

ROYAL YORK ROAD NURSERY SCHOOL REGISTRATION PACKAGE 2017-2018
STUDENT INFORMATION

PROGRAM: <input type="checkbox"/> 2 YR			CHILD'S GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> 3 YR Mornings Only (3 mornings a week – M/W/F) – DUTY			
<input type="checkbox"/> 3 YR Mornings Only (3 mornings a week – M/W/F) – NON DUTY			
<input type="checkbox"/> 3 YR Extended Program (2 mornings – M/F + 1 extended day - W) – DUTY			
<input type="checkbox"/> 3 YR Extended Program (2 mornings – M/F + 1 extended day - W) – NON DUTY			
CHILD'S SURNAME	CHILD'S GIVEN NAME	CHILD'S DATE OF BIRTH	AGE AS OF DEC 31/2017
PARENT'S INFORMATION	PARENT #1	PARENT #2	
SURNAME:			
FIRST NAME:			
HOME ADDRESS: (INCLUDE POSTAL CODE)			
WORK ADDRESS: (INCLUDE NAME OF COMPANY, SUITE NUMBER, TOWER INFORMATION, POSTAL CODE)			
HOME TELEPHONE NUMBER:			
WORK TELEPHONE NUMBER:			
CELL PHONE NUMBER:			
EMAIL ADDRESS: (Parent 1 Email address will be used as the main form of communication)			

NB - If there is any arrangement other than joint custody, please discuss this with the Registrar and the child's teacher(s).

CHILD'S MEDICAL INFORMATION

DOCTOR'S NAME (Last, First)	DOCTOR'S PHONE NUMBER	CHILD HEALTH CARD NUMBER (Optional)
DOCTOR'S ADDRESS (including postal code)		
List all allergies, sensitivities, and dietary restrictions, and other health concerns if any that might prevent your child from fully participating in the programs.		
Does your child carry an EpiPen, Allerject or a puffer/inhaler? If yes, please specify.		
List any previous history of communicable diseases (list attached), and/or conditions requiring medical attention		

EMERGENCY CONTACT INFORMATION: Person(s) to contact other than parents in case of an emergency.

	PRIMARY CONTACT	SECONDARY CONTACT
Last Name		
First Name		
Address (INCLUDE POSTAL CODE)		
Home Phone		
Work Phone		
Cell Phone		
Relationship		

PERSONS TO RELEASE – NAME OF PEOPLE WE MAY RELEASE YOUR CHILD TO: Please indicate in the space below the names of any persons who you authorize to pick up your child(ren) at the end of the program. We will not release your child to anyone unless we are authorized by you to do so. In the event that there is a change of plans on any given day, you must notify your child’s teacher.

GIVEN NAME	FAMILY NAME	RELATIONSHIP	CELL OR HOME PHONE

FOR OFFICE USE ONLY: Date of Admission:	Date of Discharge:
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A. RYRNS PROGRAMS OVERVIEW

3+ Preschool

3 morning program[^]	Monday, Wednesday and Friday mornings:	9:00am – 12:00pm
	Class Maximum:	15 children (1 class offered); 2 staff members and 1 parent volunteer
	Program Fees*:	<p>DUTY **- Annual tuition is \$2,450 paid in 10 equal instalments of \$245/month (September to June)</p> <p>NON DUTY** - Annual tuition is \$3,000 paid in 10 equal instalments of \$300/month (September to June)</p> <p>\$100 Registration Deposit (non-refundable)</p>
Extended Program[^]	Monday and Friday mornings: Wednesdays:	9:00am – 12:00pm 9:00am – 2:30pm (children must bring their own lunch)
	Class Maximum:	15 children (1 class offered); 2 staff members and 1 parent volunteer
	Program Fees*:	<p>DUTY **- Annual tuition is \$3,400 paid in 10 equal instalments of \$340/month (September to June)</p> <p>NON DUTY** - Annual tuition is \$3,950 paid in 10 equal instalments of \$395/month (September to June)</p> <p>\$100 Registration Deposit (non-refundable)</p>

3 YEAR PROGRAM REQUIREMENTS:

- Your child must be 36 months by December 31, 2017 to participate in this program.
- Children should be toilet trained or in the process of toilet training by the first day of school.

[^] RYRNS reserves the right to cancel or adjust the types of programming offered based on enrolment.

* There is no reimbursement for missed classes.

** Royal York Road Nursery School reserves the right to adjust the number of duty and non duty spots available. DUTY shifts are from 8:30am to 12:30pm.

