



178 Church Street  
Bowmanville Ontario  
L1C 1T9  
905 697 6384

hollyasselin@pineridgenurseryschool.com  
www.pineridgenurseryschool.com

Submitting your application:

Enrollment applications can be submitted by email to: [hollyasselin2@gmail.com](mailto:hollyasselin2@gmail.com) or in person at the school. Please contact the school at 905-697-6384 if you prefer to drop off a paper copy of the forms.

Required:

Include a copy of your child's immunization record. If your child is not immunized then one of the following standardized forms must be completed and submitted to the school: **Statement of Medical Exemption** or **Statement of Conscious or Religious Belief**. Please contact Holly for a copy of the form. The immunization record or exemption letter must be on file at the school before the child's first day in attendance.

**BASE FEES:**

2 sessions per week: \$245.00 per month

4 sessions per week: \$490.00 per month

**Administration fee: \$40.00**

This fee is due when you accept the offer of enrollment and must be paid within 3 calendar days. If the administration fee is not received within 3 days after enrollment is offered via email, then the school may move on to the next applicant. This fee is non-refundable.

Accepted Payment Methods:

1. E-transfer payment to [hollyasselin@pineridgenurseryschool.com](mailto:hollyasselin@pineridgenurseryschool.com).
2. Post-dated cheques payable to Pine Ridge Nursery School Inc

Monthly payment schedule:

Fees are payable on the 21st day of each month and applied to the upcoming month.



# Enrollment Application Checklist

The checklist of required registration documents may assist you in submitting a complete enrollment package.

- Registration and Emergency Information
- Inclusion Checklist
- Program Options and Parent Handbook confirmation
- Consent for Photos, Policies & Procedures, Distribution of Iodide Pills, Fee Policy
- Consent for Email Communication
- Consent for Google Classroom
- Consent to follow Health and Safety Protocols
- Consent Form for Hand Sanitizer
- Copy of Immunization Record or Exemption Form
- Anaphylaxis forms (if needed). Contact Holly for the form.



# Registration and Emergency Information Form

Child's Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_  
City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Parent	
Name: _____	
Relationship to child: _____	
_____	
Home Address _____	<input type="checkbox"/> Same as Child
Primary phone # _____	Alternate phone # _____
email address _____	
Place and address of employment: _____	
_____	
_____	

Parent	
Name: _____	
Relationship to child: _____	
_____	
Home Address _____	<input type="checkbox"/> Same as Child
Primary phone # _____	Alternate phone # _____
email address _____	
Place and address of employment: _____	
_____	
_____	

Are there custody arrangements pertaining to legal right of access to your child?  Yes  No  
 If yes, please provide a copy of the appropriate legal documentation (i.e., court order).  
 Name(s) of individuals **prohibited from** accessing/picking up your child:  N/A  
 \_\_\_\_\_

**Authorized people who may be called if parents cannot be reached** (One other contact is required. Must be at least 13 years old and bring Photo ID. **Do not list parent names in this section**)

Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____
_____	_____
Primary phone # _____	Alternate phone # _____
_____	_____
Primary phone # _____	Alternate phone # _____

List any other authorized pick-up person(s)  
 \_\_\_\_\_  
 \_\_\_\_\_

For Office Use Only:		
Date Received: _____	Date Starting: _____	Date Withdrawn: _____

Family Doctor: _____	Phone # _____
Address _____	

Does your child have a life-threatening allergy:  Yes     No    If Yes, obtain anaphylaxis forms from Director.  
Please list allergen(s): \_\_\_\_\_

Does your child have an allergy that is not life-threatening?  Yes     No  
If yes, please list allergen(s) \_\_\_\_\_

Previous history of communicable diseases or medical conditions (i.e., seizure):  N/A

Specific instructions with respect to rest or exercise:  N/A

Does your child have dietary restrictions (i.e., no juice)?  Yes     No (Please note: apple juice served is diluted with water-50%)

List any regular medications your child takes:  N/A

What are your child's signs of ill health?  N/A

I, (*print name*) \_\_\_\_\_, Parent/Guardian of (*child*) \_\_\_\_\_, give permission that in case of an emergency the Director/employees of Pine Ridge Nursery School Inc. may call 911. Any medical treatment deemed necessary for the care of my child may be provided with no liability whatsoever on the part of the medical staff or the staff of Pine Ridge Nursery School Inc.

