



3150 Lloydtown-Aurora Sideroad, King, Ontario L7B 0G3
School Ph: 289-383-0693 Email: kettlebycoop@gmail.com
Visit us online at: www.kettlebycoop.ca

NEW STUDENT REGISTRATION PACKAGE 2018 - 2019

*Thank you for registering your child with the Kettleby Co-Operative Nursery School!
We believe we have a truly exceptional program and social environment waiting for your child to discover, and a teacher who delights in seeing each child bloom in their unique way. We also have a friendly, fun group of parents happy to trade parenting tips and laughs with you.
We welcome you and your family to Come Grow with Us!*

Please read carefully and fill-out all requested information, including: full addresses, phone numbers, emails and postal codes. Refer to our easy-to-follow Check List below to ensure your Registration Package is complete before sending it to our Registrar.

- Registration Form
- Child's Personal Registration Form
- Signed Parental Involvement Form
- Signed Health History and Emergency Contact Form; Pick-up Release Form
- Signed Agreement; Fee, Tuition, Membership, Release and Indemnity Agreement
- Signed Policy Agreement
- Signed Consent Form: diapering, nut-free, photograph, medical, emergency medicine
- Copy of Child's Immunization Form
- Cheque for Registration fee for \$75.00
- Cheque for General Meeting Fee of \$50.00 (refundable in June if applicable)
- Tuition Cheques (post-dated to 1st of the month covering the school year Sept. - June)
Picture of your child for their cubby

So we can continue to provide a safe environment for our children, please also submit the following if you plan to participate as a Duty Parent:

- Duty Parent Medical Form
- Confidentiality and Non-Disclosure Agreement
- Vulnerable Sector Police Background Check (obtained by York Region Police)
- Duty Parent, Volunteer, Student Placement Form
- Duty-Parent Participant Agreement
- Copy of Standard First Aid and CPR-C certificate

Registration is on a first-come-first-served basis. We can accept up to 14 children per day. Children under the age of 30 months will be accepted provided they are ready for a nursery school program. Please Note: At this time, we have limited spots available for children aged 24-30 months, and limited enrolment for families who choose to be Non-Duty.

If you have any questions please contact our Registrar at 289-383-0693

REGISTRATION FORM

Child's Full Name: _____

Does your child go by a shortened name or nickname?

Male Female Date of Birth: DD _____ MM _____ YYYY _____

Home Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: _____ Family Email: _____

Days your child will attend (minimum 2 days, please circle all that apply):

MONDAY TUESDAY WEDNESDAY THURSDAY

School Start Date: _____

PARENT/GUARDIAN INFORMATION

1st Parent or Guardian

Name: _____ Relationship: _____

Home Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone 1: _____ Phone 2: _____ Email: _____

Employer: _____

Work Address: _____

City: _____ Prov: _____ Postal Code: _____

Work Phone: _____ Work email: _____

2nd Parent or Guardian

Name: _____ Relationship: _____

Home Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone 1: _____ Phone 2: _____ Email: _____

Employer: _____

Work Address: _____

City: _____ Prov: _____ Postal Code: _____

Work Phone: _____ Work email: _____

My Child may be released from KCNS to:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Signature of Parent/Guardian: _____

Date: _____

1. Please tell us what you would like your child to gain from our preschool experience?

2. How did you hear about the Kettleby Co-operative Nursery School?

3. What made you choose Kettleby Co-op?

CHILD'S PERSONAL INFORMATION FORM

Is your child toilet trained (day trained)? Yes No

If your child is in diapers, please complete the Diaper Change Consent.

Is this the first experience of separation your child will have from you? Yes No

Does your child experience any separation anxiety? Yes No

If yes, please explain:

Does he/she participate in any other group or individual activities? Yes No

If Yes, which activities?

Do you have any concerns about your child's development, (i.e. toileting, speech, physical dev.,etc.) that you wish to discuss with the teacher? Yes No

Does your child have any fears of objects, persons, places or situations? Yes No

Specify: _____

Is there any background information (i.e. family situation) of which you wish us to be made aware?