2+ Jr. Preschool^

Tuesday and Thursday mornings:	9:00am - 11:30am
Class Maximum:	15 children (2 classes); 3 staff members per class
Program Fees*:	Annual tuition is \$2,250 paid in 10 equal instalments of \$225/month (non-duty) (September to June) \$100 Registration Deposit

2 YEAR PROGRAM REQUIREMENTS:

- Your child must be 24 months by September 1, 2017 to participate in this program.
- Children do not need to be toilet trained by the first day of school, however toilet training should be in the process by the first day of school.

^ RYRNS reserves the right to cancel or adjust the types of programming offered based on enrolment.

* There is no reimbursement for missed classes.

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 or registrar 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, 2017.
- A \$30 administration fee will apply to withdrawals.
- No refund will be provided for the \$100 registration fee.
- All outstanding fees must be paid in full. Any debts will be pursued by RYRNS.
- Should a parent decide to withdraw their child from a program prior to the September start date, the first month tuition is non-refundable.

COOPERATIVE PROGRAM EXPECTATIONS:

- **Snack Rotation:** This program includes a snack rotation policy. Each family is expected to provide snack and 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 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.

B. VOLUNTEER POSITIONS

Each family is required to choose one volunteer position from either the Executive Committee or General Membership (Please refer to “Role Description” document located under the Registration tab of the website (www.ryrns.ca) for a complete description of the volunteer roles).

Board Members

- **President** (should be held by a returning family)*
- **Vice President** (should be held by a returning family)*
- **Registrar 2+ program** (should be held by a returning family)*
- **Registrar 3+ program** (should be held by a returning family)*
- **Parent-Teacher Liaison & PCPC -Parent Cooperative Preschool Corporation Representative** (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

- Assistant to Registrars
- Assistant Treasurer
- Enrichment Programs Coordinator*
- Summer Camp Coordinator
- Volunteer Coordinator

Communications Committee

- Webmaster
- Health and Safety Monitor
- Duty/Snack Scheduler
- Marketing Coordinator (4 positions)
- Newsletter Editor (2 positions)
- Fundraising (8 positions)
- Social and Family Events Convener (2 positions)
- School Tours

Program Committee

- Resource Materials (6 positions)*
- School Events and Trips (8 positions)**
- Librarian
- Scholastic Book Orders 2+ program
- Scholastic Book Orders 3+ program
- School Photographer 2+ program
- School Photographer 3+ program

Equipment Committee

- Maintenance, Repairs and Purchasing
- Housekeeping (8 positions)**

Child's Name: _____

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 2 YR AND 3 YR PROGRAMS NOTE:

(Position allocations and descriptions are subject to change based on enrolment and need of the school)

C. RYRNS 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:

- It is our commitment to ensure that your child is happy and contented within the school.
- 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.
- We will make every effort to assist you in your duties.
- 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 three to four weeks depending on registration levels and that I will perform those duties willingly and in keeping with the spirit of the co-operative. I understand that I will be expected to volunteer from 8:30am to 12:30pm on my assigned duty day. I understand that another family member or caregiver may also participate in performing duty days.

2. *Volunteer Job*

I recognize that I will be assigned a specific job in addition to normal duty 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 two months 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.

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 pre-packaged 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:

D. “DUTY” REGISTRANT ADDITIONAL INFORMATION

ROYAL YORK ROAD NURSERY SCHOOL CRIMINAL REFERENCE CHECK REQUIREMENT

RYRNS exercises due diligence when placing individuals into positions that provide direct care or service to children and/or vulnerable adults. The Ministry of Community and Social Services requires that all agencies funded or licensed by the Ministry develop and implement a criminal reference check policy. Volunteers (duty) must undergo and will have completed a reference check before they begin their volunteer activities. Participation in the classroom will be dependent upon the result of the police check. A “consent to disclosure form” must be filled out and signed by RYRNS and the applicant (volunteer/duty) seeking to have a reference check conducted. A “Parent Medical” form (found on the ryrns.ca website) will also need to be completed by anyone in a duty position prior to performing their first duty day.

E. PERMISSION TO TAKE REGISTRATION FORMS OFF SITE

Understanding that much of the Registrar’s paper work is done at their home, I/We 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:

F. 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 Parent Co-Operative Preschool Corporation’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:

G. PARENT AND EXECUTIVE SIGNATURES

This is to be signed with Executive Board Member present – to be signed at the Orientation Meeting in September 2017. The registrant has read and understands the contents of this registration package. Programs, prices and policies are subject to change without notice. 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.

