



## The Village of Brooklin Co-operative Playschool (“VBCP”)

### REGISTRATION PACKAGE

We would like to welcome all new and returning students to the Village of Brooklin Co-operative Playschool for 2010/2011!

### REGISTRATION CHECKLIST

Parents are required to provide the following:

1. Eleven (11) cheques made payable to the VBCP:
  - The first cheque - \$85.00 (Registration + Insurance) must be paid upon submission of the Registration Package
  - The second through the eleventh cheques (Tuition Fees) must be post dated for the first day of each month, from September to (and including) June.

**\*\*These cheques must be submitted with a completed Registration Package or your child’s spot cannot be held.\*\***

2. Proof of Vaccination ( i.e. Ontario Immunization Card, Doctor’s Letter)
3. Child’s Birth Certificate

We look forward to the school year ahead as much as you and your child do. Our staff is honoured to have the opportunity to encourage your child to make new friends, have new educational experiences, and grow as individuals in a supportive and playful learning environment.

Office Use Only

TT	MWF	TWT
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**VBCP TUITION FEE SCHEDULE**  
**2010/2011**

- An initial fee of **\$85.00** is payable upfront to secure a child's enrolment in the program and is comprised of the following:

Non-refundable registration fee of \$55.00 is to be paid upon submission of application forms (a portion of this fee will cover the cost of a school t-shirt for each registered child) + an annual fee of \$30.00 is charged for insurance. After August 2010, this fee is also non-refundable.

- Monthly tuition fees for the program for one child are as follows:

<b>PROGRAM</b>	<b>Participating Parent</b>	<b>Non-participating Parent</b>
Tuesday/Thursday a.m. program	<b>\$95.00</b>	<b>\$190.00</b>
Monday/ Wednesday / Friday a.m. program	<b>\$137.00</b>	<b>\$274.00</b>
Tuesday/Wednesday/Thursday p.m. program	<b>\$137.00</b>	<b>\$274.00</b>

- Participating parents
  - required to volunteer their time in the classroom ("Duty Day") at least one time per month, per enrolled child (parent is required to arrive early and stay the duration of the relevant class which is approximately 2 ¼ hours, in order to meet the duty day requirement).
- Non-participating parents
  - not required to perform a Duty Day.
- Families with more than one child enrolled in the program are entitled to a \$10.00 per month discount on the tuition fees of each additional child enrolled in the program.
- A NSF charge of \$30.00 will be levied against any returned cheques. Cheques are deposited on the 1<sup>st</sup> business day of every month. After 2 NSF cheques VBCP will require cash upfront for the remaining months.

## VBCP ENROLLMENT FORM

Please indicate the Program you are Registering for:

Tuesday/Thursday a.m.  Monday/Wednesday/Friday a.m.  Tuesday/Wednesday/Thursday p.m.

For our information, how did you hear about us?

Website  Sign  Parade  Friend  Flyer  Other

Name of Child: \_\_\_\_\_  
(Last) (First) (Middle)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone Number: (\_\_\_\_) \_\_\_\_--\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Day) (Month) (Year) Gender: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Bus. Address: \_\_\_\_\_ Bus. Address: \_\_\_\_\_

Bus. Telephone: \_\_\_\_\_ Bus. Telephone: \_\_\_\_\_

### EMERGENCY CONTACT PERSON (OTHER THAN PARENTS)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name of person(s) to whom the child may be released to: \_\_\_\_\_

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### MEDICAL INFORMATION

Physician: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Bus. Number: \_\_\_\_\_

Please indicate which, if any, of the following communicable diseases your child has had:

Red Measles \_\_\_\_\_ Rubella (German measles) \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Pertussis (Whooping cough) \_\_\_\_\_

Mumps \_\_\_\_\_ Hepatitis A \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Other: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special requirements for rest, exercise, diet (are there foods to avoid?): \_\_\_\_\_

Any symptoms indicative of ill health: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of parent/guardian: \_\_\_\_\_

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**VBCP FAMILY AND CHILD INFORMATION SHEET**

Name of child: \_\_\_\_\_

Age: \_\_\_\_\_

One t-shirt for each student is included in your registration. The colour of this t-shirt for all the students for the 2010-2011 school year will be tangerine. For safety reasons, we recommend that all children are in uniform for field trips.

