

West Lincoln Co-Op Nursery School



260 Canborough St - P.O. Box 574
Smithville, ON - L0R 2A0 - 905-957-9191

Play, Learn and Grow Together



Registration Package Instructions and Important Information

Please complete all of the following registration forms for each child you wish to enroll. When completing the forms, please do not leave any fields blank. If a section is not applicable please fill in 'N/A'. When requested, please provide complete contact information (including street numbers and postal codes).

In addition to the forms in this package, we ask that you submit three copies of a recent 4x6 photograph of your child. Two photos are used to identify your child's individual storage space and bin, and the other is kept in our emergency binder so that children can be identified in case of emergency.

Proof of Immunization/Immunization Exemption Forms:

If your child has been vaccinated, please submit a copy of your child's immunization record to the school in order to show that all vaccinations are up to date. Alternatively, if you have chosen to exempt your child from receiving vaccinations for either medical reasons or conscience or religious beliefs, you are required to submit the appropriate supplemental form (either the Statement of Medical Exemption or the Conscience or Religious Belief Affidavit) both to the school and to Niagara Region Public Health. Copies of these forms and further explanation of the process for their completion can be found on the Niagara Region website at: <https://www.niagararegion.ca/health/vaccinations/children/school-exemption.aspx>

If your child requires an EpiPen you are required to submit the Anaphylaxis Emergency Plan Form. A copy of this form and further information can be found on the Food Allergy Canada website at: <http://foodallergycanada.ca/resources/emergency-forms/>

All completed forms, additional documents required, and proof of immunization must be on file before your child may attend school. Please submit the registration package as soon as possible to allow time to verify and correct any information before your child's expected start date.

Please use the following Registration Package Checklist to verify that you have completed and submitted ALL the necessary components of the registration package.

Registration Checklist:

- ☐ Completed Registration Form
- ☐ Completed Niagara Region Child Care Health Information Form
- ☐ Current Immunization Record (2 copies)
- ☐ Dietary Restrictions Form
- ☐ Photo Consent Form
- ☐ Excursion Consent Form
- ☐ Non-Prescription Skin Product Consent Form
- ☐ Special Dietary and Feeding Arrangements Consent Form
- ☐ Parental Responsibilities Form
- ☐ 3 recent photographs of your child
- ☐ Registration Fee and last month's tuition payment (unless included with first month's tuition payment)
- ☐ (If applicable,) Post-dated cheques for Monthly Tuition Fees (dated for the 1st of each month)

Withdrawal Date:

EMERGENCY CONTACTS – (Excluding parents) These are people willing to assume responsibility for your child in case of an emergency where parents cannot be reached.

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

Child's Physician: _____ Phone: _____

Address: _____

Health Card Number: _____

Allergies: _____

Health Concerns: _____

Please list any concerns about your child's development, behaviour, or health:

Parental Consent for Child Pick-Up

The following people are allowed to pick up my child _____
from school. I understand that written permission is required for anyone other than those
listed to pick up my child.

Full Name	Relationship to Child	Phone Number

Parent's Signature: _____ Date: _____

West Lincoln Co-Op Nursery School



260 Canborough St - P.O. Box 574
Smithville, ON - L0R 2A0 - 905-957-9191

Play, Learn and Grow Together



Dietary Restrictions Form

West Lincoln Co-Op Nursery School is a **peanut-free facility**.

Please list any Allergies or Dietary Restrictions regarding your child.

All snacks and special treats (birthday cupcakes, cookies, etc.) must be **pre-packaged**,
and meet the criteria set out in WLCNS' Anaphylactic Policy.

This is a health regulation that **MUST** be followed, exceptions cannot be made.

Child's Name: _____

Dietary Restrictions: _____

Allergies: _____

Parent's Signature: _____ Date: _____

West Lincoln Co-Op Nursery School



260 Canborough St - P.O. Box 574
Smithville, ON - LOR 2A0 - 905-957-9191

Play, Learn and Grow Together



Photo Consent Form

In order to include pictures of the children in publications we need written permission from each child's parents. We invite the local newspapers to many special events, and if they are not able to make it we often submit pictures taken by parents. From time-to-time Co-Op Students include videos and pictures in their assignments. Classroom pictures are also used for WLCNS advertising.

- ☐ **I give permission** to have my child's picture and name included in any publication for West Lincoln Co-Op Nursery School.
- ☐ **I do not give permission** to have my child's picture and name included in any publication for West Lincoln Co-Op Nursery School.

Child's Name: _____

Parent's Signature: _____ Date: _____

West Lincoln Co-Op Nursery School



260 Canborough St - P.O. Box 574
Smithville, ON - L0R 2A0 - 905-957-9191

Play, Learn and Grow Together



Excursion Consent Form

From time to time the children may leave the classroom to explore additional learning opportunities within other areas of Smithville Public School property. Activities range from scavenger hunts within the building, to nature walks on the school grounds. The children will remain as a group and be closely supervised at all times. Classroom child to staff ratios will be maintained on all excursions. No excursions will require children to cross any public roads, and transportation will be limited to walking only.

