



Stratford Cygnets Cooperative Preschool  
181 Louise St.  
Stratford, Ontario  
N5A 2E6  
519 273-8096  
[cygnetscooppreschool@gmail.com](mailto:cygnetscooppreschool@gmail.com)

**Toddler Program Enrollment Form**  
**2018-2019**

Date of Admission: \_\_\_\_\_

Child's First and Last Name: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Child's Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child resides with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

**Parent/Guardian #1**

First and Last Name: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Workplace: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parent/Guardian #2**

First and Last Name: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Workplace: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Others who reside in the home

Names, Age (if children) and Relationship to Child

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Language Spoken at Home: English \_\_\_\_\_ Other \_\_\_\_\_

Your child may be released without prior permission to:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

In case of an emergency during the hours when your child is receiving care and you as parents/caregivers cannot be reached; please contact (other than parent and someone in Stratford area).

First and Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Workplace: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please check the appropriate boxes of any agencies your child is already involved with**

<input type="checkbox"/>	Small Talk (Speech Therapy)
<input type="checkbox"/>	Physiotherapy
<input type="checkbox"/>	Occupational Therapy
<input type="checkbox"/>	Children's Resource Consultant Program with the City Of Stratford
<input type="checkbox"/>	Healthy Babies/Healthy Children (Perth District Health Unit)
<input type="checkbox"/>	Children's Aid Society
<input type="checkbox"/>	Thames Valley Children's Centre
<input type="checkbox"/>	Child Parent Resource Institute (CPRI)

**General Information**

**Meal/Snack Times**

Is there any special food or eating instructions? \_\_\_\_\_

Does your child drink from a regular cup or a spout cup? \_\_\_\_\_

Do you have any particular concerns about your child's eating habits? \_\_\_\_\_

**Personal Care**

Has toilet training been attempted or completed? \_\_\_\_\_

Does your child use the washroom independently? \_\_\_\_\_

If no, please specify areas of assistance required. \_\_\_\_\_

If your child is in diapers you will need to provide both diapers and wipes. There will be a personal labelled basket near the change table for your child's belongings.

**Social**

Have there been any major changes in the family since child's birth (such as divorce, separation, death or accidents) that may have affected the emotional well being of your child?

Does your child have any fears? \_\_\_\_\_

How does your child react to a stressful situation? (cry, tantrum, withdraw) \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

Has your child had any previous group experience? If yes, please describe. \_\_\_\_\_

**Communication**

Does your child have any particular words or expressions that may not be understood by someone else? \_\_\_\_\_

\_\_\_\_\_

Do you have any concerns about your child's speech?

\_\_\_\_\_

\_\_\_\_\_

**Child Health Information**

Child's Family Physician: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Child's Full Name as it appears on Card: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

If yes, describe the reaction your child may have \_\_\_\_\_

What action should the staff take? \_\_\_\_\_

\_\_\_\_\_

(\*If allergic reaction requires an epi-pen, additional forms will need to be completed\*)

Has your child ever been hospitalized or had any surgeries? If so, describe.

\_\_\_\_\_

\_\_\_\_\_

Does your child have any health problems or specific needs? (premature birth, low birth weight, epileptic seizure, convulsions, high fevers, hearing, vision, disorders, special needs) If so, please describe.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child receiving any prescription medication daily? \_\_\_\_\_

Will the medication need to be given at the childcare centre? \_\_\_\_\_

(\* Medication consent forms will need to be completed\*)

Is there any other information that will help the staff with your child's adjustment to the child care program?

---

---

---

---

---

---

---

### ***General Release and Authorization***

In the event of a medical emergency, when I or my emergency contacts cannot be reached concerning an illness or injury to my child, I authorize the supervisor or her designate to have my child transported to the nearest hospital or medical facility to receive emergency treatment.

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

Date: \_\_\_\_\_

### ***Excursion Release***

I give consent for my child to leave the premises of Stratford Cygnets Cooperative Preschool on excursions to places of interest from time to time as may be arranged by the staff of the centre. I understand that the staff will supervise such excursions and I will be given notice of these excursions and complete permission forms. I also consent to my child being driven to and from the day care centre by the use of public transportation. I agree that no action may be brought against the staff of Stratford Cygnets Cooperative Preschool for any injury, which may occur while on any excursions.

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

Date: \_\_\_\_\_

**Photo Consent**

To promote public awareness of our child care centre; we often allow newspaper agencies to photograph events happening within the centre. As well, staff on a regular basis will photograph daily routines involving the children participating in various activities. We post them in the hallway as learning stories, as well as use them for presentation purposes for bulletin boards, local community groups, student education and preschool website. I give consent for my child to be photographed while attending the centre & share them with the mentioned above.

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

Date: \_\_\_\_\_

**Social Media Consent**

I give consent for my child's photographs that have been taken by the Preschool to be used in social media (Stratford Cygnets Cooperative Preschool facebook page & website) to promote our centre, and as a means of sharing with the parents the daily activities their children enjoy participating in.

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

Date: \_\_\_\_\_

**Newsletter Consent**

I give consent for my child's name to be in the Cygnets Coop Preschool Monthly Newsletter for birthday acknowledgement.

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

Date: \_\_\_\_\_

**Email Consent**

I give consent for my email address to be used as a form of communication for Cygnets Coop Preschool. This will include, but not be limited to documents such as the Welcome Letter, Monthly Newsletter, Upcoming Events, etc.

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

Date: \_\_\_\_\_

***Application of Creams Consent***

I give consent for the staff at Cygnets Coop Preschool to apply diaper cream and sunscreen supplied by me to my child when needed.