**Please indicate t-shirt size for your child:    XS (size 2-3)    S (size 4-6)**

1. How do you think your child will react to beginning school?

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2. How does your child react to people he/she does not know?

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3. Does your child have a favourite blanket or toy to which he/she is attached and if so under what circumstances does he/she use it?

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4. List any behavioural habits your child may have (e.g. thumb sucking etc.)?

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5. What does your child do when he/she is :

Angry: \_\_\_\_\_

Sad: \_\_\_\_\_

Happy: \_\_\_\_\_

Afraid: \_\_\_\_\_

6. What makes your child fearful?

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7. Describe your child's play habits (e.g. age/gender of playmates)?

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8. How would you describe your child's personality (e.g. shy, aggressive etc)?

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9. Word use for bowel movement? \_\_\_\_\_                      Urination? \_\_\_\_\_

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10. What does your child like to do that may help us to plan activities (e.g. games, songs, stories etc)?

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11. What else would you like us to know about your child that would help us in planning his/her most comfortable entry into school and the most comfortable separation for both of you?

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12. Does your child have extended family living in the home (grandparents, aunts etc)?

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13. Names and ages of siblings in the home?

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14. In what areas can your family be of help to the school? Please circle: advisor/lawyer, auditor, accountant, bookkeeper, carpenter, dancer, driver, gymnast, musician, photographer, puppeteer, scientist, seamstress, singer, other.

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15. Can you be an emergency (paid) supply teacher?

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16. Are you a qualified teacher or ECE?

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17. Can you obtain a discount (or donation) on products or services that may be used by the school (e.g. art supplies, paper cups, paper plates, computer paper, photocopying etc.)?

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18. Do you have a pet suitable for a school visit?

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## **VBCP REGISTRATION AGREEMENT**

Given the “co-operative” structure of this organization, the success of our playschool depends on the participation of parents. This agreement is intended to emphasize how important it is that each parent seriously consider and understand what is involved in joining a cooperative effort. Therefore, in consideration of the enrolment of a child in the VBCP program, each member must agree to the following conditions in order for our school to function successfully:

1. I agree to pay the applicable tuition fees as detailed in the Tuition Fee Schedule for 2010-2011;
2. I agree to attend the following:
  - the **Orientation meeting** in September
  - general meetings (as they may be called from time to time)
  - duty parent training days, and any emergency meetings called by the Executive Board;
3. **As a parent of a child enrolled in a morning program**, I agree to arrive promptly at 8:30 am for my scheduled duty days (parent is required to arrive early and stay the duration of the relevant class which is approximately 2 ¼ hours, in order to meet the duty day requirement). I understand that I am required to perform one duty day per month, per child enrolled in the morning program, and that it may be necessary for me to perform **TWO or more** depending on numbers for enrolment. If I am ill or my child is ill, I will be responsible for finding my own replacement from the membership list;  
  
**As a parent of a child enrolled in an afternoon program**, I agree to arrive promptly at 12:45 pm for my scheduled duty days (parent is required to arrive early and stay the duration of the relevant class which is approximately 2 ¼ hours, in order to meet the duty day requirement). I understand that I am required to perform one duty day per month, per child enrolled, and that it may be necessary for me to perform **TWO or more** duty days depending on numbers for enrolment. I will also be required to assist with classroom take-down (at class dismissal time) on my duty day and if I am ill or my child is ill, I will be responsible for finding my own replacement from the membership list;
4. I agree to join a committee of the VBCP and acknowledge that this will require a contribution of my time outside of school hours;
5. I agree to contribute financially as well as personally to all fundraising events (e.g. product sales etc.) and, where I am not willing or able to participate in any or all events, will pay the appropriate opt out fee (if interested, please inquire for more details);
6. I agree to have a **vulnerable persons criminal reference check** performed on me prior to my child starting school (this condition applies to anyone performing a duty day such as the other parent, grandparent or nanny, etc.);
7. I agree to execute and comply with the VBCP Confidentiality Agreement which prohibits me from sharing knowledge I gain about other children enrolled in the school, including their behaviour, emotional maturity, relationships with others, etc; and
8. I agree to comply with all the policies and procedures of the VBCP, including but not limited to the VBCP Behaviour Management Policy and Procedures and the VBCP Duty Day Policy.