Parent Signature	Director Signature	Date (mm/dd/yyyy)

# Inclusion Checklist

At Pine Ridge Nursery School, we believe in the potential of all children. The staff will “plan for and create positive learning environments and experiences in which each child’s learning and development will be supported and which is inclusive of all children, including children with individualized plans” (CCEYA, 2014 clause 46(3)f).

Please be as open and honest as possible with your answers to the questions below so that we are well prepared to support your child. We are responsible for the delivery of a quality program and must consider that safety and staffing needs can be met for the individual child and the whole group, when accepting enrollments. If resources allow for successfully meeting the needs of both the program and the child, an individualized support plan (ISP) will be developed.

**Child’s Name:** \_\_\_\_\_

Does your child have a diagnosis(es) or any pending diagnosis(es)?

\_\_\_\_\_

\_\_\_\_\_

Do you have any concerns regarding the following aspects of your child’s development?

<input type="checkbox"/>	Speech & Language (i.e., non-verbal, stuttering, understanding/following simple directions, responding to name, other):
<input type="checkbox"/>	Gross Motor Skills (using stairs, stepping up/down on stool, independently getting on and off a small chair ):
<input type="checkbox"/>	Fine Motor Skills (i.e., holding a writing tool, grasping small items, turning pages of a book):
<input type="checkbox"/>	Social Skills (i.e., interacting with other children, sharing space with others safely):
<input type="checkbox"/>	Self-Help Skills (i.e., feeding, drinking from an open cup):

Is your child currently connected to any community-based services?

<input type="checkbox"/>	Grandview Kids	<input type="checkbox"/>	Kerry’s Place
<input type="checkbox"/>	Resources for Exceptional Children and Youth – Durham Region	<input type="checkbox"/>	Children’s Developmental and Behavioural Supports
<input type="checkbox"/>	Infant and Child Development	<input type="checkbox"/>	Other: (i.e., private speech, physio)

Does your child have any of the following? If yes, please explain.

<input type="checkbox"/>	Visual impairment
<input type="checkbox"/>	Hearing impairment
<input type="checkbox"/>	Adaptive equipment for mobility (i.e., walker, stander, wheelchair, ankle foot orthosis (AFO’s), gait trainers, etc.):

Does your child have any sensory sensitivities that we would need to consider?  
 (If yes, please explain the sensitivity and share how you manage it)

<input type="checkbox"/>	Sight	<input type="checkbox"/>	Hearing
<input type="checkbox"/>	Smell	<input type="checkbox"/>	Touch
<input type="checkbox"/>	Taste		

Does your child engage in any of the following?

Behaviour		Please Describe	Strategies and/or Accommodations, if any in place
<input type="checkbox"/>	Aggressive behaviours towards others (i.e., biting, hitting, kicking, hair pulling, spitting, etc.)		
<input type="checkbox"/>	Self-injurious or self-harm behaviours (i.e., hitting head on wall/floor, smacking self, etc.)		
<input type="checkbox"/>	Elopement (i.e., running away)		
<input type="checkbox"/>	Self-soothing or self-stimulating behaviours (i.e., excessive hand flapping, spinning, rocking, pacing on tiptoes, etc.)		
<input type="checkbox"/>	Chewing and/or eating non-edible items		
<input type="checkbox"/>	High level of difficulty when sharing space or equipment with others		
<input type="checkbox"/>	Other:		

Is there anything else of relevance that you would like to include? You are welcome to share any assessments or reports that might help us to plan for your child.



# Program Options

Please review the program options below and list your choices in order of preference. If your first choice is not available you will be contacted by the director.

