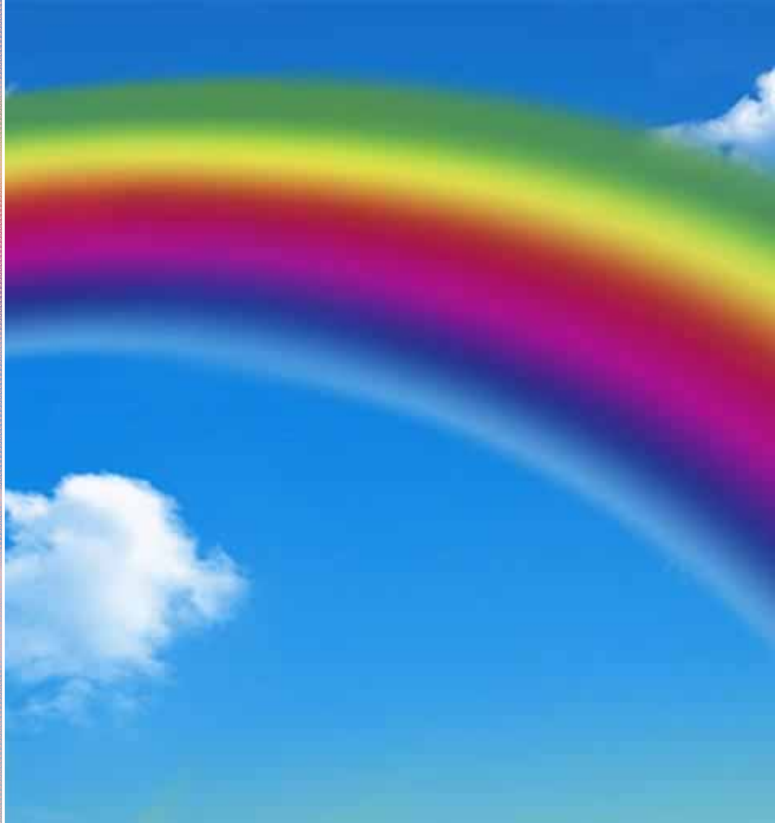


**AWESOME BEGINNINGS CO-OPERATIVE  
NURSERY SCHOOL**

**Registration Package**

**2010-2011**



Awesome Beginnings Co-Operative Nursery School offers an exceptional introduction to your child's first educational experience. A Co-operative offers families a chance to make new friends - people who acknowledge the importance of quality early childhood education, and who want to be part of it. Our Co-op works well simply because everyone works together to ensure that the exceptional quality of the school is maintained.

**ABC Co-Operative Nursery School  
1496 Centre Road, Carlisle ON L0R 1H2  
905-689-2307**



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## PERSONAL INFORMATION AT A GLANCE

Surname: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Child's D.O.B. (D/M/Y): \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### PROGRAM (circle which days you would prefer):

2.5 hrs - 9:00 am – 11:30 am \*(Mon), Tues, Wed, Thurs, Fri

5 hrs - 9:00 am – 2:00 pm \*(Mon), Tues, Wed, Thurs, Fri

*Please note that you may choose any days of the week to be included in the 2-or 3 day programs,*

*Please let us know if you are interested in a full time program, day preferences are not guaranteed but we will do our best to accommodate each family's request.*

\*We are currently closed on Mondays

### JOB CHOICE

(Confirmed with Membership Secretary): \_\_\_\_\_

***Welcome to Awesome Beginnings Co-operative Nursery School. We look forward to providing you, your family, and especially your child, a family-based learning-through-play environment. Please take a few moments to carefully complete this entire registration package designed to meet your child's best interest and to meet all ministry guidelines, then return it to the school.***