**I declare that I have read this agreement and will fulfill my obligations. If I do not, I understand that I may be asked to withdraw my child from the program.**

Signature of parent/guardian: \_\_\_\_\_ DATE: \_\_\_\_\_

**I agree that photos may be taken of my child at the school or on a field trip for use in promotional materials related to and for the benefit of the VBCP.**

Signature of parent/guardian: \_\_\_\_\_ DATE: \_\_\_\_\_

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## VBCP CONFIDENTIALITY AGREEMENT

I acknowledge that in my capacity as a volunteer or staff member of the Village of Brooklin Cooperative Playschool (the "VBCP") there exists the possibility that I may become privy to certain information pertaining to a VBCP registered student's behaviour patterns, emotional maturity and relationship to others, information pertaining to families of VBCP registered students, information pertaining to VBCP staff members and/or information pertaining to issues relating to the VBCP.

I understand that great care must be taken not to share this knowledge outside of the school environment or with any other VBCP members. I agree to maintain the confidentiality of any and all information pertaining to any VBCP registered student, staff member and/or information pertaining to issues relating to the VBCP that may become known to me as a parent volunteer or as a staff member of the VBCP.

Signature of parent/guardian: \_\_\_\_\_ DATE: \_\_\_\_\_

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## **VBCP BEHAVIOUR MANAGEMENT POLICY AND PROCEDURES**

Reference: DNA 0202-09 0802-06

The Village of Brooklin Cooperative Playschool believes that behaviour management must be exercised in such a way that the rights of the child are respected and the child's self esteem is enhanced. Children's behaviour will be addressed through encouragement and positive direction by following the management steps below:

1. A misbehaving child is spoken to
2. The child is redirected to something else
3. If the above fails, the child is given a "time-out" on a chair, to be timed no longer than 1 minute for each year of age
4. The parent is advised

### **Corporal Punishment**

Corporal punishment is not permitted. This includes:

1. Striking a child directly or with any object, shaking, shoving, spanking or forcing a child to repeat physical movements or forcing food on a child
2. Harsh, belittling or degrading responses of any form (verbal, emotional, physical ) that would humiliate a child or undermine a child's self-respect
3. Denial of usual comforts including shelter, clothing, bedding and food
4. Confinement in a lockable room, isolation or physical restraint when used as a form of punishment

### **Set An Example:**

1. Use a quiet manner, speak at the child's level physically as well as mentally so that they understand you
2. Demonstrate warmth and sincerity
3. Try the calm approach
4. Treat all the children with politeness. Acknowledge their dignity as individuals
5. Recognize and encourage positive behaviour
6. Let the children feel that you are available for help if they need you
7. Children's attempts at independence should be encouraged

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Witnessed by

\_\_\_\_\_  
Date

**VBCP PARENT MEDICAL CERTIFICATION**

I, \_\_\_\_\_, do hereby attest to the fact that I am free from all  
(Parent/guardian name)

Communicable diseases including Tuberculosis. I have sought the appropriate information and medical advice (if necessary) to ensure that I will not be exposing the enrolled children to any serious communicable disease.

Medical forms are available for those parents seeking the advice of their physicians. Parents are responsible for any expense arising from the completion of these forms.

Signature of parent/guardian: \_\_\_\_\_ DATE: \_\_\_\_\_

## **VBCP DUTY DAY POLICY**

In keeping with the Ministry Guidelines it is essential that morning classes be fully staffed each day with a Ministry approved teacher/E.C.E. and one assistant. In addition, we require one duty parent every day to assist with the morning classes. New to the 2010 – 2011 school term, the afternoon class will also require a duty parent, providing the teachers with more time to focus on programmed activities for the children.