Are there any other languages spoken in the home other than English? Yes No

Specify: _____

Are there any cultural needs/holidays you celebrate? Yes No

Specify:

Help us get to know you, the parent!

Do you have any teaching experience? Yes No

If yes, do you have an E.C.E. certificate? Yes No

Do you have any special skills or talents that you would like to share with the school?

(i.e. take pictures or video clips, advise in a professional capacity (accountant, lawyer, etc.):

Please list if you have access to a computer, printer, fax, photocopier or scanner:

PARENT/CAREGIVER INVOLVEMENT & TUITION FEES

A Co-operative Nursery School is owned, operated or both, by a group of parents and staffed by professional teachers. Parents help the teachers in the classroom and may do some of the daily work necessary to operate a successful school. This provides great opportunity for the children and parents to be involved together in their early education.

Duty Parents are required to fulfil duty days based on the number of days your child attends. Non-Duty registrations are available for those who cannot participate as a Duty Parent due to pregnancy, maternity leave, work and/or family illness. Non-Duty Parents are still required to attend scheduled general meeting and contribute to the success of the school. There is an increased tuition rate for Non-Duty Parents.

TUITION – Fees listed are per month, minimum 2 days/wk. Please circle Tuition amount:

Number of Days per Week	Duty Parent	Non-Duty Parent
2	\$130.00	\$250.00
3	\$190.00	\$370.00
4	\$250.00	\$490.00

I am registering as a (please circle one):

DUTY PARENT

NON-DUTY PARENT

**Please remember all NON-DUTY AND DUTY parents or caregivers are required to take on a role to help contribute to the success of the school and participate in fundraising opportunities.*

Please refer to the attached page where you will find descriptions of the functions of each of the Executive Board Members and each Committee associated with the Kettleby Co-operative Nursery School. Kindly select two positions in which you, your spouse, and/or the child’s caregiver would be interested:

1. _____ 2. _____

General Meetings: We collect a General Meeting Fee of \$50 at the beginning of the school year. Parents are encouraged to attend and vote at all general meetings. At meetings we discuss issues regarding activities, procedures etc. to ensure the school continues to operate in the best interest of all our children. The first and last general meetings of the school year are mandatory. Only one of the remaining three meetings may be missed without penalty. Your \$50 cheque is returned at the last General Meeting if you have attended all meetings in the year.

I have read the Duty and Non-Duty Parent descriptions above and am aware that the success of the Kettleby Co-operative Nursery School depends on the contributions of time, talents and funds of all families involved. I am able and willing to contribute.

Child’s Name: _____

Parent’s Signature: _____ Date: _____

You will receive a Parent's Handbook detailing all the important information regarding the daily operations of the Kettleby Co-operative Nursery School. However, we ask that you kindly keep the following pages as they contain important information about what to expect prior to your child starting school.

GENERAL MEETINGS

We have about 5 General Meetings every year. They are all held at the School at 7:00pm. The first general meeting and the last general meeting are mandatory. Of the three remaining meetings, one may be missed without penalty. We collect a \$50 General Meeting Fee at the beginning of the school year. Your cheque will be returned at the last General Meeting in June if you have attended all scheduled meetings.

First General Meeting: Everyone is required to attend to help in the opening of the school. Both new and returning parents are required to attend as things will have changed from the year before. This training session is extremely important to familiarize yourselves with the school, how things are done and where everything is kept.

School Set-Up and Year-End Cleaning: This is mandatory for all parents to attend setting up the school prior to start, and helping clean the school after the last day. New Duty Parent training will be held on school set-up day.

Last General Meeting: The last meeting of the year is also mandatory as we hold Elections for the new Executive Board. If you have attended all General Meetings your \$50 cheque will be returned on this evening. We also discuss and organize the closing and cleaning of the school. All parents are required to assist with the end-of-year cleaning and closing of the school.

