



REGISTRATION FORM

General Information				
Child Name				
	First Name	Last Name	Middle Name	
Nick Name			Weight	Height
Sex (circle)	M	F	Date of Birth	School
			mm/dd/yyyy	Name
Special Needs and Subsidy Information				
Subsidy Number			Subsidy Start Date	Subsidy Expiry Date
			mm/dd/yyyy	mm/dd/yyyy
Restrictions				
Program				
Program (circle)	Preschool	Summer Camp	2018/2019	
			Preschool	
Facility Start Date				
	mm/dd/yyyy			
Contacts (Parent/Guardian)				
Contact Name				
	First Name	Last Name		
Address				
	Street	City	Prov.	Postal Code
Home Telephone		Comments		
Work Telephone		Comments		
Alternate Telephone		Comments		
Alternate Telephone		Comments		
E-mail				
Occupation		Employer Name		
Employer Address				
	Street	City	Prov.	Postal Code
Days & Hours Worked				
Relationship			Primary Caregiver(circle)	YES NO
Circle all relevant	Emergency Contact	Lives With	Pick Up Authority	Restraining Order
Comment				

Contacts (Parent/Guardian)

Contact Name

First Name

Last Name

Address

Street

City

Prov.

Postal Code

Home Telephone

Comments

Work Telephone

Comments

Alternate Telephone

Comments

Alternate Telephone

Comments

E-mail

Occupation

Employer Name

Employer Address

Street

City

Prov.

Postal Code

Days & Hours Worked

Relationship

Primary Caregiver(circle)

YES

NO

Circle all relevant

Emergency Contact

Lives With

Pick Up Authority

Restraining Order

Comment

Other Contact

Contact Name

First Name

Last Name

Address

Street

City

Prov.

Postal Code

Home Telephone

Comments

Work Telephone

Comments

Alternate Telephone

Comments

Alternate Telephone

Comments

E-mail

Occupation

Employer Name

Employer Address

Street

City

Prov.

Postal Code

Days & Hours Worked

Relationship

Primary Caregiver(circle)

YES

NO

Circle all relevant

Emergency Contact

Lives With

Pick Up Authority

Restraining Order

Comment

Other Contact

Contact Name

First Name

Last Name

Address

Street

City

Prov.

Postal Code

Home Telephone

Comments

Work Telephone

Comments

Alternate Telephone

Comments

Alternate Telephone

Comments

E-mail

Occupation

Employer Name

Employer Address

Street

City

Prov.

Postal Code

Days & Hours Worked

Relationship

Primary Caregiver(circle)

YES

NO

Circle all relevant

Emergency Contact

Lives With

Pick Up Authority

Restraining Order

Comment

Siblings

Sibling Name

First Name

Last Name

Program

Sibling Name

First Name

Last Name

Program

Sibling Name

First Name

Last Name

Program

Health & Medical Information

OHIP No.

PHN No.

Health Plan No.

Allergies/Medical Conditions

Diagnosis Agency

Date of Diagnosis

Agency Involved(circle)

YES

NO

mm/dd/yyyy

Special Needs Diagnosis

Tested for Senses (circle)

YES

NO

Required Treatment

Treatment Details

Other Information

Growth and Development

Eating Habits

Food Dislikes

Food Likes

Languages Spoken

Dominant Hand

Nap Information

Dressing Help Info.

Toilet Help Information

Favorite Activity

Playing Habits

Playing Difficulties

Friends

Previous Care

Guidance Method

Other Information

Family Physician

Physician Name _____
title First Name Last Name

Agency Name _____ Position _____ Field of Expertise _____

Address _____
Street City Prov. Postal Code

Home Telephone _____

Work Telephone _____

Alternate Telephone _____

Fax _____

E-mail _____

Comment _____

Other Consultant, Physician, Therapist, Dentist

Physician Name _____
title First Name Last Name

Agency Name _____ Position _____ Field of Expertise _____

Address _____
Street City Prov. Postal Code

Home Telephone _____

Work Telephone _____

Alternate Telephone _____

Fax _____

E-mail _____

Comment _____

Enter Schedule, if child is to attend more then one time per day use additional lines

Arrival Time _____ Departure Time _____ Days (circle) S M T W TH F S

Arrival Time _____ Departure Time _____ Days (circle) S M T W TH F S

Arrival Time _____ Departure Time _____ Days (circle) S M T W TH F S

Additional Information _____

Classroom Buddy/Volunteer Requirements

I understand that in order to be a "Classroom Buddy" (helper in my child's class), I will provide a completed Criminal Reference Check (CRC) to the RPNS Director. Should I already have a CRC on file at RPNS (valid within the past 5 years), then I will sign a Criminal Offence Declaration Form provided by RPNS.