I understand that I am required to do **AT LEAST ONE** duty day **PER MONTH, PER ENROLLED CHILD**, and that it may be necessary for me to perform **TWO OR MORE** duty days, depending on enrolled children and the number of days in each month.

I acknowledge that a duty day is not an entire day, but rather, requires approximately 2 ¼ hours of my time (parent is required to arrive early and stay the duration of the relevant class which is 2 ¼ hours, in order to meet the duty day requirement).

I acknowledge that I am required to attend my duty day on my own. No other children, other than my child/children enrolled in the class may accompany me on my duty day.

I acknowledge that my duty day may be fulfilled by my child's other parent, grandparent or nanny, or other person, provided that the school is notified and said person is in possession of a recent **vulnerable persons criminal reference check**.

As a parent of the Village of Brooklin Cooperative Playschool, I agree that if I am unable to attend my scheduled duty day that it is my sole responsibility to arrange for an appropriate replacement.

Should I miss a duty day and fail to provide a replacement (which may include any other VBCP parent), I agree to pay a penalty of **\$30.00** for that day. In the occurrence of a second missed duty day and failure to provide a replacement, I agree to pay a penalty of **\$60.00**. Should I arrive late or have to leave early (without providing coverage) I agree to pay a penalty of **\$10.00**. If a fee is required, you will be advised of the fee that day with payment due the same day of school the following week. If not received within one week's time, a written notice will be provided and school will not be available to your child until payment is received

**Please note:** This fee will be used to subsidize the salary of an EA who will have to be called to substitute that day.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## **VBCP ROLES AND RESPONSIBILITIES OF PARENT COMMITTEES**

This is an information sheet about the **roles and responsibilities** of the parent committees. In order to ensure that the playschool is run smoothly, and with fiscal economy, all parents are required to take on a role in one of **the 4 main committees** of the school. Each position is vital to the running of a fun, safe, and organized school environment.

Using the sheet below, **please select 2 committees** that interest you and that might work with your daily schedule. The Committee Chairperson will assess these forms and try to accommodate everyone's requests. **A third choice** may be required in the event that committee positions are not adequately filled. We adhere to strict Ministry of Ontario standards regarding health and safety issues, therefore, some committees may take priority in their filling.

Please take a look at the descriptions below, and select 2 committees accordingly. You will be contacted in September regarding your assignment.

**Fundraising:** Parents will be required to organize different fundraisers throughout the year. You may be required to hand out information packages to parents, collect money, and/ or hand out product to parents once it has been received. (FYI frozen product must be distributed upon arrival, requiring parents to be available during daytime hours). You will be assigned to at least one major fundraiser per year.

**Toy Cleaning:** This committee is required to ensure all of the toys in the classroom are cleaned on a rotational basis. Three to four parents will clean designated sections of toys on a scheduled day (this will be determined by committee chair) between **11:15am and 12:50pm in the classroom** following the Ministry guidelines.

**Crafts:** Parents from each class may participate in this committee. They will work on a rotational basis. These parents will be required to cut out shapes/assemble crafts for the teacher for each month of the school year. Detailed instructions will be sent home with materials. More parents may be assigned to this committee depending on enrollment.

**Laundry:** This requires a parent **who can pick up the laundry every other Friday after school (by 11:30 a.m.) and return it on Monday before school begins (8:45 a.m.)**. You will be required to wash all dishtowels, hand towels, and dress up clothes each week. This committee will be run on a rotational "term" basis, with two parents assigned from Sept to Jan and two from Feb to June.

Name of Parent \_\_\_\_\_ Class your child is in \_\_\_\_\_

Contact Number \_\_\_\_\_ Email Address \_\_\_\_\_

1<sup>st</sup> Committee Choice \_\_\_\_\_ 2<sup>nd</sup> Committee Choice \_\_\_\_\_