Any Committee Meetings will be scheduled on an as needed basis to accommodate each project, and or fundraising event.

FINANCIAL OPERATIONS

Finances

The Kettleby Co-operative Nursery School is licensed as a not for profit organization. At the September meeting, our treasurer presents a budget for the school year to be approved by the parents. Our goal is to have annual tuition/registration be equal to salaries/insurance/rent and fundraising used to cover all other expenses. In addition, we maintain a 'float' at the bank for unforeseen expenses or to help offset the fluctuations in monthly tuition.

Fundraising

We hold one major fundraiser each year. In the past these fundraisers, such as A Night at the Races has raised over \$10,000 in one evening. All members are responsible for contributing in some way to this event. Member responsibility for this event will be outlined when the type of event has been decided through a vote at the general meeting. We also conduct a number of other smaller fundraising activities in order to help the Nursery School achieve its fundraising goal when necessary. Activities change from year to year. During the Holidays we decorate and sell fresh wreathes.

- We partner with Mabel's Labels – a fantastic and fun method of labelling your child's items for school from clothing and shoes to water bottles and snack bags. To order follow this link:
<http://www.kettleby.mabelslabels.com/>
- We participate in the Scholastic book program monthly.

In the past, parents have also hosted Stella and Dot and Pampered Chef parties in order to raise funds for the Nursery School.

MORNING ARRIVAL ROUTINE

1. Please wipe your feet on the mat at the top of the stairs
2. Change out of street shoes or boots and leave on rubber mats in hall.
3. Hang up coats in children's designated cubbies in the snack room
4. Place a labelled lunch box or bag on a table in the snack room
5. Child sits down in circle and reads a book until the teacher arrives and class commences. Parent is to stay with child until teacher arrives. If you must leave, make sure another parent who is present is watching over your child.

Please be sure the children come prepared for **outdoor play every day**.

Since our program runs from 9:15 to 12:15, it is important for your child to arrive between 9:00 and 9:15 to receive the full benefit of the day's program and to avoid distracting the other children once their activities have begun.

If someone other than yourself is taking your child home, please ensure that the teacher is notified and the name of the person picking up your child is listed in the Emergency information form. If something happens and you are unable to return, the teacher may release your child with telephone authorization at his/her discretion.

A note for Parents:

- To ensure the safety of all the children, please do not park your cars beyond the north end of the church building. **All cars must be backed into their spots** at arrival and departure times, as unobstructed vision is safer to everyone.
- Duty parents should be at the school, ready to help by 9:00.
- All parents need to **check the bulletin board daily** for any new notices or information.

LATE ARRIVAL

We ask that all children arrive prior to circle time at 9:15am. The door will be closed from the snack room at that time. If you are late we ask that you stay outside the door, remove your child's outerwear and wait until a duty parent comes to let your child in. To minimize disruption, the duty parent will help your child get settled.

LATE PICK-UP

If for any reason you are running late please notify the teacher as soon as possible by phone.

SNACK-TIME

Snack time is a relaxed social break, when children eat together at a table and enjoy each other's company. Each child brings their own snack which is deposited in the snack room upon arrival. **All food and drink containers must be labelled with your child's name. This includes each container within the lunchbox or bag which also needs to be labelled.** Parents are encouraged to send nutritious snacks in amounts that the child can finish in 15-25 minutes. In warm weather, please ensure your child has enough to drink. Children are discouraged from sharing snacks. Please remember to cut all grapes, cherry tomatoes, oranges and carrots in to small pieces.

The school provides coffee or tea for the teachers and duty parents. If a parent requires a snack, then they should bring his or her own.

Birthdays will be celebrated on the actual date or the day closest. You may bring in a special treat to celebrate and share with the other children, however due to our allergy policy, the treats must be store bought and nut-free. If you do plan to share a treat, please inform the teacher and other parents in the class at least 24hours before.

