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www.pineridgenurseryschool.com

Thank you for choosing Pine Ridge Nursery School. Please note that we have requested the information required to follow the guidelines laid out by the Ministry of Education. **YOUR CHILD'S SPOT IS CONFIRMED UPON SUBMISSION OF THE REGISTRATION PACKAGE AND THE NON-REFUNDABLE LAST MONTH FEE DEPOSIT.** Please review the fee policy on page 4 of the registration package before submitting your deposit.

Please include a copy of your child's immunization record.

MONTHLY FEES FOR 2017-18:

2 sessions per week: \$170.00 per month	4 sessions per week: \$330.00 per month
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<p>EARLY REGISTRATION LAST-MONTH FEE DEPOSIT: <u>For two mornings or afternoons a week:</u> \$200.00 (\$170 last month fee + \$30 registration fee) <u>For four mornings or afternoons a week:</u> \$360.00 (\$330 last month fee + \$30 registration fee) The deposit is due by June 1st, and will cover the fee for the last month your child is in the program. <u>Payments are due the first day of the month, September-May.</u> Please submit postdated cheques. Other payment method options: cash or e-transfer to hollyasselin@pineridgenurseryschool.com</p>	<p>MID-YEAR REGISTRATION : (September-May) First and last month fee + \$30.00 registration fee. Anyone starting in the middle of the month will have a pro-rated fee. Last month fee is non-refundable and will cover your child's last month in the program. <u>Payments are due the first day of the month, September-May.</u> Please submit postdated cheques. Other payment method options: cash or e-transfer to hollyasselin@pineridgenurseryschool.com</p>
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REGISTRATION AND EMERGENCY INFORMATION FORM

NAME OF CHILD: _____ MALE _____ FEMALE _____
DATE OF BIRTH: _____
ADDRESS: _____ postal code _____
HOME PHONE# _____

Parent	Parent
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Home phone #: _____	Home phone #: _____
Cell phone #: _____	Cell phone #: _____
Email: _____	Email: _____
Place and address of employment: _____ _____ _____	Place and address of employment: _____ _____ _____
Work phone #: _____ x _____	Work phone #: _____ x _____

<p>PLEASE NOTE: Parents and emergency contacts are assumed authorized to pick up child. If not, clearly indicate so. PHOTO ID REQUIRED FOR ANYONE WE DO NOT RECOGNIZE!</p> <p>EMERGENCY CONTACTS: (We are required to have at least one alternate contact, in case parents cannot be reached.):</p> <p>1. NAME: _____ home phone #: _____ work/cell phone #: _____ Relationship to child: _____</p> <p>2. NAME: _____ home phone #: _____ Work/cell phone #: _____ Relationship to child: _____</p> <p><u>LIST ANY OTHER AUTHORIZED PICK UP PERSON(S). PHOTO ID REQUIRED.</u></p> <p>_____</p> <p>_____</p>

FAMILY DOCTOR:	PHONE #:
ADDRESS:	

LIST ALLERGIES:
DOES YOUR CHILD HAVE ANAPHYLAXIS: YES or NO IF YES, OBTAIN ANAPHYLAXIS FORMS FROM DIRECTOR.

PREVIOUS HISTORY OF COMMUNICABLE DISEASES OR MEDICAL CONDITIONS:
CURRENT MEDICAL CONDITIONS:

SPECIFIC INSTRUCTIONS WITH RESPECT TO DIET, REST, OR EXERCISE:
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LIST ANY REGULAR MEDICATIONS YOUR CHILD TAKES:
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WHAT ARE YOUR CHILD'S SIGNS OF ILL HEALTH:
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DO YOU HAVE CONCERNS ABOUT YOUR CHILD'S SPEECH?

DO YOU HAVE CONCERNS ABOUT OTHER AREAS OF YOUR CHILD'S DEVELOPMENT?

I, (print name) _____, Parent/Guardian of (child) _____, give permission that in case of an emergency where we cannot be reached or are not immediately available, the Director/employees of Pine Ridge Nursery School Inc. may arrange for emergency 911 transportation of the above named child to a Hospital Emergency Unit for medical treatment. For such situation, physician(s) may provide any medical treatment deemed necessary for the care of my child with no liability whatsoever on the part of the medical staff or that of the director or staff of Pine Ridge Nursery School Inc..