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

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

3 YR PROGRAM - 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
- Completion of the Parent Medical Form
- A cheque in the amount of **\$100** for Registration Deposit, dated February 15, 2017¹.
- A cheque in the amount of:
 - **3 morning program - \$245** dated June 1st, 2017¹
 - **Extended program - \$340** dated June 1st, 2017¹.

3 YEAR PROGRAM - 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
- A cheque in the amount of **\$100** for Registration Deposit, dated February 15, 2017¹.
- A cheque in the amount of:
 - **3 morning program - \$300** dated June 1st, 2017¹
 - **Extended program - \$395** dated June 1st, 2017¹.

2 YEAR PROGRAM 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
- A cheque in the amount of **\$100** for Registration Deposit, dated February 15, 2017¹
- A cheque in the amount of **\$225** dated June 1st, 2017¹.

¹ Cheques should be made payable to "ROYAL YORK ROAD NURSERY SCHOOL". Please write child's name on the memo line of each cheque.

COMMUNICABLE DISEASE REPORTING

CONTACT INFORMATION:

Communicable Disease Surveillance Unit
277 Victoria Street, 10th Floor, Toronto, ON M5B 1W2

Phone: 416-392-7411 Fax: 416-392-0047

After hours: 3-1-1 or 416-392-CITY(2489) for callers from outside of Toronto

Timely reporting of communicable diseases is essential for their control.

If you suspect, or have confirmation of, any of the following specified Reportable Communicable Diseases or their etiologic agents, (as per Ontario Regs 559/91 and amendments under the Health Protection and Promotion Act) please report them to the local Medical Officer of Health:

Acquired Immunodeficiency Syndrome (AIDS)	*Haemophilus influenzae b disease, invasive	*Poliomyelitis, acute
Acute Flaccid Paralysis		Psittacosis/Ornithosis
Amebiasis	*Hantavirus Pulmonary Syndrome	*Q Fever
*Anthrax	*Hemorrhagic fevers, including:	*Rabies
*Botulism	1. *Ebola virus disease	*Respiratory infection outbreaks in institutions
*Brucellosis	2. *Marburg virus disease	*Rubella
Campylobacter enteritis	3. *Other viral causes	Rubella, congenital syndrome
Chancroid	*Hepatitis, viral	Salmonellosis
Chickenpox (Varicella)	1. *Hepatitis A	*Severe Acute Respiratory Syndrome (SARS)
Chlamydia trachomatis infections	2. Hepatitis B	*Shigellosis
*Cholera	3. Hepatitis C	
*Clostridium difficile associated disease (CDAD) outbreaks in public hospitals	Influenza	*Smallpox
Creutzfeldt-Jakob Disease, all types	*Lassa Fever	Syphilis
*Cryptosporidiosis	*Legionellosis	Tetanus
*Cyclosporiasis	Leprosy	Trichinosis
*Diphtheria	*Listeriosis	Tuberculosis
*Encephalitis, including:	Lyme disease	*Tularemia
1. *Primary, viral	Malaria	*Typhoid Fever
2. Post-infectious	*Measles	*Verotoxin-producing <i>E. coli</i> infection, including Haemolytic Uraemic Syndrome (HUS)
3. Vaccine-related	*Meningitis, acute	*West Nile Virus illness, including:
4. Subacute sclerosing panencephalitis	1. *Bacterial	*West Nile fever
5. Unspecified	2. Viral	*West Nile neurological manifestations
*Food poisoning, all causes	3. Other	*Yellow Fever
*Gastroenteritis, institutional outbreaks	*Meningococcal disease, invasive	Yersiniosis
*Giardiasis, except asymptomatic cases	Mumps	
Gonorrhoea	Ophthalmia neonatorum	
*Group A Streptococcal disease, invasive	Paralytic Shellfish Poisoning	
Group B Streptococcal disease, neonatal	*Paratyphoid Fever	
	Pertussis (Whooping Cough)	
	*Plague	
	Pneumococcal disease, invasive	

Note: Diseases marked * (and Influenza in institutions) should be reported immediately to the Medical Officer of Health by either telephone (24 hours a day, 7 days a week) or fax (Mon-Fri, 8:30 am – 4:30 pm only). Other diseases can be reported the next working day by fax, phone or mail.