

# HOLLISTON COMMUNITY PRESCHOOL REGISTRATION PACKAGE 2017-2018

All Children **MUST BE FULL TOILET TRAINED** by the beginning of the school year and **MUST BE 3 YEARS OF AGE** by **January 31st, 2018** to be eligible for admission

## REGISTRATION INFORMATION

### Child's Information:

|                                                     |                                 |                                 |
|-----------------------------------------------------|---------------------------------|---------------------------------|
| Child's Name (last, first):                         |                                 | Date of Birth (Day/Month/Year): |
| <input type="checkbox"/> Male                       | <input type="checkbox"/> Female | Language(s) spoken at home:     |
| Name to be used in class (If different from above): |                                 |                                 |
| Siblings (Please list first name and age of each):  |                                 |                                 |

### Parent/Guardian Information:

|                                                                                                                                               |                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Parent/Guardian Name:<br><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other                       | Parent/Guardian Name:<br><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other                       |
| Address, including Postal Code:                                                                                                               | Address (if different from other Parent/Guardian):                                                                                            |
| Email Address:                                                                                                                                | Email Address:                                                                                                                                |
| Home Phone Number:                                                                                                                            | Home Phone Number:                                                                                                                            |
| Work Phone Number:                                                                                                                            | Work Phone Number:                                                                                                                            |
| Cell Phone Number:                                                                                                                            | Cell Phone Number:                                                                                                                            |
| During preschool hours, please contact my:<br><input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work phone | During preschool hours, please contact my:<br><input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work phone |

Are there any custody arrangements that we should be aware of?

### Caregiver Information:

|                                                                |                 |
|----------------------------------------------------------------|-----------------|
| Caregiver's Name:                                              | Phone Number:   |
| Person(s) Authorized to Pick Up Child:                         | Phone Number(s) |
| Will any persons mentioned above ever act as a Parent Helper?: |                 |

**Additional Information:** \* (see last page for description)

Please use the space.

|  |
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|  |
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**MEDICAL CARE PERMISSION**

|                                                                                         |                                        |
|-----------------------------------------------------------------------------------------|----------------------------------------|
| Child's Full Name:                                                                      | Child's Doctor (Name & Phone Number):  |
| Child's Hospitalization #:                                                              | Child's Dentist (Name & Phone Number): |
| Allergies (Please list and describe any allergies):                                     |                                        |
| Dietary Restrictions?:                                                                  |                                        |
| Does your child have any health concerns that may require immediate medical attention?: |                                        |
| Does your child require medication? **                                                  |                                        |

**Consent for Medical Assistance**

I, \_\_\_\_\_ (Parent or Guardians Name) give consent for my child to receive any medical assistance and/or care necessary, by qualified personnel or physician(s), if I am unable to be contacted in case of emergency.

I agree not to hold responsible the Holliston Community Preschool, Holliston Community Association, Holliston Elementary School, its teacher(s), or members for any costs, claims, damages, or demands whatsoever relating, directly or indirectly, out of the life-saving efforts of its teacher(s) and/or members including bodily injury, death, consequential damages and direct or indirect damages, save and except for damages that arise out of the gross negligence or willful and wanton misconduct of the Holliston Community Preschool.

|                |            |       |                                |
|----------------|------------|-------|--------------------------------|
| Parent's Name: | Signature: | Date: | Contact # during school hours: |
|----------------|------------|-------|--------------------------------|

\*Please provide the name of **Emergency Contact(s)**, a person(s) to be contacted in case of an emergency during school hours in the event that parents cannot be reached:

| Emergency Contact Name | Home Number | Cell Number |
|------------------------|-------------|-------------|
|                        |             |             |
|                        |             |             |

## PRESCHOOL SESSIONS

**3 Year Old Class:** Children **MUST** be fully potty trained before they can attend.

- Tuesday/Thursday 9:00 – 11:30a.m** (Children must be 3 years old by January 31st, 2018)

**4 Year Old Classes:** Please choose your 1<sup>st</sup> & 2<sup>nd</sup> choice.

- Monday/Wednesday/Friday 9:00 – 11:30a.m** (Children must be 4 years old by January 31st, 2018)
- Monday/Wednesday/Friday 12:30 – 3:00p.m** (Children must be 4 years old by January 31st, 2018)