## PROGRAM INFORMATION

1 Day Program	2 Day Program	3 Day Program
<ul style="list-style-type: none"> <li>- Choose &amp; perform co-operative job</li> <li>- Set-ups &amp; tear downs</li> </ul>	<ul style="list-style-type: none"> <li>- Choose &amp; perform co-operative job</li> <li>- Set-ups &amp; tear downs</li> </ul>	<ul style="list-style-type: none"> <li>- Choose &amp; perform co-operative job</li> <li>- Set-ups &amp; tear downs</li> </ul>
<ul style="list-style-type: none"> <li>- Attend general meetings (4/year)</li> </ul>	<ul style="list-style-type: none"> <li>- Attend general meetings (4/year)</li> </ul>	<ul style="list-style-type: none"> <li>- Attend general meetings (4/year)</li> </ul>
<ul style="list-style-type: none"> <li>- Fee: <b>\$64.00</b>/month</li> <li>- 9-11:30am (2.5 hrs)</li>   <li>- <b>\$120.00</b>/month</li> <li>- 9-2 pm</li> <li>- (5 hrs - lunch included)</li> </ul>	<ul style="list-style-type: none"> <li>- Fee: <b>\$140.00</b>/month</li> <li>- 9-11:30am (2.5 hrs)</li>   <li>- \$227.00/month</li> <li>- 9-2 pm</li> <li>- (5 hrs - lunch included)</li> </ul>	<ul style="list-style-type: none"> <li>- Fee <b>\$195.00</b>/month</li> <li>- 9-11:30am (2.5 hrs)</li>   <li>- <b>\$324.00</b>/month</li> <li>- 9-2pm</li> <li>- (5 hrs - lunch included)</li> </ul>
<p>Play Today Program Fee : 9-11:30 am (2.5hrs) - <b>\$16.00</b>                      9-2 pm (5hrs – lunch included) - <b>\$30.00</b></p>		

*Detailed expectations of co-op members are listed in your handbook.*

## PAYMENT INFORMATION

Cheques are to be dated as follows (17 cheques in total):

1 Registration cheque:                      \$25.00 with current date

6 Penalty cheques:                      **Undated** cheques to be returned at the end of the school year provided all obligations have been fulfilled. The penalty breakdown is as follows:

- 4 x \$10.00 for missed general meetings (\$10.00/ meeting)
- \$40.00 for co-operative duties/ roles having not been fulfilled
- \$20.00 for unreturned school handbook

10 Monthly tuition cheques:              Dated the first of each month from September through June.

# OVERVIEW

HAVE YOU SIGNED & INCLUDED....?	Member's Initial	Date (D/M/Y)	Exec. Initial
\$25 Registration cheque			
10 Monthly tuition cheques			
4 x \$10 penalty cheques – Missed Meetings			
\$40 penalty cheque – Missed Duties			
\$20 penalty cheque - Handbook			
Fire Drill procedure (page 3)			
Personal info registration (page 4)			
Health record/drug admin form (page 5)			
Membership pledge (page 6)			
Emergency information card			
Job choice (confirmed with membership secretary)			
Behaviour management policy (p. 7) read out loud by executive member			
Police check (page 8)			
Police check returned			
Handbook given #:			
Handbook returned			

# FIRE DRILL PROCEDURE

1. Whistle Sounds. Stop all play.
2. Stand up and walk to door marked exit (by kitchen area) and line up quietly.
3. Duty parent #1: lead children down stairs and out the door, single file, around the back of the building, through parking lot to the library.  
  
Duty parent # 2: Hold the door open until the last child is out and follow the last child
4. Teacher: Check all rooms, get attendance book and emergency files, close all doors, and join children and parents outside.
5. Attendance must be taken to make sure all the children are out of building
6. When all children are accounted for, the teacher leads the children back into the school using the regular entrance.

Member's Signature: \_\_\_\_\_ Date (D/M/Y): \_\_\_\_\_

# PERSONAL INFORMATION FOR REGISTRATION

First Day of School (D/M/Y): \_\_\_\_\_ Last Day of School (D/M/Y): \_\_\_\_\_

Full Name of Child: \_\_\_\_\_ Date of Birth (D/M/Y): \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Child's Health Card Number: \_\_\_\_\_

Serious Illnesses/ Accidents: \_\_\_\_\_

Allergies/ Handicaps: \_\_\_\_\_

Please state if you recommend any modifications of school routines for this child due to handicaps, allergies etc.

(Please state "none" if none and date): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list **emergency names, addresses and phone numbers** of persons whom we can *contact and release* the child to, should he/she become ill and you are not at home:

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

**Parent's Consent:** I will not hold any person in attendance at the school responsible in the case of accident, contraction of illness or loss of personal property. If at any time, due to circumstances of an accident or sudden illness, medical treatment is necessary, this may be given. The School has required liability insurance coverage. This will enable a physician to give necessary treatment in the case of an emergency situation, and parents cannot be reached. Every effort will be made to contact the parent. I authorize the following people only to pick up my child from school. If there is a change in driver other than a person named below, I will submit a written note to the school advising them of this change and authorizing them to release my child to that replacement.

**BOTH PARENTS / GUARDIANS MUST SIGN HERE**

Signature of Mother: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Father: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

# Personal Information Registration

## Phone Release:

I authorize release of my telephone number, in case of emergency and other special circumstances.