Prior to my first "Classroom Buddy" day, I will read and sign the following documents which will be provided to me by the Director at the nursery school:

1. Behaviour Management Policy
2. Outdoor Playground Supervision Policy
3. Anaphylaxis Policy
4. Supervision of Volunteers/Students Policy

Date _____ Signature _____

Conflict Resolution Policy

Riverside Park Nursery School is dedicated to promoting an atmosphere of open communication and respect between students, parents/caregivers and staff. Should an issue arise, feedback and suggestions that benefit the school as a whole, delivered in a positive manner, are always taken into consideration by staff and the Board of Directors.

Should I have any concerns during my child's stay at RPNS, I will follow the procedures that have been established to assist and guide effective and straightforward communication about my concerns. I can access these procedures from the Parent Handbook on the nursery school's website www.rpnsottawa.com

Date _____ Signature _____

Emergency

I give permission for my child, in the case of emergency, to receive medical procedures deemed necessary by my child's physician or any other physician selected by the Facility. I understand that this will only happen (with the exception of 911 calls) after all attempts have been made to contact the parents and/or guardians, as listed in the registration forms at the Facility.

In the event of an emergency situation at the nursery school (fire etc.) I understand that RPNS will contact me to the best of their abilities (phone call, email, Twitter, Facebook) and that I am responsible to keep my contact information up to date.

Date _____ Signature _____

Fees Policy

Upon registration the following shall be provided:

- A non-refundable Registration Fee payable the day you register your child (cheque or e-transfer)
- A non-refundable/non pro-rated Program Fee which will be processed September 1st with September tuition fees
- A VOID cheque for monthly tuition fees for Pre-Authorized Payments and any Before & After Care fees which will be processed on the first of each month starting September 1st through to June 1st.

Upon receipt of an NSF Cheque or declined Pre-Authorized Payment, the school will verbally request that the financial obligation be honoured with cash, e-transfer or a certified cheque within 15 days of notification. A \$25 fee will be applied. If satisfactory arrangements are not made within the 15-day period, notification will be sent by registered mail, extending the time period for payment another 15 days. If, at the end of the 30 days, payment has not been arranged, the child/children will be withdrawn from the school's registry, and the family will be notified in writing.

Date _____ Signature _____

Forest School

I understand that my child will be participating in a nature based Forest School pedagogy throughout the school year taking place in the Otterson Park forest located behind the church property and along the Rideau River/Mooney's Bay Park. There is enhanced qualified staffing for the Forest School program.

I will ensure that my child is appropriately dressed for all types of weather.

Date _____ Signature _____

Health & Safety Acknowledgement

I understand that my child will be participating in planned indoor and outdoor activities facilitated by employees and volunteers or parent helpers. I recognize that the nursery school will be proactive, as much as possible, in providing a safe and healthy environment for our child. I understand that developing children can still experience accidents even in a safe environment under the supervision of adults. I also understand that the nursery school adheres to hygiene practices as required by Ottawa Public Health, but participation in a group environment does expose our child to communicable illnesses.

Date _____ Signature _____

Immunization Policy

Parents must complete an immunization form from the Ottawa Public Health (provided in registration package) before their child starts nursery school. This is a regulation of the Child Care & Early Years Act of Ontario and the City of Ottawa Health Department. Children who have not had the necessary vaccinations can be withdrawn from the school until the vaccinations are up-to-date. An Affidavit of Non-immunization form is also available from Ottawa Public Health. Parents are also responsible to provide the nursery school with immunization updates.