PARENT SIGNATURE	DIRECTOR SIGNATURE	DATE mm/dd/yyyy

CHOICE OF PROGRAM—PLEASE CHECK ONE

JUNIOR PRESCHOOL (24-30 MONTHS) SUNSHINE ROOM MON/WED MORNING ONLY	MON/WED 9:30-12:00 <input type="checkbox"/>
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MORNING PRESCHOOL PROGRAM Please note if you have a preference for: 9:15 class (Rainbow Room) or 9:30 class (Sunshine Room) If your preferred time slot is not available, you will be contacted to make an alternate choice.	MON/WED: 9:15-11:45 <input type="checkbox"/>
	TUES/THURS: 9:15-11:45 <input type="checkbox"/> 9:30-12:00 <input type="checkbox"/> no preference <input type="checkbox"/>
	4 MORNINGS A WEEK: <input type="checkbox"/>

AFTERNOON JK READINESS PROGRAM Please note if you have a preference for: 12:45 class (Rainbow Room) or 1:00 class (Sunshine Room) If your preferred time slot is not available, you will be contacted to make an alternate choice.	MON/WED: 12:45-3:15 <input type="checkbox"/> 1:00-3:30 no preference <input type="checkbox"/>
	TUES/THURS: 12:45-3:15 <input type="checkbox"/> 1:00-3:30 <input type="checkbox"/> _no preference <input type="checkbox"/>
	4 AFTERNOONS A WEEK: <input type="checkbox"/>

SPECIAL ARRANGEMENTS REGARDING CUSTODY OF CHILDREN:

NAME AND AGE OF SIBLINGS:

CHECK ONE OF THE FOLLOWING:

I HAVE REVIEWED THE PARENT HANDBOOK ON THE WEBSITE	
I HAVE RECEIVED A COPY OF THE PARENT HANDBOOK VIA EMAIL	
I HAVE RECEIVED A HARD COPY OF THE PARENT HANDBOOK	
I HAVE NEITHER VIEWED NOR RECEIVED THE PARENT HANDBOOK. PLEASE FORWARD AN E-COPY <input type="checkbox"/> A HARD COPY <input type="checkbox"/>	
For center use: date forwarded to parent: _____ e-copy___ hard copy___ director initial _____	

HOW DID YOU HEAR ABOUT US? _____

PARENT SIGNATURE: _____ **DATE:** _____

FOR CENTER USE:

DATE RECEIVED:	DATE STARTING:	DATE WITHDRAWN:

PINE RIDGE NURSERY SCHOOL PERMISSION FORM

PHOTOS

I hereby consent to the taking of my child's photograph by Pine Ridge Nursery School Inc. staff members, to be used for parent's gifts and crafts, and also for display in the school. I agree that my child may be included in the professional individual and class pictures taken in the fall and spring of the school year. I understand that my child may be in a photograph taken by families of other children also enrolled, and that Pine Ridge Nursery School Inc. and its staff members are not responsible for those photos. **I agree that I will not post on the internet, any pictures taken at Pine Ridge Nursery School Inc. ,that might include children other than my own. PLEASE RESPECT THE PRIVACY OF OTHER FAMILIES. DO NOT ASSUME THAT PARENTS WANT THEIR CHILD'S PHOTO ON SOCIAL MEDIA.**

PARENT SIGNATURE: _____ DATE: _____

POLICIES, PROCEDURES AND PARENT HANDBOOK

I, _____ (print name) understand the **Policies and Procedures** of Pine Ridge Nursery School Inc. as laid out in the Parent Handbook. I understand that I have opportunity to review these policies at any time by visiting the school website at www.pineridgenurseryschool.com , or by checking the Parent Handbook posted in the hall of the nursery school. I have viewed or received a copy of the Parent Handbook.

PARENT SIGNATURE: _____ DATE: _____

CONSENT FORM FOR THE DISTRIBUTION OF POTASSIUM IODIDE (K1) PILLS

I have read and understand the fact sheet produced by the Ministry of Community Safety and Correctional Services regarding the distribution of **POTASSIUM IODIDE (K1) PILLS**. I understand that the fact sheet will remain posted on the Parent Information Board should I wish to review it further.

I, _____, give my permission for the staff of PINE RIDGE NURSERY SCHOOL INC., to administer to my child _____, the correct dosage of the iodide pill, (either ½ or 1 pill, depending on child's age) , in the event of an accident at a nuclear generating station, and when provincial authorities deliver instructions to do so through radio and TV bulletins.

PARENT SIGNATURE: _____ DATE: _____

FEE POLICY:

A deposit is required to secure your child's spot in the program. For families who register before the start of the school year, this amount is one month fee + the registration fee of \$30.00. The one month fee will be applied to your child's last month attending the program. For families who register mid-year, first and last month fee + the registration fee is required. The \$30.00 registration fee is non-refundable. **The last month fee deposit is refundable only until August 1 of the upcoming school year, after which time there will be NO REFUND ISSUED for families who withdraw their child's enrollment.**

Monthly fees are payable on the first day of each month. Please submit post-dated cheques payable to Pine Ridge Nursery School Inc., or arrange to e-transfer the payment to hollyasselin@pineridgenurseryschool.com on the first of each month. A mid-month start will have a pro-rated fee. Rebates are not given due to illness, vacation or any absence. Parents who withdraw their child before the end of the school year are required to give one month's written notice. This is when your deposit would be applied as payment. Any remaining post-dated cheques would be shredded or returned. Receipts for income tax purposes will be issued in February and June. There is currently no late fee in effect. This policy will be revised if necessary. There will be a \$25.00 charge for all cheques returned NSF.

PARENT SIGNATURE: _____ DATE: _____