: Yes No

I give my consent to have pictures of my child published in local newspapers and on the Dundas Valley Co-Operative Preschool website and social media sites. My child's picture may be used for the purpose of publicizing special events and activities that are part of the preschool's curriculum and for the purpose of marketing Dundas Valley Co-Operative preschool to the community.

Circle One: Yes No

Signature of Parent/Guardian: _____ Date: _____

**Dundas Valley Co-operative Preschool
ALLERGY / DIETARY RESTRICTIONS FORM**

Name of Child : _____

Date of Birth: _____

This form must be completed before the child's first day of preschool, and is required for all children registered at the preschool regardless of whether they have any dietary restrictions or not.

___ Check here if your child has NO DIETARY RESTRICTIONS

Please check any of the following that apply to your child:

- ___ Lactose intolerant
- ___ Dairy-free
- ___ Lacto-ovo vegetarian (eat dairy foods and eggs as well as plant foods. No meat, poultry or fish)
- ___ Ovo-vegetarian (eat only eggs and plant foods. No dairy foods, meat, poultry or fish)
- ___ Lacto-Vegetarian (eat dairy foods and plant foods. No eggs, meat, poultry or fish)
- ___ Vegan (plant foods and products. No animal products, eggs, dairy)
- ___ Kosher
- ___ Gluten-Free (Celiac or gluten-intolerant/sensitive)
- ___ Diabetic

Please list any food allergies your child has here. Also, please note the type of reaction they have when given this food (i.e. rash or hives, nausea, stomach pain, diarrhea, itchy skin, shortness of breath, chest pain, anaphylaxis):

Please list any other dietary restrictions your child has (please note that this is not an area to list foods that your child dislikes. Please only list foods that your child may not eat due to religious or health reasons):

Please check one of the following options:

- ___ Due to allergies/dietary restrictions, I will provide my child with a healthy peanut-free snack each day.
- ___ Due to personal preference, I will provide my child with a healthy peanut-free snack each day.
- ___ I prefer Dundas Valley Co-operative Preschool to provide a healthy peanut-free snack for my child on Tuesdays and Thursdays.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: _____

**Dundas Valley Co-operative Preschool
CHILD'S HEALTH RECORDS**

Each child attending the preschool provide a record of immunizations and other health related details. Please complete the form below. These records will be stored at the preschool.

Child's Name: _____

Child's DOB: _____

<p>Immunization Records</p>	<p>Please attach a copy of immunization records from your child's doctor.</p> <p>Parents of children who object to immunization due to religious/conscience or medical reasons must complete a standardized Ministry approved form, and must be signed by a "commissioner for taking affidavits (i.e. notarized).</p> <p>Medical exemptions forms must be completed by a doctor or nurse practitioner</p> <p>Link to Statement of Medical Exemption form</p> <p>Link to Statement of Conscience or Religious Belief form</p>
<p>Health History</p>	<p>Please list any past communicable diseases (e.g. measles, mumps, pertussis, chickenpox, whooping cough, etc.) including date.</p>
<p>Conditions Requiring Medical Attention</p>	<p>Please list, <i>excluding</i> allergies and dietary restrictions already noted on previous page.</p>

Signature of Parent/Guardian: _____

Date: _____

DVCP Executive and Co-operative Positions

The success of our co-operative depends on YOU! Please indicate below which tasks you would like to be involved with.

(A) Executive	
Executive meetings are typically held once per month during the school year. Members of the Executive (i.e. Directors, Officers) are exempt from section B below.	
Name	
President (responsible for general correspondence, chairperson for general and executive meetings, annual nominating committee, strategic planning, overseeing preschool business, personnel)	
Vice President (fills in for President when needed, assist staff with duty orientations as required, support annual policy review)	
Membership Coordinator (handles inquiries and registration, maintains membership and immunization spreadsheets, police checks, schedules parent/teacher/child interviews, maintains class list)	
Recording Secretary (records minutes of Executive and general meetings, distributes digital copy of minutes to executive members, assist with weekly updates to families via e-mail if required)	
Treasurer * (responsible for payroll, grants, subsidies, fees from families, staff contracts, Revenue Canada, WSIB, charitable receipts, budgets, etc)	<i>Position Filled</i>
Publicity (looks after content for social media sites, publicity for special events and parent education meetings, oversee promotional materials)	
Fundraising Co-ordinator (co-ordinates fundraising campaigns, tracks fundraising effort by each family, advises families before year-end if they have met their annual minimum or if they have an outstanding balance)	
Social Co-ordinator (organizes location, refreshments and baking for events, committee liaison)	

* monthly stipend

(B) Co-operative Positions

Co-operative Positions support the operational and organizational needs of the preschool.
Skip this section if you are on the Executive.

Using the numbers “1”, “2”, and “3” indicate in the table below your top three (3) choice of roles. We’ll do our best to match you with your preferred roles. You will be notified before your child’s start date which tasks you’ll be involved with.

Co-operative Position	Rank your top 3 choices:
Banker (deposits money collected in Treasurer’s Box, logs cash and cheques, responsible for cash floats, reports to Treasurer)	
Scheduler (arrange duty days and snack schedule, schedule Creative Program support tasks (playdough, laundry), send out weekly schedule and information to families via email)	
Equipment Coordinator (organize toy cleaning 3x/yr, equipment checks, coordinate repairs)	
Scholastic Books (look after monthly book orders and distribution)	
Committees A – parties during class time (e.g. Halloween, Christmas)	
Committees B – special social and fundraising events outside of class time (e.g. Mickey Mouse Disco, Trivia Night, other)	
Website (use content management system to keep site current)	

NOTE: All families will be included on a rotating schedule for tasks that support our Creative Program, e.g. making playdough and washing painting smocks.

Last Name: _____

First Name: _____

Please indicate below any Extra Participation
you are available for:

- _____ Assist with fundraising (share ideas, help with issue of products, distribute catalogues)
- _____ Available for emergency duty at school on short notice, i.e. fill in for Duty Volunteer at last minute
- _____ E.C.E. or Teacher certificates and willing to fill in for absent Teacher *
- _____ Available to fill in for absent Teaching Assistant *
- _____ Interested in exchanging babysitting with other parent (allowing you to be a duty parent)
- _____ Interested in carpooling to and from preschool with other parents in your area

* *Infant CPR and First Aid required, as well as a valid Vulnerable Sector Check*

SPECIAL TALENTS: Any suggestions or talents you have are welcome and helpful in enriching the school, please circle if applicable to your family:

Puppets (make or do shows) / Advertising / Marketing / Second Language / Acting
Play Musical Instruments / Accounting / Book-keeping / Carpentry / Sewing

Other: _____