Date _____ Signature _____

Insect Repellent

I hereby authorize the Facility to apply a natural based (non DEET) insect repellent on my child during the season when children are at risk of insect bites.
yes _____ no _____

Date _____ Signature _____

Late Fee Policy

As morning programs end at 12:00 pm, children must be picked up no later than 12:05 pm. If a child has not been picked up by 12:00 pm, that child will be placed in the After Care Program at regular after care rates. Parents/Caregivers will be automatically invoiced at the beginning of the following month for the After Care fees that have been accrued. The Director reserves the right to refuse admittance of any child as a result of a parent's non-payment.

Children must be picked up from the Extended Day Program, no later than 12:30 pm. By 12:35 pm, a late fee of \$5.00 for every 5 minutes, per child, will apply. Parents/Caregivers will be automatically invoiced at the beginning of the following month that the late fees have been accrued. The Director reserves the right to refuse admittance of any child as a result of a parent's non-payment. The Director also reserves the right to decline After Care privileges to any family who fails to pick up their child/ren by 12:30pm more than two times during the school year.

Date _____ Signature _____

Medication Policy

I will make every attempt to administer medication to my child at home. In the event that the medication needs to be administered during Facility hours, the following conditions will be respected:

The medicine will be prescribed by a medical doctor, will be provided to a staff member in the original container with a legible prescription indicating the date, doctor's name, dosage and instructions. I will sign an RPNS "Permission to Administer Medicine" form provided by the Director.

I understand that my child cannot attend the program on any day should required life saving medications (inhalers, EPIPENS, insulin) have been forgotten at home.

For parents of children with anaphylaxis- I understand that I must provide RPNS with 2 EPIPENS for my child at all times.

Date _____ Signature _____

No Smoking Policy

Smoking is not permitted in the building nor anywhere on the property. This includes the playground and parking lot. (Child Care & Early Years Act of Ontario requirement).

Date _____ Signature _____

Parent Handbook

I have read and understood the information provided in the RIVERSIDE PARK NURSERY SCHOOL PARENT HANDBOOK (available at www.rpnsottawa.com) regarding Policies & Procedures and accept them as a member of Riverside Park Nursery School.

Date _____

Signature _____

Photo/Media Permission

From time to time, we may take photos of your child at play in the nursery school. It also may happen that we will receive visits from local news media, either newspaper or television. In this case, the specific media agency will ask your permission to use your child's image in either a newspaper article about or a video segment about the school. We would also like your permission to put your child's photograph or video image on the RPNS website and educator documentation tools (Seesaw). We may also use photographs in documentation posted in the school.

Child's Name: _____

*Permission to release photograph for newspaper article.

yes no

*Permission to release video image for television news segment.

yes no

*Permission to post photograph or video image on RPNS website. (child's name not identified)

*Permission to post photograph on RPNS Facebook/Twitter pages. (child's name not identified)

yes no

*Permission to post photograph and/or video image on the teacher's documentation tools. (Seesaw)

yes no (should 'no' be selected, see the Director)

*Permission to use photographs in documentation posted at the school and in the nursery school's photo album (child's first name may be included)

yes no

*Permission to post the Anaphylaxis/Medical Emergency Plans in the activity rooms

yes no (should 'yes' not be selected, see the Director)

Date _____

Signature _____

Practicum

I give permission for my child to be observed by students studying in fields relevant to early learning, provided that these observations are kept in confidence (child's name withheld) and used only as a means to fulfill the students' course requirements. These observations must be approved by the Director of RPNS.

Date _____

Signature _____

Privacy Policy

We hereby request your consent to disclose the collected information to Vari Tech Systems Inc. for the purpose of managing the software childcarepro on behalf of The Facility and in accordance with the Vari Tech Privacy Code. I understand that Vari Tech Systems Inc. will not disclose such personal information without my further consent unless required or permitted by law. For additional information about the Vari Tech Privacy Code, please visit www.varitechsystems.com or contact the Vari Tech Privacy Officer at 204-231-7068 or by email at admin@childcarepro.ca.

Date _____

Signature _____

Release of Information

I authorize the release of information from my child's file to the staff (educators) of RPNS.

I understand that RPNS will notify me prior to an information exchange requested from another agency or professional. Information regarding a child may be requested from a program that the child is transferring to (example: Kindergarten teacher at a school) or by other professionals (CISS, OCTC).

