



2018-2019 Registration Package After School Programs

Due to the Ministry of Education- Child Care Quality Assurance and Licensing requirements, all of the following **MUST** be completed in full, signed by the registering parent and returned to the Registrar before your child is officially registered and may start in the program:

- Registration Form** - signature required
- Privacy Release** - signature required
- Emergency Card** - signature required (include health card number)
- Allergy, Health Concern OR Medication Administered Regularly** (ADMIN *if applicable*: Check, highlight, provide additional forms to parents, obtain child's photo, sign & post)
- DENIED!** Photo Consent Form (ADMIN *if applicable*: Check, highlight & add to staff signature list)
- Volunteering Form**
- Ottawa Public Health form (Immunization Information)** - for the Regional Health Department (include 2 copies of immunization record)
- Policy Handbook Acknowledgement and Consent Form** - signature required - *Policy Handbook available on our website: www.avcns.com*
- Non-refundable registration fee** of \$85 per child (*dated today*)
- Ten post-dated cheques** dated September 1st, 2018 to June 1st, 2019 with the amount determined according to the program selected.

Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
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Admission Date: _____ Discharge Date: _____

*** Please make cheques payable to Alta Vista Co-operative Nursery School Inc.*, and write your child's full name and program on each cheque.**

***Our Bank will not accept cheques made out to AVCNS! {We apologise for the inconvenience}**



480 Avalon Place, Ottawa, Ontario, K1G OW4. Phone: 613-733-9746
 Website: www.avcns.com, e-mail address: avcns480@gmail.com

Registration Form

PROGRAM: Please indicate the program in which you are enrolling your child.

Program	Session	Fee per month	Please check program	Please Specify Days
Before School	Mon to Fri			Monday - Friday
(7:15 am – 8:15am)	5 Days	\$145.00		N/A
After School	Mon to Fri			Monday - Friday
(3:15 pm - 5:30 pm)	5 Days	\$290.00		N/A

***Please be advised there is NO Early Drop Off/Late Pick Up option available for (before 7:15am) for the before school programs OR (after 5:30) for the After-School programs.**

*** Please make cheques payable to Alta Vista Co-operative Nursery School Inc.*, and write your child's full name and program on each cheque.**

***Our Bank will NOT accept cheques made out to AVCNS! {We apologise for the inconvenience}**

Admission Date: _____ Discharge Date: _____



Child's Information

_____, _____, _____
Surname First Name Nickname (if applicable)

Male Female

Date of Birth: Day _____ Month _____ Year _____

Home Address: _____

Home phone number: _____

Parent/Guardian information:

Name: _____

Cell Phone: _____

E-mail address: _____

Occupation, employer, work address:

Bus. Phone: _____

Parent/Guardian information:

Name: _____

Cell Phone: _____

E-mail address: _____

Occupation, employer, work address:

Bus. Phone: _____

Authorized persons who may pick up your child in addition to the Parent/ Guardian:

Name	Relationship

Names and ages of siblings: _____

<p>Signature of Parent / Guardian: _____</p> <p>Date: _____</p>



Emergency Card

Child's Name: _____

Date of Birth (dd/mm/yyyy): _____ Health Card #: _____

Home Address and phone number: _____

Allergies: _____

Medication administered regularly/Special medical conditions/Concerns (i.e. hearing, sight, attention):

Parent/Guardian information:

Name: _____

Cell Phone: _____

E-mail address: _____

Occupation, employer, work address:

Bus. Phone: _____

Parent/Guardian information:

Name: _____

Cell Phone: _____

E-mail address: _____

Occupation, employer, work address:

Bus. Phone: _____

Emergency Contact (relative, neighbour or close friend):

Phone: _____

Phone: _____

Doctor: _____

Phone: _____

Address: _____

Medical treatment:

In case of emergency, every effort will be made to contact parents and the family doctor. Sometimes this is not possible and immediate medical treatment is necessary.