## FEE STRUCTURE

- Admission will be based on the order in which registration forms and fees are received.
- **Registration fees, September fees and Community Association Fees MUST** be made by cash or cheque and are due at the time of registration.
- If applying for the Preschool Foundation Subsidy, you are required to pay the Registration fee, CA Fee **AND** September fee up front . If you should be denied the subsidy in part or in full, you will be required to provide an alternate form of payment for all outstanding fees before your child can return to Preschool.
- **We accept payment via cash, cheque or Payors PAD form only.** We do not accept debit or credit.
- Please make cheques payable to *Holliston Community Preschool* and date cheques accordingly.
- For a **full refund of your tuition** (minus the CA membership and registration fees) you will need to **contact the preschool in writing NO LATER THAN August 1<sup>st</sup>, 2017.**

## **DUE AT TIME OF REGISTRATION:**

**Registration Fee: (\$55)** (Dated with CURRENT date) **AND September Fees (\$85 or \$95)** (Dated Sept 1, 2017)

**Community Association (CA) Fee: \$15/family for the year, valid Sept 2017 through Aug 2018**

\*Holliston Community Association Membership or another Community Association membership required

\*This also allows you to register for any Community Association program throughout the city

## **TUITION** (Please select which option you'd like for payment)

- Option 1: I wish to make one tuition payment in full for October 2017 – May 2018.**
  - I have provided payment for the Registration Fees, September Fees and CA Fees
  - I have provided a cheque for the remaining tuition amount dated October 1, 2017
- Option 2: I wish to pay by Post-dated cheques for the 1<sup>st</sup> day of every month, October to May.**
  - I have provided payment for the Registration Fees, September Fees and CA Fees
  - I have provided additional post dated cheques for the 1<sup>st</sup> of each month from Oct/2017 to May/2018.
- Option 3: I wish to have my payments debited from my bank account on the 1<sup>st</sup> of each month.**
  - I have provided payment for the Registration Fee, September Fees and CA Fees
  - I have completed and attached the Payors PAD form.
- Option 3: I will be applying for subsidy through the Saskatoon Preschool Foundation**
  - I have provided payment for the Registration Fees, September Fees and CA Fees
  - <http://www.spf.sk.ca/subsidies-grants/preschool-tuition-subsidy> or <http://hollistoncommunitypreschool.com>
  - Should I be denied for subsidy in part or in whole, I will provide an alternate form of payment

## **2016/2017 FEES:**

| <u>Class</u> | <u>Registration Fee (due at Registration) + CA Fee</u> | <u>Monthly Fee (Sept. fee due with Registration)</u> | <u>Tuition Payment in Full (Oct-May)</u> |
|--------------|--------------------------------------------------------|------------------------------------------------------|------------------------------------------|
| Tues/Thurs   | \$55 + \$15                                            | \$85                                                 | \$680.00                                 |
| M/W/F – AM   | \$55 + \$15                                            | \$95                                                 | \$760.00                                 |
| M/W/F – PM   | \$55 + \$15                                            | \$95                                                 | \$760.00                                 |

## RESOURCE INFORMATION

- I am available on short notice to fill in as a Parent Helper in case of emergency.
- I am available for occasional volunteer service (other than Parent Helper duties)
- I know of an interesting place for a field trip: \_\_\_\_\_
- I would be willing to teach the class about my hobby (art, craft, gardening, photography, etc.).

**FIELD TRIP CONSENT, CONTACT INFORMATION RELEASE, PHOTO RELEASE CONSENT**

**FIELD TRIP CONSENT**

I, the undersigned, understand that all activities will be supervised and that it is expected that student behavior will be the same as it is at Preschool. I hereby give consent for my child, \_\_\_\_\_ (Child’s full name) to take part in any field trips planned by the Holliston Community Preschool throughout the current school year.

- I understand that I will be given reasonable notice of the upcoming field trips.
- I understand that the children will be supervised by the teacher and parent members of the Holliston Community Preschool.
- I understand that the children may be transported by foot or in chartered School Bus.
- I agree not to hold responsible the Holliston Community Preschool, Holliston Community Association, Holliston Elementary School, its teacher(s), or members for any costs, claims, damages, or demands whatsoever relating, directly or indirectly, out of the life-saving efforts of its teacher(s) and/or members including bodily injury, death, consequential damages and direct or indirect damages, save and except for damages that arise out of the gross negligence or willful and wanton misconduct of the Holliston Community Preschool.

|              |                   |       |
|--------------|-------------------|-------|
| Parent Name: | Parent Signature: | Date: |
|--------------|-------------------|-------|

**CONSENT TO RELEASE CONTACT INFORMATION**

Due to a Provincial Privacy Law, schools are unable to release ‘class lists and/or telephone numbers’ and/or photos and videos unless we obtain a ‘consent to release’ form.