- ☐ **I give permission** to have my child participate in walking excursions with West Lincoln Co-Op Nursery School staff.
- ☐ **I do not give permission** to have my child participate in walking excursions with West Lincoln Co-Op Nursery School staff.

Child's Name: _____

Parent's Signature: _____ Date: _____

West Lincoln Co-Op Nursery School



260 Canborough St - P.O. Box 574
Smithville, ON - L0R 2A0 - 905-957-9191

Play, Learn and Grow Together



Special Dietary and Feeding Arrangements Consent Form

Families may choose to provide the meals and/or snacks for their child, or supplement the meals and snacks provided by West Lincoln Co-Op Nursery School.

Please indicate your preference for the provision of between-meal SNACKS for your child.

- ☐ **I give permission** for West Lincoln Co-Op Nursery School to offer and provide between-meal SNACKS to my child.
- ☐ **I will provide** all between-meal SNACKS for my child (in accordance with the instructions below).

Please indicate your preference for the provision of LUNCH for your child.

- ☐ **I give permission** for West Lincoln Co-Op Nursery School to offer and provide LUNCH to my child.
- ☐ **I will provide** LUNCH for my child (in accordance with the instructions below).

All foods sent into WLCNS from home must be labelled with your child's name, and contain an ice-pack to ensure that food is maintained at a safe temperature and nutritional value is maintained. Any foods containing NUTS are prohibited in order to maintain a nut-free school environment. Snacks should contain at least two food groups, and lunches contain at least four food groups in accordance with Canada's Food Guide. In the event that a snack or lunch is forgotten or needs to be supplemented, WLCNS will provide an alternative option to your child.

Child's Name: _____

Parent's Signature: _____ Date: _____

West Lincoln Co-Op Nursery School



260 Canborough St - P.O. Box 574
Smithville, ON - L0R 2A0 - 905-957-9191



Play, Learn and Grow Together

Non-Prescription Skin Product Consent Form

During drop-off it is difficult to supervise hand-washing with soap and water. At this time, and occasionally during other circumstances, hand sanitizer (in gel form) is used to expedite hand hygiene.

- ☐ **I give permission** for West Lincoln Co-Op Nursery School staff to apply hand sanitizer to my child's hands.
- ☐ **I do not give permission** for West Lincoln Co-Op Nursery School staff to apply hand sanitizer to my child's hands.

Occasionally, it may benefit children to apply the following non-prescription skin products. All of these products will be applied in accordance with the manufacturer's instructions as listed on the original container provided by West Lincoln Co-Op Nursery School. (Please check any that you would like your child to receive, if necessary.)

- ☐ **I give permission** for West Lincoln Co-Op Nursery School staff to apply sunscreen to my child's face, arms and/or legs.
- ☐ **I give permission** for West Lincoln Co-Op Nursery School staff to apply insect repellent to my child.
- ☐ **I give permission** for West Lincoln Co-Op Nursery School staff to apply diaper cream to my child.

Child's Name: _____

Parent's Signature: _____ Date: _____

West Lincoln Co-Op Nursery School



260 Canborough St - P.O. Box 574
Smithville, ON - L0R 2A0 - 905-957-9191



Play, Learn and Grow Together

Member Responsibilities Form

For all families:

1. I understand that as a co-operative organization, all WLCNS families are encouraged to:
 - accept and fulfill a role on a committee or executive position
 - attend General Meetings
 - participate in school fundraising initiatives and school functions
2. I agree to provide monthly tuition fees no later than the 3rd of each month.
My preferred method of payment is: ☐ e-mail money transfer ☐ cheque
3. I am aware that written notice of withdrawal must be given 1 month in advance.
4. I may access the WLCNS Parent Handbook via the WLCNS website for my review.

Parent's Signature: _____ Date: _____

For participating families:

5. I understand that I must participate as a 'duty parent' for the required number of duty days as scheduled on the duty calendar. (The number of days per week your child attends the program will determine the (average) number of duty days you are required to do per month.)
Prior to participating in classroom duty:
6. I agree to obtain a new Vulnerable Sector Check from the Niagara Regional Police (or equivalent) and present the original to be held on file at WLCNS. Proof of application will be required ASAP.
7. I agree to provide a current record of immunization to be held on file at WLCNS.
8. I agree to provide a current Standard First Aid Training (including Infant and Child CPR) certificate to be copied and held on file at WLCNS.
9. I understand that the Board of Directors will review the above documentation prior to accepting me as a duty parent volunteer at WLCNS. Confidentiality will be strictly maintained.
10. I understand that if I am unable to do my scheduled duty day, I must find a replacement.

Parent's Signature: _____ Date: _____