Date _____

Signature _____

Sick Child Policy

The Child Care & Early Years Act of Ontario states that every operator shall ensure that a daily observation is made of each child in attendance before the child begins to associate with other children in order to detect possible symptoms of ill health.

If a child appears to be ill on arrival at the school, teachers reserve the right to send the child home. We strongly recommend that parents prepare and arrange for emergency back-up childcare in anticipation of these situations. If your child is not well enough to participate fully in the program, he/she is probably not well enough to be at school. Accommodations cannot be made for requests for children to not participate in the outdoor classroom.

In the best interest of your child and the other children at the Nursery School, he/she must be kept home when they exhibit any of the following symptoms:

- *Severe runny nose or cough, wheezing or difficulty breathing, excessive lethargy.
- *An oral fever of 38°C (100.4°F). Contact your physician immediately if 39°C (102°F).
- *Undetermined rash. Your child must be seen by a physician to determine the nature of the rash before returning to nursery school.
- *Vomiting, diarrhea or fever within the last 24 hours.

If a child becomes ill during school, the parent or alternate adult will be contacted to pick up the child. We ask parents to keep staff informed of all communicable diseases and any other signs and symptoms of illness that their child experiences. This information may need to be reported to the City of Ottawa Public Health Department.

Date _____ Signature _____

Sunscreen

I understand that it is my responsibility as parent to apply sunscreen to my child prior to outdoor play (which takes place upon arrival at the program). I hereby authorize the Facility to apply SUNSCREEN SPF 30+ on my child should I have not already done so.

Date _____ Signature _____

Volunteer Choice Form

I understand that Riverside Park Nursery School operates as a parent cooperative where all families are to contribute to the implementation of the program by volunteering at various tasks. I will complete and submit the VOLUNTEER CHOICE FORM provided in the registration package to RPNS.

Date _____ Signature _____

Waitlist Policy

The City of Ottawa prefers that all families (whether full fee paying or subsidized) utilize the City of Ottawa's Child Care Registry and Wait List.

Families wishing to enroll with a Floating Subsidized child care space must first register with the City of Ottawa's Child Care Registry and Wait List.

RPNS uses the following priority system:

1. currently enrolled child (example: 2 morning Senior Preschool class child waiting for a 2 morning French Introduction class space)
2. siblings of currently enrolled child
3. children of currently employed staff
4. children of current board members
5. children of alumni families
6. children referred by external agencies

There are no fees associated with registering with the City of Ottawa's Child Care Registry and Wait List nor with the RPNS Internal Waitlist. Likewise, parents are not financially penalized should they wish to be removed from wait lists.

Date _____ Signature _____

Walks Permission

I give permission for my child to accompany the nursery school staff on walks. I understand that this includes excursions on foot, with staff, volunteers and parent helpers within proximity to the nursery school.

Date _____ Signature _____

Withdrawal Policy

Parents wishing to withdraw their children from the school must notify the school in writing one month prior to last day in attendance. If they do not do so, they must pay the following month's fee (e.g. notification of withdrawal after October 1st would still result in the payment of fees for the month of November). There will be no refunds of tuition fees after March 1st of the current school year if a parent withdraws their child as it is very difficult for RPNS to fill spaces this late in the school year and places the program at financial risk.

The Program fee is non-refundable if a child is withdrawn after the commencement of the school year.

Riverside Park Nursery School reserves the right to direct parents to withdraw their child from the school for reasons that include the following:

- Child continues to require a disproportionate amount of the teacher's time and attention
- Child's behaviour is found to be continually disruptive to the group as a whole
- The School is unable to meet the needs of the child
- Non- payment of fees
- Failure of parent to participate in a cooperative style nursery school as set out in RPNS By-Laws
- Failure of parent to adhere to all Policies and Procedures of the nursery school

Prior to directing a parent to withdraw their child, the following steps will have been taken by RPNS:

- Written observations of the child completed by the staff
- Any concerns documented
- Staff meeting with the parents
- Referral to appropriate resources

The parent(s)/guardian(s) of the child in question may bring the matter before the Board of Directors if the issue is not resolved to their satisfaction. The decision of the Board will be final.

Date _____

Signature _____