Parent’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Individual Support Plan Consent***

If your child needs support in anyway (ie. speech, physical support, special needs) we have to have an Individual Support Plan in place and in your child’s file, to be in compliance with Ontario Regulation 137/15 CCEYA, Section 52. I give consent to have my child’s Individual support plan (if applicable) in their file at Preschool.

Parent’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Registration Information***

Please check the boxes below to indicate choice(s) of days:

Time of Sessions	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-11:45am					

**2018/2019 Fee Schedule Amounts (per child)**

2 Sessions per week per month	Duty	\$96
	Non Duty	\$138
3 Sessions per week per month	Duty	\$148
	Non Duty	\$188
4 Session per week per month	Duty	\$194
	Non Duty	\$245
5 Session per week per month	Duty	\$252
	Non Duty	\$292

**\*\*10% Family Discount for each additional child\*\***

- The minimum sign up for a child is 2 program sessions per week
- You will have a choice of two costs of programs: **duty and non duty (only select amount of duty spots available at first come first served)**  
(you can apply to the City of Stratford for Child Care Subsidy if needed – ask the Preschool Supervisor for more information)
- If you choose the Duty fee, below are a list of **monthly** duties to choose from:
  - Sanitizing toys/equipment
  - Doing laundry
  - Coordinating Scholastic book orders
  - Coordinating fund raising events/social events
  - Being the Duty Coordinator/Scheduler
  - Administrator of social media
  - Member on Board of Directors

### **Description of Duty Jobs**

**Sanitizing toys/equipment (4)** – once a month on your assigned day you will be responsible for sanitizing the toys/equipment. This duty job is generally 1 ½ hours in length depending on the amount needed to be cleaned. It takes place at the Preschool.

**Laundry (4)** – once a month on your assigned day you will be responsible for taking the laundry home to be cleaned. The laundry must be picked up on Friday at 11:45 am and brought back on Monday morning between 8:00 and 9:00 am. You will be responsible for washing, drying and folding the laundry.

**Coordinating Scholastic Book Orders (1)** – once a month you will be responsible for preparing the book orders (separating, stapling and dating). All orders that are returned to the preschool will be given to you to tabulate and send the order in.

**Coordinating Fundraiser Events (4)** – there are between 3-5 fundraiser events that you will assist with throughout the year. You will be responsible for the preparation of order forms, tallying of orders once they are returned, submitting the orders as well as sorting all the orders on delivery day. Deliveries are always in the morning so you must be available on the morning of the deliveries.

**Duty Coordinator/Scheduler (1)** – the coordinator/scheduler is responsible for creating a monthly duty calendar for both the toddler and preschool rooms. The calendar must



be prepared and ready to email to parents by the 15<sup>th</sup> of the month. The Supervisor will share the information with you that needs to be compiled and it will be your responsibility to communicate with the Supervisor on a regular basis to make sure the assigned schedule is working.

**Social Media Administrator (1)** – this person is responsible for posting on the Preschool Facebook page all the upcoming events and special days at Preschool. You will refer to your monthly calendar to know when special days are occurring and will be in communication with the Supervisor for added posts.

**Member of the Board of Directors** – your responsibility on the board of directors will be to meet once a month for board meetings. They take place in the evenings. It will be mandatory for you to attend 8 out of the 10 meetings. The meetings are generally 2 hours in length depending on how many items are on the agenda. The role of the board of directors is to oversee the program as a whole, the financials and human resources.

- **All duty parents are responsible for providing snack once per month. If your child attends more than 3 sessions per week you will be required to provide snack twice a month.**

All of these duties have limited spots, so please indicate your first and second choice on your application and duty jobs will be assigned first come first served.

Duty Sign Up Choice(s): 1<sup>st</sup> choice: \_\_\_\_\_  
2<sup>nd</sup> choice \_\_\_\_\_

**To secure a spot for your child, we will need:**

- **\$35 registration fee per child**
- **10 post dated monthly cheques (from Sept.-June, dated for the first of the month) made payable to Cygnets Cooperative Preschool**
- **\$100 fundraising fee for one child, \$150 for more than one child (applicable if \$100 or \$150 in profits is not raised over the school year)**
- **Indication of your choice of days and number of programs**
- **Sign up for your duty request (if you choose the reduced fee)**
- **An up to date copy of your child's immunization record or print out from doctor**

To Be Completed by the Preschool Supervisor/Administrator:

Date of Discharge from Cygnets Cooperative Preschool: \_\_\_\_\_

**Registration Contract between Families and St. John's Preschool**

***\*please sign this registration contract and return it with your registration forms  
and payment\****

1. Each family shall become familiar with the school's policies as outlined in the parent handbook provided on the website or by request
  
2. Each family must honour their financial obligations to the Preschool as outlined in the registration forms. Payment is due the 1<sup>st</sup> of the month and there will be a charge of \$25 for any NSF cheques.
  
3. Each family is required to raise \$100 in profits (for one child) or \$150 (for more than 1child) from our fundraisers throughout the year or pay the difference due May 1<sup>st</sup>. If you withdraw your child from the Preschool, you are still obligated to pay the \$100 (for one child) or \$150 (for more than 1 child) for fundraising fee or the difference of what you have already raised.
  
4. Each family must follow the withdrawl policy of one full month's written notice to the Supervisor. If such notice is not given, one full month's payments will be forfeited and any amount owing for the fundraising fee. All remaining cheques will be returned.
  
5. Each family must respect the privacy of all information regarding any member of the Preschool

**I declare that I have read this agreement and will fulfill my obligations. If I do not comply with the rules and regulations outlined in this contract, membership will be revoked.**

Child's Name \_\_\_\_\_

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