Morning Classes	Program Options/Fees	Arrival and Dismissal times
Arrival and dismissal times staggered to support a smooth transfer of children.  Program time is 2.5 hours.	<b>Rainbow Room</b> (24 children) Mon/Wed \$245 per month	Arrive between: 9:00 - 9:10 Pick-up between: 11:30 – 11:40
	<b>Rainbow Room</b> (24 children) Tues/Thurs \$245 per month	Arrive between: 9:00 - 9:10 Pick-up between: 11:30 – 11:40
	<b>Sunshine Room</b> (16 children) Mon/Tues/Wed/Thurs \$490 per month	Arrive between: 9:20 - 9:30 Pick-up between: 11:50 – 12:00
Afternoon Classes	Program Options/Fees	Arrival and Dismissal times
Arrival and dismissal times staggered to support a smooth transfer of children.  Program time is 2.5 hours.	<b>Rainbow Room</b> (24 children) Mon/Tues/Wed/Thurs \$490.00 per month	Arrive between: 12:50 - 1:00 Pick-up between: 3:20 - 3:30
	<b>Sunshine Room</b> (16 children) Mon/Wed \$245.00 per month	Arrive between: 1:00-1:10 Pick-up between: 3:30-3:40
	<b>Sunshine Room</b> (16 children) Tues/Thurs \$245.00 per month	Arrive between: 1:00-1:10 Pick-up between: 3:30-3:40

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

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:  e-copy  hardcopy

For office use: date forwarded to parent: _____	<input type="checkbox"/> e-copy	<input type="checkbox"/> hardcopy	Director initial _____
---	---------------------------------	-----------------------------------	------------------------



# Pine Ridge Nursery School Consent Form

## Photos

I consent to the taking of my child’s photograph by Pine Ridge Nursery School Inc. staff. These may be used for digital communications on Google Classroom, gifts, and printed for display inside the school. Staff may sometimes use personal cell phones to capture special moments to share with parents. Photos are then deleted. Children’s privacy is respected.

**\*\*\*Important\*\*\*:** 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 other parents want their child’s photo on social media.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Policies, Procedures and Parent Handbook

I, \_\_\_\_\_ (print name) request enrollment for my child \_\_\_\_\_. I 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](http://www.pineridgenurseryschool.com) . I have viewed or received a copy of the Parent Handbook.

I understand that the personal information listed on my child’s file will be shared with the Region of Durham (Health Department/Children’s Services) and may be viewed by the Ministry of Education Program Advisor upon request.

**Late Pick Up Policy:** I understand that if I am late to pick up my child from class a fee of \$5.00 per 10 minutes may be charged at the discretion of the director/designate.

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 Health and Long-Term Care regarding the distribution of Potassium Iodide (K1) pills. I understand that the fact sheet will remain posted on the school website for review.

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, (as per the instructions on the label) in the event of an incident at a nuclear generating station and when provincial authorities deliver instructions to do so.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Fee Policy:

**Deposit:** A non-refundable \$40.00 deposit is required to register your child in the program.

**Monthly payments:** Fees are payable on the 21st day of each month to cover the upcoming month. Please arrange e-transfer payment to [hollyasselin@pineridgenurseryschool.com](mailto:hollyasselin@pineridgenurseryschool.com). Electronic payment is preferred. Post-dated cheques payable to Pine Ridge Nursery School Inc are also accepted.

**Refunds:** Refunds are not given if your child is off sick, on vacation, or if we must close the school due to bad weather or power outage. Refunds will be given if the government orders schools to close for any reason (i.e., COVID). Refunds MAY be issued if the school is able to apply and subsequently receive money to re-imburse parents for any government rebates. The Director (Holly Asselin) will submit information that is true and accurate to the best of my knowledge.

**Withdrawing your child from the program:** Parents who withdraw their child before the end of the school year are asked to give one month’s written notice. This courtesy will give the school time to fill the spot. At a minimum, you must inform the school on the 21<sup>st</sup> day of the month (payment day) prior to withdrawal. Without payment, your child’s spot is not secured for the upcoming month. Your payment for one month is non-refundable once it is submitted. If you choose to pay for more than one month at a time then the extra month(s) fees will be refunded upon withdrawal.

Any remaining post-dated cheques will be shredded.

**Tax Receipts:** Receipts for income tax purposes will be issued in February or anytime upon request.

**Additional Charges:**

- \$25.00 will be charged for NSF cheques.
- \$10.00 will be charged for payments made past the 21<sup>st</sup> of the month. Advance payment of the monthly fee is required to secure your child’s spot.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Consent Form for Email Communication

Please carefully review the following risks and conditions related to email communication. If you still wish to allow communication via email regarding your child, date and sign your acceptance at the bottom of this form. A copy of the signed form is available upon request.