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

## Excursions:

I, \_\_\_\_\_, give permission to the Supervisor of AWESOME BEGINNINGS CO-OPERATIVE NURSERY SCHOOL INC., to take my child \_\_\_\_\_, out of the school premises for the purpose of attending an excursion, such as to the playground outside of the building.

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

## Photo Release:

I hereby grant permission for photographs of my child's activities in ABCNS's programs to be used for public display to promote their school age programs. I understand these photos may appear in forms such as display panels, videos, books or brochures and I agree that I am to receive no compensation for my child's appearance. I also understand that I have no ownership rights to the photographs or negatives whatsoever.

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

## Drug Administration Form (If not applicable, please fill out and write "N/A" with today's full date and sign)

I, the parent, \_\_\_\_\_ authorize Awesome Beginnings Co-operative Nursery School to administer the following drugs/ medication to my child \_\_\_\_\_.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Current or Future Use:

Medication	Dosage	Date	Time Given	Signature

Record of Symptoms of Ill Health (for teacher's use):

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Date	Symptoms	What was done?

### PERSONAL INFORMATION ABOUT CHILD

1. Birth Order: Only Child \_\_\_\_\_ First \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_ Fourth \_\_\_\_\_

2. Siblings:

**Brothers** \_\_\_\_\_ How Many \_\_\_\_\_ Older \_\_\_\_\_ Younger \_\_\_\_\_

**Sisters** \_\_\_\_\_ How Many \_\_\_\_\_ Older \_\_\_\_\_ Younger \_\_\_\_\_

3. Is your child toilet trained? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Special/Particular areas of interest to the child: \_\_\_\_\_

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5. Describe any fears your child may have and how you handle these fears: \_\_\_\_\_

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6. In a few words, please describe your child (i.e. general attitude, play habits, relationships with adults, children, etc.): \_\_\_\_\_

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7. Please state what your goals are and what you hope your child will gain from attending and participating in the program at Awesome Beginnings Co-operative Nursery School:

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**AWESOME BEGINNINGS CO-OPERATIVE NURSERY SCHOOL**

**MEMBERSHIP PLEDGE**

In a co-operative setting the membership and school work closely together to ensure our children are provided with the best possible environment to learn and grow. The school assumes their responsibilities to provide the basis fundamentals resulting in the highest level of quality care available to our children. As members, we must also provide essential tools to reach this objective.

**Awesome Beginnings Co-operative Nursery School will ensure the following:**

- Safe play environment
- Ministry of Community and Social Services guidelines are adhered to
- Supervised social interaction and development
- Introduction to structure and routine of a classroom environment
- A familiarity with the foundations of learning
- Supply each member family with an annual up-dated handbook
- Funded Field Trips where possible
- Special Events

**As a member of Awesome Beginnings Co-operative Nursery School I understand that I will provide the following:**

- Submit the required post-dated monthly tuition, registration fee and penalty cheques at the beginning of the year
- Participate in special events
- Provide feedback for activities and evaluations as required during the school year
- Perform the responsibilities of my co-op position i.e. Equipment sterilization, set-up
- Attend scheduled general meetings
- A nutritious snack and drink for my child every school day
- **NO PEANUT POLICY**

Member’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BEHAVIOUR MANAGEMENT POLICIES**

*As a ministry requirement, the following behaviour management policy must be read out loud to each member, then signed, and dated by the member and the executive.*

Behaviour Management refers to efforts intended to modify inappropriate or problem behaviour and replace them with behaviours that are adaptive and appropriate. Behaviour Management also includes any efforts to encourage, produce, and maintain appropriate and acceptable behaviour.

**Guidelines for discipline** shall be:

1. Used in a positive, confident and consistent manner
2. Appropriate to the age and developmental level of the child
3. Conducted in a firm yet kind and gentle manner

4. Designed to assist and guide the child to learn self-discipline and appropriate behaviours
5. Implemented immediately after inappropriate behaviour
6. Related to the nature of inappropriate behaviour

