

Holyrood Cooperative Playschool

Registration Information

Registration in the Playschool is complete when the following forms and fees have been submitted. Children must be age 3 as of Dec 31, 2012 and toilet trained

- Registration form and Registration administration fee payment (due immediately)
- Undated participation cheques, and monthly fees (due at August AGM)
- A signed parental agreement form (due immediately)
- A signed FOIPP form (Freedom of Information and Protection of Privacy) due immediately
- Proof of a current community league membership has been shown to the registration coordinator and number recorded (due at August AGM) *Membership must be for 2012-13. (2011-12 memberships expire August 2012)
- signed permission to transport child in Case of Emergency (due immediately)

Signed forms can be returned by mail to 9411 Holyrood Road, T6C 4C4

Questions about the forms can be emailed to playschool@holyroodleague.org

Instructions for Completion:

Please complete the following form. If you have any questions regarding registration leave a message for the Playschool Director at 465-1577 ext 3- messages are checked weekly.

Indicate the class you wish your child to enroll in:

M/W/F FULL-TIME 9:00 11:15 am

PART-TIME (2 days) indicate which days M W F

Registration Administration Fee:

\$25.00

Note: This is a non-refundable deposit to hold a space for your child at the Holyrood Cooperative Playschool- registration is not complete if fee is not paid.

Monthly Fee:

* \$95.00 per month (3 days week)
or \$380.00 Sept.- Dec and \$570.00 Jan.-June)

* \$70.00 per month (Part time max 2 X week)
or \$280.00 Sept.-Dec. & 420.00 Jan.-June)

* Monthly cheques **made out to Holyrood Cooperative Playschool** are to be written for the 1st of each month and cheques for every month will be collected at the August AGM

Participation Fee:

2 cheques for \$75.00 undated (cashed only if fundraising or volunteer duties are not fulfilled)

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Registration Information

Child's Name		Date of Birth dd/mm/yr	
		AB Healthcare No.	
Home Address		Postal Code	
Mother's Name		Telephone	Cell or work
Father's Name		Telephone	Cell or work
Email Contact Address (for newsletter)			
Name of persons who we cannot release your child to.			
Name and home address of emergency contacts (please try to provide local contacts)		1.Name:	Phone:
		Address:	
2)Name	Phone:	3)Name	Phone:
Address:		Address:	
Names of person(s) other than parents child can be released to		1)	Phone:
2)	Phone:	3)	Phone:
Family Doctor Name		Dr. Phone	
Address of Doctor			
Are immunizations up to date ___ yes ___ no		Any Allergies ___ yes ___ no	
List other conditions		List allergies	
List Medications to be administered or medical intervention that may be required.			
Community League Membership(2012-13) CL name:		CL number	
Is your child left _____ or _____ right handed		Toilet Trained _____yes _____no	
I give permission for my child, _____ to participate in outside activities with in the Holyrood Elementary School and Holyrood Community League boundaries, in conjunction daily outdoor activities and with the monthly themes of the playschool.			
Parent Signature _____ Date _____			
I understand that the above information will be collected for the purposes of registration in and operation of the Holyrood Cooperative Playschool and kept confidential according to the relevant privacy legislation			
Parents Signature _____ Date _____			

Holyrood Cooperative Playschool

Privacy of Information

Various privacy acts mandate that personal information for distribution requires written consent parent/guardian. The following lists activities are a part of normal school community interactions, such as:

- Taking of photos of registrants
- Using photos or videos of the classroom and school activities in the school calendar, school yearbook, cloak room or other purposes within the school community
- Class photos that are used within the school community
- Posting student names that are used for birthday recognition purposes
- Posting student names on their artwork, written material, or other items to be displayed in the playschool, and at playschool sponsored displays in the community
- Providing personal information to health authorities for the provision of public health services and communicable disease control
- Sharing contact information with other registrants in the playschool on registrant contact lists and in the newsletter
- Posting photos of the group or children on the playschool webpage on the community league website for the purposes of advertising the program
- Other similar activities within the playschool community to help administer

Please indicate if there are any activities you do not want your child's name or photo to be shared

I have read the list of activities and consent to the use of photographs and identification of my child to be used for any class room artwork, scrapbook, newsletter, or playschool activity.

Child's name _____

Contact Telephone number _____

Parent/Guardian Signature: _____

Email Address _____

Date _____

Permission to Transport Child in Case of Emergency

The licensing office requires the following to be completed

I (print name) _____ give permission for my child (print name) _____ to be transported to the nearest hospital or medical centre in the event of an emergency. Should an ambulance be required, I will be responsible for all costs incurred.

Signed _____ Date _____

Holyrood Cooperative Playschool

Parental Agreement Form

The Holyrood Cooperative Playschool is a not for profit, parent-run, program of the Holyrood Community League. As a parent member of the Holyrood Cooperative Playschool, you are expected to volunteer in a number of activities are essential to the operation of a playschool and also contribute to minimizing the operational costs of the playschool. Y

Your responsibilities are listed below and many of the duties are described in greater detail in the Parent Handbook. Please read the Handbook and have any questions answered before completing the rest of this form.

General Duties: To assist with administration, functioning of and fundraising for the playschool

1. Ensure all required fees, including registration, monthly enrolment fees and 2 participation cheques are paid promptly. (2 X \$75.00 participation cheques-undated, monthly enrolment fees are posted date or dated for the entire term).
2. Be a helper to the teacher at least once per month or pay \$25.00 to the parent/person who fills this duty. Should class sizes be small this requirement may be scheduled more frequently than once a month. Helpers are scheduled as needed on a rotational basis per child registered in the program. Please note unregistered siblings are not permitted to accompany you on a helper day.
3. Provide a daily snack for your child, following guidelines in the parent handbook.
4. Work on fundraisers that are scheduled throughout the year, including league casinos.
5. Participate in toy cleans scheduled every 6-8 weeks – usually works out to 1 per year.
6. Complete the designated volunteer role
7. Attend General Meetings.
8. Provide up-to-date contact information to the Playschool, home address, and contact information
9. Review the Enrolment Handbook
10. Help out as needed with the operation of the playschool, if someone asks for help, please say yes.
11. Provide feedback to the Playschool Director about any concerns or celebrations that you may have.

I _____, as stated here have read the Enrolment Handbook hereby acknowledge my responsibilities as a member of the Parent Group of the Holyrood Cooperative Playschool. I understand that failure to fulfill my obligations, as a member of the Parent Group, may result in the forfeiture of my participation fee.

date

signature

witness