The information provided in the registration package is confidential. In order to facilitate contacting other parents and new friends a class list will be distributed to all parents. Thus we request consent in preparation of such a list. **Please initial** to indicate whether you wish to be included in such a list by marking the appropriate spots.

\_\_\_\_\_ I consent to the release of child’s name, phone number and parent’s name and email solely for the purpose of preparing a class phone list to be distributed to other members of the preschool.

\_\_\_\_\_ I do not want to have my information included on the class list.

\_\_\_\_\_ I consent to the release of my child’s photo/video

\_\_\_\_\_ I do not consent to the release of my child’s photo/video

**COOPERATIVE AGREEMENT**

Holliston Community Preschool is a co-operative program that relies on the participation of the parents/guardians of each child in order to run smoothly. As such, I/We agree: To act as a Parent Helper to the teacher on a rotating basis, coordinated by myself and/or the Room Parent; To be responsible for finding an adult substitute if I/We am/are unable to help on my/our assigned days. **Signup and Attendance for Parent Helper days is Mandatory.** Should I fail to attend my assigned parent helper day without warning, I will be given a warning letter. Failure to attend on more than one occasion may result in being asked to leave the program.

I/We agree to give the Preschool Executive one (1) month notice in writing of the withdrawal of my/our child from enrollment in the Preschool, or one (1) month’s fees in lieu of notice.

Please refer to our website [www.hollistoncommunitypreschool.ca](http://www.hollistoncommunitypreschool.ca) for more information about the preschool, access to the parent handbook, or to contact us with questions.

*I understand that Holliston Community Preschool is a co-operative preschool and I will complete my parent obligations.*

|                                   |              |
|-----------------------------------|--------------|
| <b>Parent/Guardian Signature:</b> | <b>Date:</b> |
|-----------------------------------|--------------|

## EXECUTIVE COMMITTEE VOLUNTEER POSITIONS

The Holliston Community Preschool is organized and maintained by the Executive Committee which is made up of parent volunteers. Usually, the Executive will meet monthly where the Teacher, Coordinator, Treasurer, and each Room Parent will give a report to keep everyone up to date and informed of what is happening in the classroom. Notice will be given of each meeting date and parents are welcome to attend any session. Meeting minutes will be posted outside of the classroom for review.

|            |                     |
|------------|---------------------|
| Your Name: | Your Email Address: |
|------------|---------------------|

**Please indicate the session your child is registered in:**

|                                     |                                   |                                   |
|-------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Tues/Thurs | <input type="checkbox"/> MWF - AM | <input type="checkbox"/> MWF - PM |
|-------------------------------------|-----------------------------------|-----------------------------------|

**Please check the following volunteer position that you may be interested in:**

- Coordinator** – The Coordinator is expected to attend all meetings of the Holliston Community Association as a liaison between the Preschool and the Association. The Preschool Coordinator is responsible for organizing and conducting all aspects of the Preschool – registrations, renovations, license, teacher contract, public communications, etc. The Coordinator conducts the monthly meetings of the Preschool Executive. The Coordinator prepares and distributes a regular newsletter to the parents to keep them informed on what is happening.
- Treasurer (Co-treasurer VACANT)** – The Treasurer is responsible for all monthly and yearly operating costs. The Treasurer collects fees, makes deposits into the Preschool bank account, completes all government forms, prepares a monthly financial report for the preschool and also prepares a budget for the Association. The budget is presented at each executive meeting as well as each Association meeting.
- Secretary (VACANT)** – The Secretary takes minutes of all executive meetings, transcribes them, distributes them to all members of the executive, and posts one copy on the Preschool bulletin board for all parents to read.
- Room Parents (VACANT TUE/THUR & MWF)** – There is a Room Parent for each class. The Room Parent is responsible for scheduling the Parent Helpers for each day, and is available to help find substitute helpers when emergencies arise. The Room Parent also acts as a liaison between the parents of the class and the executive.

\*Please provide any information that you believe would be helpful for your child’s teacher. The information you provide will be kept confidential and will not affect your child’s eligibility for enrolment into the Holliston Community Preschool. This information will be used for the sole purpose of best meeting your child’s needs in our program.

\*\*Please explain. Include the names of prescription medications required. The only medications that may be on a child or in their backpacks are an epi-pen and asthma inhaler. All other medications will be stored in a locked cabinet under the supervision of the teacher. Nonprescription medications are not allowed

### To Submit your Child’s Registration:

#### ❖ Paper Registrations:

- Print off and Complete all forms and cheques
- Mail or drop of completed forms to the Coordinator
  - Please email [hollistoncommunitypreschool@gmail.com](mailto:hollistoncommunitypreschool@gmail.com) to request the mailing address.