At KCNS, we strive to be environmentally friendly, therefore please provide reusable containers and garbage-less snacks. Un-eaten snacks, yogurt containers, drink boxes, etc. will be sent home.

PRESCHOOL GEAR CHECKLIST

Please make sure your child has the following for his/her first day of school and every day throughout the year:

- Indoor shoes, please leave a pair at the school in your child's cubby, for indoor use only. Please label shoes with child's name.
- Complete change of clothing to be kept in your child's cubby in case of an accident, (spilled drinks, paints etc.) i.e. t-shirt, sweater, pants, socks and underwear.
- Snack bag and all snack containers labelled with child's name.
- Appropriate clothing for the weather. For example, in winter, please provide winter boots, labelled; full winter gear (hat/gloves/mitts/scarf/jacket and snow pants), all labelled.

If not yet toilet trained, please provide diapers, wipes and if any used, diaper creams. The school does keep on hand diapers for emergency purpose only. Soiled diapers will be sent home as the school does not have proper handling and storage facilities for this type of garbage.

- ALL ITEMS THAT COME TO SCHOOL MUST BE LABELLED!

DUTY PARENT REGISTRATION REQUIREMENTS

MANDATORY CRIMINAL (POLICE) REFERENCE CHECK

All Duty Parents working directly with the children of KCNS must obtain and submit a Vulnerable Sector Screening Criminal Reference Check. A new Criminal Reference Check must be submitted every five years and an Offence Declaration signed annually. If the CRC being submitted is over six months old, an Offence Declaration must also be signed when the CRC is submitted. Should a new member fail to pass a personal reference check, he/she must become a non-participating member.

It takes approximately three to four weeks to process a reference check. The form needed is provided as well as the letter of volunteer status. Please check the York Regional Police website (www.yrp.ca) for fees, locations and hours of operation. Be sure to take the attached form and two pieces of Government issued photo ID, as well as the letter confirming that you are a Volunteer. Until a Criminal Reference Check has been submitted to the school, the Volunteer/Duty Parent may not be alone with the children.

Offence Declarations will be signed at the first general meeting.

Please read our full CRC policy in the policy booklet and initial and sign the policy agreement form attached to this package.

STANDARD FIRST AID REQUIREMENT

At KCNS, two duty parents replace a paid staff in the classroom. The Child care and Early Years Act require that these duty parents must have the two-day Standard First Aid and CPR-C (Ontario reg 137/15, 58 (2)), prior to starting your duty parent role. If you have a current certificate you must give a copy to the school. If you are not certified or your certification has expired, you must make arrangements to obtain a valid certification. If there are enough parents needing to take the first aid course, we will try to arrange the training to happen at the school to be more convenient. Please see the First Aid Policy in the policy section of the Parent Handbook for full details.

CHILD'S HEALTH HISTORY 2018-2019

Child's Full Name: _____

DOB: DD ____ MM ____ YYYY ____

Has your child had any of the following communicable illnesses:

<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> German Measles
<input type="checkbox"/> Mumps	<input type="checkbox"/> Fifth's Disease	<input type="checkbox"/> RSV
<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> TB
<input type="checkbox"/> Measles	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Middle Ear Infections
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Tonsillitis	<input type="checkbox"/> Pneumonia

Does your child have any known allergies? Yes No

Please explain: _____

NOTE: If your child has a known anaphylactic allergy, please complete the Anaphylactic Emergency Plan form with your physician and return to Teacher with Epi-Pen® prior to your child starting school.

Does your child require any medications? Yes No

Please explain: _____

Has your child had any surgeries or been hospitalized for any reason: Yes No

Please explain: _____

Does your child have any difficulty with sight, hearing or speech? Yes No

Please explain: _____

Has your child ever had any seizures, fits or shaking spells? Yes No

Please explain: _____

Immunization: By law, each Day Nursery must ensure that children are immunized as recommended by the medical officer of health (CCEYA, S.O., 35 (1)). Please attach a copy of your child's immunization record to the registration form. In case of exemptions, please contact the Registrar for instructions on how to obtain a written exemption.

