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www.pineridgenurseryschool.com

Please submit your child's completed registration package by mail, email or in person at the school. The director will contact you to confirm if the spot you have chosen is available. A deposit is required to secure your child's spot in the program. A copy of your child's immunization record is required. If you have chosen not to immunize your child, a Statement of Medical Exemption form or a Statement of Conscious or Religious Belief form must be completed and submitted to the school. Please contact Holly for a copy of the form.

## Monthly Fees for 2019-20

<p><b>2 sessions per week: \$210.00 per month</b></p>	<p><b>4 sessions per week: \$420.00 per month</b></p>
<p><b>Early Registration last-month fee deposit:</b></p> <p>Two sessions a week: \$240.00 (\$210.00 last month fee + \$30 registration fee)</p> <p>Four sessions a week: \$450.00 (\$420.00 last month fee + \$30 registration fee)</p> <p>The last month fee is due upon registration and held until your child's last month in the program.</p> <p>Payments are due the first day of each month, September-May.</p> <p>Please submit payments via e-transfer to <a href="mailto:hollyasselin@pineridgenurseryschool.com">hollyasselin@pineridgenurseryschool.com</a> Other payment options are post-dated cheques or cash</p>	<p><b>Mid-Year Registration: (September-May)</b></p> <p>First and last month fee + \$30 registration fee are due when you register.</p> <p>Anyone starting in the middle of the month will have a pro-rated fee.</p> <p>Payments are due the first day of each month, September-May.</p> <p>Please submit payments via e-transfer to <a href="mailto:hollyasselin@pineridgenurseryschool.com">hollyasselin@pineridgenurseryschool.com</a> Other payment options are post-dated cheques or cash</p>



# 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:  Same as Child  
\_\_\_\_\_

Primary phone # \_\_\_\_\_ Alternate phone # \_\_\_\_\_

email address \_\_\_\_\_

Place and address of employment:  
\_\_\_\_\_  
\_\_\_\_\_

**Parent**

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

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

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

**Persons to be contacted in case of emergency** (when parents cannot be reached). **Photo ID required**

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

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

Primary phone # \_\_\_\_\_ Alternate phone # \_\_\_\_\_

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

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

Primary phone # \_\_\_\_\_ Alternate phone # \_\_\_\_\_

List any other authorized pick up person(s) – **Photo ID required. Must be at least 13 years of age.**  
\_\_\_\_\_  
\_\_\_\_\_

Family Doctor:	Phone #
Address:	

Does your child have a life-threatening allergy: <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, obtain anaphylaxis forms from Director. Please list allergen(s): _____
Does your child have an allergy that is not life-threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list allergen(s) _____
Previous history of communicable diseases or medical conditions (i.e. seizure):
Current medical conditions/diagnosis:
Specific instructions with respect to rest or exercise: Does your child have dietary restrictions (i.e. no juice)? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please note: apple juice served is diluted with water-50%)
List any regular medications your child takes:
What are your child's signs of ill health?
Do you have concerns about your child's speech?
Please indicate any additional information that is relevant to the care of your child (i.e. very sensitive skin, premature birth, development concerns...)

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/yy)



## Choice of Program

Which program would you like to enroll your child in? Please select from the table below. If your preferred time slot is not available you will be contacted by the director.

1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_  
 3<sup>rd</sup> choice \_\_\_\_\_ 4<sup>th</sup> choice \_\_\_\_\_

<b>Junior Preschool (24-30 months)</b> Sunshine Room Mon/Wed morning only	Mon/Wed	<input type="checkbox"/> 9:30am – 12:00pm
<b>Morning Preschool Program</b> 9:15am-11:45am class (Rainbow Room) 9:30am-12:00am class (Sunshine Room)	Mon/Wed	<input type="checkbox"/> 9:15am – 11:45am
	Tues/Thurs	<input type="checkbox"/> 9:15am – 11:45am <input type="checkbox"/> 9:30am – 12:00pm <input type="checkbox"/> No preference
	4 mornings a week	<input type="checkbox"/> 9:15am – 11:45am
<b>Afternoon Preschool Program</b> 12:45pm-3:15pm class (Rainbow Room) 1:00pm-3:30pm class (Sunshine Room)	Mon/Wed	<input type="checkbox"/> 12:45pm – 3:15pm <input type="checkbox"/> 1:00pm – 3:30pm <input type="checkbox"/> No preference
	Tues/Thurs	<input type="checkbox"/> 12:45pm – 3:15pm <input type="checkbox"/> 1:00pm – 3:30pm <input type="checkbox"/> No preference
	4 afternoons a week	<input type="checkbox"/> 12:45pm – 3:15pm <input type="checkbox"/> 1:00pm – 3:30pm

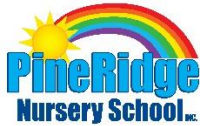
Name and age of siblings:

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:  e-copy  hardcopy

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

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## 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), 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. I understand that the personal information listed on my child's file will be shared with the Region of Durham (Health Department or 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. The fee will be charged at the discretion of the director or supervisor designate.

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

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## 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 and 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, (as per the instructions on the label) 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: \_\_\_\_\_

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## 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. A mid-month start will have a pro-rated fee. Please arrange to e-transfer payment to [hollyasselin@pineridgenurseryschool.com](mailto:hollyasselin@pineridgenurseryschool.com) on the first of each month, otherwise submit post-dated cheques payable to Pine Ridge Nursery School Inc or cash. Rebates are not given due to illness, vacation, unplanned school closures due to bad weather or unforeseen circumstances. 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 will be applied as payment. Any remaining post-dated cheques will be shredded or returned. Receipts for income tax purposes will be issued in February and June. There will be a \$25.00 charge for cheques returned NSF. **Late Payments:** If you are unable to make your payment on time, please contact Holly. There will be a \$10.00 late fee charged at the discretion of the director.

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

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