### Risks of using Email Communication:

- Email is not encrypted. Security, confidentiality, and privacy is not guaranteed.
- Email can be delayed for technical reasons beyond the control of the school.
- Email can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the school or the family.
- Email can introduce viruses into a computer system and potentially damage or disrupt the computer.
- The use of email to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Email created or received at your work computer may be accessed and is controlled by your employer

### Conditions of using Email:

- Email may be copied or summarized for your child’s file and, as such, may be viewed by those authorized to access the record.
- At any time, you or school staff can decide to discontinue communication via email.

### Acknowledgement and Release to Allow Email Communication:

I have read, understand, and accept the above risks and conditions. I recognize that the internet is not secure and that Pine Ridge Nursery School Inc. cannot guarantee the security of any information sent via unsecured email. With this understanding, I agree that the use of email communications for my child is reasonable and that Pine Ridge Nursery School Inc. will not be held responsible for information that may be disclosed to unauthorized persons as a result of our email communications.

Child’s Name (print)	Parent Name (print)
Parent Signature	Date (mm/dd/yyyy)
Staff Signature	Date (mm/dd/yyyy)



# Consent Form for Google Classroom

Google Classroom is our primary online tool used to communicate information and share nursery school experiences with families. You will be provided with a class code via email to join your child’s online group. Pine Ridge Nursery School will share program information on the Class Stream (group page) and photos of your child on their Classwork page (not visible to other families).

**Please review the following risks and conditions related to participation in Google Classroom:**

- The full name associated with the email address may be displayed and visible to others within the class
- Security, confidentiality, and privacy is not guaranteed
- At any time, you or school staff can decide to discontinue the use of Google Classroom
- Parent access to Google Classroom will discontinue once the child is withdrawn from the program and/or at the end of each school year. Parents should download any photos they wish to keep. All children’s portfolios (monthly pictures) will be deleted from Google Classroom at the end of each school year.

**Acknowledgement and consent to allow participation in Google Classroom:**

I have read, understand, and accept the above risks and conditions. By joining my child’s Google Classroom via class code, I acknowledge the risks associated with this communication format. I recognize that the internet is not secure and that Pine Ridge Nursery School Inc. cannot guarantee the security of any information displayed in Google Classroom. With this understanding, I agree that the use of Google Classroom communications for my child is reasonable and that Pine Ridge Nursery School Inc. will not be held responsible for information that may be disclosed to unauthorized persons as a result of our online communications.

Child’s Name (print)	Parent Name (print)
Parent Signature	Date (mm/dd/yyyy)
Staff Signature	Date (mm/dd/yyyy)



# Consent to follow Health and Safety Protocols

Before signing below, please review the **Health and Safety Protocols** on the school website [www.pineridgenurseryschool.com](http://www.pineridgenurseryschool.com)

Every parent whose child attends Pine Ridge Nursery School must fully understand the protocols that are in place as this may impact your child’s attendance when symptoms of ill health occur in your family.

I agree to:

Monitor my children daily for signs/symptoms of COVID-19 and other illnesses. Check the provincial online screening tool for guidance, if necessary.

[School and child care screening \(ontario.ca\)](http://www.ontario.ca)

I understand that:

If my child shows a symptom of ill health at school then s/he must be picked up asap.

Refunds are not given if my child cannot attend due to symptoms of ill health. I must pay the monthly fee to keep a spot in the program.

### Acknowledgement:

I have read and understand Pine Ridge Nursery School’s **Health and Safety Protocols**.

I understand that it is my responsibility to review the information provided by the school and ask questions if clarification is needed.

Child’s Name (print)	Parent Name (print)
Parent Signature	Date (mm/dd/yyyy)
Staff Signature	Date (mm/dd/yyyy)



# Consent Form for Hand Sanitizer

Handwashing is preferred over hand-sanitizing for children. Soap and water will be used whenever possible. Hand sanitizer may be used occasionally to ensure that children’s hands are clean.

**Please check ONE:**

- I give my permission for the school to use hand sanitizer (60-90% alcohol based) on my child’s hands when necessary
- I do not give my permission for the school to use hand sanitizer (60-90% alcohol based) on my child’s hands.

Additional special instructions:

---



---

I can attest that this is not the first time hand sanitizer has been used for my child and that no adverse reactions have been observed. I give my permission for the nursery school staff to administer/apply as needed. I understand that written record keeping is not required for application of this product.

Child’s Name (print)	Parent Name (print)
Parent Signature	Date (mm/dd/yyyy)
Staff Signature	Date (mm/dd/yyyy)