Doctor's Name: _____ Phone: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

CHILD'S EMERGENCY CONTACT INFORMATION 2018-2019

Child's Full Name: _____

DOB: DD ____ MM ____ YYYY ____

1st Parent or Guardian

Name: _____ Relationship: _____ Cell# _____

Employer: _____

Work Ph: _____ Work Email: _____

Work Address: _____

City: _____ Prov: _____ Postal Code: _____

2nd Parent or Guardian

Name: _____ Relationship: _____ Cell# _____

Employer: _____

Work Ph: _____ Work Email: _____

Work Address: _____

City: _____ Prov: _____ Postal Code: _____

Emergency Contacts (other than parents listed above, preferably local)

1) Name: _____ Relationship: _____

Daytime Ph: _____ Alternate Ph: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

2) Name: _____ Relationship: _____

Daytime Ph: _____ Alternate Ph: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Doctor Information

Doctor's Name: _____ Phone: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Special Notes (Allergies, medical conditions)

KCNS CONSENT FORMS FOR 2018-2019 SCHOOL YEAR

Child's Name: _____

DIAPER CHANGE CONSENT (if applicable)

Due to current government restrictions we are only able to admit a limited number of children in diapers. Should your child require diaper changes during school hours, please sign one of the options below:

1. I give my permission for the Parent on Duty to change my child's diaper if necessary.

Parent Signature: _____ Date: _____

2. Please call me in the event my child requires a diaper change during school hours.

Parent Signature: _____ Date: _____

Home Ph: _____ Cell #: _____

NUT-FREE SNACK AGREEMENT

On Monday, January 17th, 2000, the Kettleby Co-operative Nursery School became a peanut and nut-free environment. The decision was made so that we can accommodate children with this serious allergy. Therefore it is all of our responsibility to prepare and provide peanut and nut-free snacks. I/We understand that the Kettleby Co-operative Nursery School is a peanut-free environment. I am aware of the potential danger of the allergy and will do my best to send peanut and nut-free snacks. I understand that if I do send a snack containing peanuts or nuts, that snack will be taken from my child and returned home.

Signatures of the snack "preparers" in the house:

_____ Date: _____

_____ Date: _____

PHOTOGRAPH RELEASE CONSENT

I give my permission for my child to have his/her photograph or video taken at the school and school outings to be used for display purposes (within the school, for the newspaper, etc.) provided only first names are given out. YES NO

Parent/Guardian signature: _____ Date: _____

MEDICAL CONSENT

I give my permission take my child to the hospital to enable a doctor to give necessary treatment in case of an emergency when the Parents/Guardians cannot be contacted. It is understood that every effort will be made to reach the family. If at any time, due to such circumstances as an accident, sudden illness or emergency and medical treatment is necessary, this treatment may be given to the child named above.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

EMERGENCY MEDICINE CONSENT FORM 2018-2019 SCHOOL YEAR

Medication Policy: Administration of Emergency Medication for Allergies, Asthma and other Medical Conditions

KCNS will not be responsible for administering medication unless it is the administration of emergency medications for allergies asthma or other medical conditions. Only the Supervisor/Teacher of the school will administer emergency medication to a child for allergies, asthma or other medical conditions upon receipt of a signed consent form from the parent and medical prescription from the child’s physician. The medication will be kept in a locked box in the school office or on the Supervisor’s/Teacher’s person, at all times secure and inaccessible to the children. The indication for giving the medication and procedure for administration will be clearly laid out on this consent form and signed by the parent.

Child’s Name: _____

Emergency Medical Conditions: _____

Medication: _____

Indications for Medication: _____

Procedure: _____

There is a prescription signed by my child’s physician for the above medications attached to this consent form. I have read and understood the Medication Policy for the Administration of Emergency Medication for Allergies, Asthma and Other Medical Conditions above. I hereby give my permission for the Supervisor/Teacher of KCNS to administer the above medication to my child should an emergency arise.