**The following procedures shall be followed:**

7. Regular staff/parent intervention will be in the form of praise, hugging, encouraging and positive comments and reminders to the children of acceptable behaviour. Children thrive on showers of praise.
8. Ignorance - many behaviours should be ignored - meaning no attention is paid what-so-ever, including warnings, reprimands or dirty looks
9. Positive redirection - children having a difficult time managing in a particular play area, redirect them to another activity
10. If inappropriate behaviour occurs, provide an explanation as to why the behaviour is not acceptable
11. Time Out - Shall be used only as a last resort. To be used only if other disciplinary procedures proved ineffective. The child shall be set aside by himself/herself for a period of no longer than 3 - 5 minutes. The child shall be set in a safe and clean spot and must be in full view to the Supervisor and Duty Parents. CHILDREN ARE NOT TO BE ISOLATED IN CLOSED ROOMS - KITCHENS, BATHROOMS, CLOSETS ETC... There must be a follow up by whoever started the discipline procedures - Supervisor or Duty Parent. They must talk to the child and explain why he/she is on time-out and help him/her understand his/her inappropriate behaviour.
12. If time-out is ineffective i.e. inappropriate behaviour recurs, the child will lose routine privileges or will not be allowed to participate in an activity for a period not exceeding one session (excludes basic needs: toileting, snack etc...)
13. Severe behaviour problems - if a child displays severe behavioural problems beyond the capability and control of the Supervisor, assistance shall be sought by an appropriate authority i.e. Resource Teacher

*Note: If anyone (Supervisor or Duty Parent) feels himself/herself-losing patience with a child or situation, it is important to remove themselves from the situation and ask someone for help or relief. This is NOT viewed as a weakness but rather as professionalism. It happens to everyone occasionally but should never be a reason to penalize a child.*

**AWESOME BEGINNINGS CO-OP NURSERY SCHOOL SHALL NOT PERMIT:**

14. Corporal punishment of any kind to a child by the Supervisor, volunteers or by another child or group of children.
15. Deliberate, harsh or degrading measures to be used on a child that would humiliate a child or undermine a child's self-respect.
16. Deprivation to the child's basic needs including food, shelter, and clothing.
17. The use of locks for the purpose of confining a child whom has been withdrawn from other children.
18. Locking the exits of the school for the purpose of confining a child.

**CONTRAVENTION OF BEHAVIOUR MANAGEMENT POLICIES:**

Staff is expected to comply with the program's stated policies and procedures and the requirements of the Day Nurseries Act with respect to behaviour management. Failure to comply could result in a verbal warning followed by a written warning and finally dismissal.

Various criteria should be considered when determining which disciplinary measure to take. These may include:

- Seriousness of the offense.
- Actual or potential risk or harm to the child.
- Past performance in general to the child.
- Recent performance.
- Frequency of occurrence.

- Previous disciplinary action taken

**I HAVE BEEN READ AND FULLY UNDERSTAND THIS POLICY**

---

**Member's Signature**

---

**ABC Executive Signature**

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Member's Name (Print)

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ABC Executive Name (Print)

---

Date

---

Date

## POLICE CHECK

A police check must be completed for all new members/care givers who will be performing duty days in the school as required by legislation.

**THE PROCEDURE FOR COMPLETING THE POLICE CHECK FORM IS VERY SPECIFIC. PLEASE READ CAREFULLY.**  
**(This is not the Police Check form)**

1. Complete personal information on the form then sign and date in front of Supervisor, President or Vice-President
2. Supervisor, President or Vice-President will then check that the form is complete and then also sign and date
3. Members are to take the form to the main Police Station in Hamilton, in person, with 2 pieces of identification (AS SPECIFIED ON THE FORM)
4. **After 30 days members return, in person**, with the same 2 pieces of identification to the police station to obtain the report
5. Police Check is then shown to the Supervisor, President or Vice-President who will then complete this form which remains on file

New members will be given until the last week in October or *60 days from the date of enrolment of the child*, to complete this process, after which members will not be permitted to perform duty days as per the policy (see handbook).

Police form filled out by member and checked by executive member or supervisor.

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Date Issued to Member (D/M/Y)

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Date Returned (D/M/Y)

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Member's Signature

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ABC Executive Signature

## **SUGGESTED ADDITIONAL INFORMATION FOR ALL MEMBERS:**

AS MEMBERS, PLEASE UNDERSTAND THE FOLLOWING:

THIS IS A NOT-FOR-PROFIT ORGANIZATION. Every effort to keep costs as low as is reasonable is being made.

As a **Co-Operative** Nursery School, all members are **expected to contribute** (via their time) to the Program – either volunteering for helpful duties (such as making playdough or cut-outs) or by participation on the Board

The price has been set by comparison with other local care providers and is intended to provide value for your dollar.

Hot lunches delivered to the classroom cost about \$5 each

Rent is a very reasonable rate at arena

**Tear-downs and set-ups are the extra price we pay to use this large, well-lit space**

**ALL MEMBERS ARE EXPECTED TO CONTRIBUTE EQUALLY TO TEAR-DOWN /SET UP DUTIES**