In case my child is hurt or becomes seriously ill at school and it is not possible to reach our family doctor, or me, my child may be treated by another doctor or at the emergency room of the hospital.

Signature of Parent / Guardian: _____

Date: _____



Privacy Release

In accordance with the Ontario Freedom of Information and Protection of Privacy Act, we require your written permission prior to circulating among the parents of the school a class list or school directory, which may include your telephone number and address. Please take a moment to read and sign the consent form set out below.

I hereby give my permission for my address and telephone number(s) to be included in any class lists or telephone directory of the Alta Vista Co-operative Nursery School to be made available to parent members.

Signature of Parent or Guardian: _____

Photo Release

During the school year, photos of AVCNS children and parents will be taken. AVCNS needs your permission to use them in its promotional materials. If you agree to this, please fill the form below, as well as if you don't agree.

I Consent

I _____ give permission to the Parent Board of AVCNS to use _____ (Child's name) and Parent(s) _____ photograph(s) in promotional materials, such as its newsletter, features and news items designed for community print and broadcast media outlets, AVCNS web site, AVCNS yearbook, alumni newsletter and AVCNS Anniversary promotions.

Signature of Parent or Guardian: _____

I do not Consent

I _____ do not give permission to the Parent Board of AVCNS to use _____ (Child's name) and Parent(s) _____ photograph(s) in promotional materials, such as its newsletter, features and news items designed for community print and broadcast media outlets, AVCNS web site, AVCNS yearbook, alumni newsletter and AVCNS Anniversary promotions.

Signature of Parent or Guardian: _____



Volunteering Form

Dear Parents,

Alta Vista Co-operative Nursery School (AVCNS) is a parent co-operative organization and therefore relies on parent volunteers in a variety of ways. Time is a precious commodity to us all, but without parental support and involvement, the school cannot function effectively.

As a parent at our co-operative nursery school, you are needed to volunteer your talents and time in one or more of the areas noted below. From time to time there are other additional needs that we encourage you to assist with as well. It will be an enjoyable and rewarding experience. Our teachers, our parent membership and most of all, our children, appreciate your commitment. Please select one from the list below.

Child's Name: _____ Program: _____

Parent/Guardian information:

Name: _____ Home phone: _____

Occupation: _____ Cell Phone: _____

e-mail address: _____ Interests/Talents: _____

1) Please indicate which position(s) you can fulfill by noting your three choices in order of preference.

Board of Directors (voting positions): For job's description, refer to Policy Handbook, section 4.0.

President	_____	Vice President	_____
Treasurer	_____		
Secretary	_____	Fundraising Chair	_____

Committees:

Fundraising	_____	IT Support	_____
Publicity	_____	Maintenance	_____
Event cleanup	_____	Event setup	_____
Website (updates)	_____		



Policy Handbook Acknowledgement and Consent Form

I have read and understood the Policy Handbook for the Alta Vista Co-operative Nursery School ([available on www.avcns.com](http://www.avcns.com)), and I consent to be bound by the policies set out therein. In particular, I have read and understood the following policies:

- ❖ 3.2: School Year and Professional Development Days
- ❖ 4.1: Duty Parent Responsibility (not applicable to After school Programs)
- ❖ 6.0: Withdrawal Policy
- ❖ 7.0: Prohibited Practices
- ❖ 8.0: Criminal Reference Checks
- ❖ 10.0: Emergency Management Policy & Procedure
- ❖ 11.0: Playground Safety Policy
- ❖ 12.0: Confidentiality Policy (PIPEDA)
- ❖ 13.0: Privacy Release
- ❖ 14.0: AVCNS Code of Conduct
- ❖ 15.0: Anaphylactic & Severe Allergies Policy

and I agree to be bound by each such policy.

Signed by: _____
(parent / guardian signature)

(print name)

Child's name: _____

Please sign and detach this page, to be returned with your registration package. In September, an AVCNS representative will be happy to review the school's policies with you to answer any questions you may have.

Reviewed with the above parent:

AVCNS Rep: _____
(signature)

(print name)

Date: _____