Parent/Guardian signature: _____ Date: _____

DUTY-PARENT PARTICIPANT AGREEMENT FOR 2018-2019 SCHOOL YEAR

I, _____ (please print) have read the Parent Handbook that specifies the school policies and procedures, and I agree to comply with these policies and procedures as outlined.

In addition, I understand my responsibilities and what is expected of me as a Duty-Parent Participant while in the school.

I have also completed and returned my forms for the following:

- Medical Information form including TB test and Immunization
- Vulnerable Sector Criminal Record Check (every 5 years)

Parent/Guardian signature: _____ Date: _____

Child's Name: _____

FEE AND TUITION AGREEMENT

All cheques are to be made payable to Kettleby Co-operative Nursery School. We understand and agree to the following fees and tuition schedule:

1. Registration Fee: \$75.00, non-refundable
2. General Meeting Fee: \$50.00, refundable in June if applicable
3. Tuition: cheques post-dated to the first of the month covering the school year as per fee schedule listed in this registration package
4. NSF Fee: a \$45.00 NSF fee will be charged for any NSF cheques
5. Make-Up Days: There are no make-up days for absences due to illness, holidays, school closures or vacations.

Parent/Guardian signature: _____ Date: _____

MEMBERSHIP AGREEMENT

Child's name: _____

We understand that the non-profit co-operative is an organization whose successful operation depends on the participating and sharing of responsibilities of all member families. We agree to:

Duty Days: As a Duty-Parent, will assist the teacher according to the Duty Schedule, and when unable to attend, will arrange for a substitute.

Meetings: Will attend the first and last General Meetings which are mandatory and the three remaining meetings throughout the year, understanding that if more than one of those three meetings is missed, the meeting deposit cheque will not be returned.

Committees: Work on one committee, attend the committee meetings, serve as an Executive Member or take a job that contributes to the smooth running of the school (i.e. laundry, making playdough, planning trips, Scholastic, etc.)

Withdrawals: Will give one month notice, in writing, if withdrawing from the school to the Registrar, otherwise one month's tuition will be retained.

Administration: Adhere to the principles of the school. For an exceptional school and for a happy, productive relationship among Parents/Guardians, the Board, the Children and the Teacher, we agree to abide by the agreement as outlined above.

Failure to comply with any of these obligations will result in a written request to reconsider your commitment.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

RELEASE AND INDEMNITY AGREEMENT

Please read the following very carefully to ensure that you fully understand the legalities before you sign.

I, the legal Parent/Guardian of _____, give my permission for _____ to participate in all school activities at Kettleby Co-operative Nursery School.

The undersigned hereby waives and releases Kettleby Co-operative Nursery School, its Directors, Officers, Agents and Employees from any and all claims, demands, actions or causes of action which may arise out of accident, injury or damage which may occur to _____ while participating in the school's activities on and off site excursions, for the school year of _____.

I also assume and accept all risk, danger and hazards in connection with Kettleby Co-operative Nursery School.

I have read and understand this release and indemnity agreement prior to signing it and am aware that by signing this document I am affecting the legal rights and liabilities of myself and my child(ren).

Dated this _____ day of _____ 20 _____

Signature of Parent/Guardian _____

Signature of Parent/Guardian _____

Signature of Witness _____

Print Name of Witness _____

This form will be kept on file at KCNS for the school year of _____

POLICY AGREEMENT

I have read and understand the following Policies and Procedures of Kettleby Co-operative Nursery School. I agree to abide by all Policies and Procedures set forth in the KCNS Parent Handbook and its Appendices. Please initial beside each Policy title to indicate that you have it and then fully sign the agreement below.

Policies:

- Anaphylactic Policy and Procedures _____
- Anti-Racism and Diversity Policy _____
- Behaviour Management _____
- Bike Helmet _____
- Child Abuse and Neglect Policy and Procedures _____
- Field Trip _____
- Fire safety, Emergency Management and Evacuation Policies and Procedures _____
- First Aid _____
- Immunization _____
- Inclusion _____
- Medication Policy and Procedures _____
- Parent Issues Policy and Procedures _____
- Playground Safety Policy _____
- Privacy _____
- Safe Drinking Water _____
- Sanitary Policy and Procedures _____
- Serious Occurrence Policy and Procedures _____
- Smoke Free _____
- Supervision of Duty-Parent, Policy and Procedures _____
- Valuing Diversity _____
- Vulnerable Sector Screening (Police Check) and Offence Declaration Policy _____
- Weather _____

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____



DUTY PARENT MEDICAL FORM FOR 2018-2019 SCHOOL YEAR

As a duty parent, working with the children on a regular basis, you or whoever is fulfilling duty responsibilities, must provide proof of immunizations. As per the Child Care and Early Years Act, one cannot begin doing duty until this information is completed. If more than one person per family will be volunteering, a separate form must be completed for each person. A two-step tuberculin skin test and Booster shots (MMR, Diphtheria and Tetanus) are mandatory if the volunteer has not been inoculated within the last ten years. Both the T.B. test and Booster can be done through your family physician. Thank you for helping us continue to provide a safe and healthy environment for our children!

Duty Person's Full Name: _____

Date of Birth: (DD/MM/YY) _____ Relationship to the Child: _____

Doctor's Name: _____

Doctor's Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____

PROOF OF IMMUNIZATIONS:

IMMUNIZATION	DATE	RESULT
Mantoux Test* (Tuberculin Skin Test, 2 parts)		
MMR**		
Diphtheria/Tetanus/Pertussis***		
Influenza (recommended annually)		
Varicella (chickenpox) 2 doses		

If there is unknown or a negative history of chickenpox, a blood test can be performed to determine the need for immunization

*Please Note: If you know that you are a tuberculin positive reactor, please submit results of your chest x-ray taken within the last year.

** Please Note: Adults born in 1970 or later require one dose of MMR. A second dose is recommended to post- secondary students and young adults (18 to 25 yrs.). Adults born before 1970 are considered immune against measles and mumps, but require one dose of MMR if they are susceptible to rubella.

*** Please Note: One dose of Adacel (dTap) in adulthood is required and is recommended every ten yrs.

Explain any serious illness, injury or surgery within the past year (including back problems):

Physical Examination:

This is to certify that the above named person has been examined and found to be free of infectious disease. The person is medically fit for work in the nursery school where some heavy lifting of children may be involved.

Doctor signature: _____ Date: _____

Office address or stamp:

3150 Lloydtown-Aurora Sideroad, King, Ontario L7B 0G3

School Ph: 289-383-0693 Email: kettlebycoop@gmail.com Visit us online at: www.kettlebycoop.ca

Date: _____



Date:

Re: Police Vulnerable Sector Check

To Whom It May Concern:

This letter is to confirm that has registered to volunteer as a Duty-Parent/Caregiver at Kettleby Cooperative Nursery School. The Duty-Parent/Caregiver role at our Nursery School is a non-paid volunteer position. Our Parents/Caregivers assist the Teacher in the classroom with the students, as well as doing light chores and maintenance around the school. The age of our students ranges from 2 years to 5 years (pre-Kindergarten). Thank you for your consideration.

Sincerely,

Cara Millson
Site Supervisor/Teacher

3150 Lloydtown-Aurora Sideroad, King, Ontario L7B 0G3
School Ph: 289-383-0693 Email: kettlebycoop@gmail.com Visit us online at: www.kettlebycoop.ca



Confidentiality and non-disclosure agreement

The privacy of personal information is an important principle at Kettleby Co-operative Nursery School (KCNS). We are committed to collecting, using and disclosing personal information responsibly and only to the extent necessary for the services we provide. The privacy of personal information is an important principle to KCNS. We are committed to collecting, using and disclosing information responsibly and only to the extent necessary for the services we provide. We also try to be open and transparent as to how we handle personal information.

Furthermore, propriety information, internal information, data and materials of KCNS are valuable assets. Protection of this information plays a vital role in our continued growth, public image and confidence in the services it offers.

Therefore, the undersigned agrees to the following:

1. Acknowledgement of Importance of Non-Disclosure

The undersigned acknowledges that the information to which they will have access to as a result of their position with KCNS is confidential, unique and valuable to the school and the unauthorized disclosure of that information to another party would cause KCNS and its clients irreparable harm and be in violation of the Personal Information Protection and Electronic Documents Act (PIPEDA) covering the collection, use or disclosure of personal information in the course of any commercial activity.

2. Agreement Not to Disclose Confidential Information

The undersigned acknowledges that in order to appropriately safeguard the interests of KCNS, its clients, staff and business affairs, the following steps will be followed by the Supervisor/Teacher, Duty-Parents, Other Volunteers and/or Placement Students:

a) He/ She shall not directly or indirectly disclose any information relative to the business or affairs of the School or personal information concerning its employees, clients or associations it serves except as may be necessary in the proper discharge of their duties

b) He/ She shall use their best efforts to cause all persons or entities to which any information shall be disclosed by them to observe the terms and conditions set forth herein or as otherwise set out in the School's internal rules and regulations

c) He/ She shall not remove any confidential information from the School's premises except in the course of performing their duties on behalf of KCNS or without prior authorization of the Executive Board

d) He/ She shall have no obligation to keep confidential any information if and to the extent disclosure of any such information is specifically required by law or if the information has been released to the public by KCNS; except as may be necessary in the proper discharge of their duties, or after termination of their employment for any reason, except with the express written authorization of the School or as may be required by law.

Please print name: _____

Signature: _____ Date: _____



DUTY PARENT FORM

2017-2018

Welcome to KCNS! Duty parents are very important and highly valued part of our KCNS family. We hope your experience with us is rewarding and enjoyable.

What can you expect?

You will be introduced to how things work at KCNS and your role in it. You will be provided information and training about our policies and procedures to assist you in meeting the responsibilities of your role.

Training is scheduled for: _____

What we provide:

We will review the performance standards we expect from duty parents, volunteers and placement students at KCNS.

We will review all agency policy and procedures.

We will be available to discuss how you are adjusting to your role, to answer any questions, provide support and discuss any successes or problems.

We will respect your skills, dignity and individual goals and do our best to meet them.

We will consult with you and keep you informed of upcoming changes in policies, procedures or programs.

We will provide you with a safe workplace free from harrassment and violence.

We will try to fairly resolve any problems, complaints and difficulties you may have while you volunteer or are placed with us as a student.

We will do our best to help you develop your skills and role with us.

What we expect from our duty parents, volunteers and placement students:

We expect you to help KCNS fulfill its philosophy and program statement, providing a high quality nursery school program and learning experience.

We expect you to perform your role to the best of your ability.

We expect you to follow KCNS' policies, procedures and standards of practice, including health and safety.

We expect you to follow KCNS' anti-harassment and anti-discrimination policies in relation to all children, staff, clients and other volunteers and students.

We expect you to maintain the confidentiality of all information shared with you related to KCNS, including, children, staff, volunteers and students.

We expect you to meet time commitments, schedules and standards which have been mutually agreed to.

We expect you to give reasonable notice so other arrangements can be made if you cannot meet your time commitments or schedules. Duty parents are responsible for arranging their own alternate arrangements.

We expect you to provide a Vulnerable Sector Screening Police Reference check and immunization form.

I, _____ have read, understood and had the opportunity to ask questions and hereby agree to do all that is expected of me in my role at KCNS as listed above.

Date: _____

Witness: _____