

Jacks' and Jills'
Co-operative Preschool

serving Ancaster since 1969

263 Jerseyville Road West • Ancaster, ON L9G 3K8
365 – 356 – 3876

www.jacksandjillspreschool.com

Registration Package

Welcome to the Jacks' and Jills' community! We look forward to getting to know your child and your family, and to working with you to create a positive, nurturing, fun learning experience for your child at our preschool.

This package contains the forms that must be filled out and returned to our supervising teacher in order to complete your child's registration at Jacks' and Jills'. Please read the forms carefully as you complete them, and feel free to contact our Registrar or supervising teacher with any questions you might have. The package includes:

- ✓ *Registration Form*
- ✓ *Immunization History:*

  This form is provided by Public Health. You complete it and return it to us with your package, and we take care of forwarding the information to Public Health.

- ✓ *Medication Authorization Form:*

  You only need to complete this if there is a medication that you need administered to your child. If you don't need it right now, keep the form in your files in case you need to make use of it later in the school year.

Please note that participating duty parents (and designates) will also need to provide the supervising teacher with:

- ✓ Vulnerable sector screen. This can be completed in person at the Central Police Station in downtown Hamilton at 155 King William St., or online at www.policesolutions.ca. Please note: there is a processing fee associated with completing online.
- ✓ Proof of a negative TB test
- ✓ The date of their last DPT booster vaccination
- ✓ If born after 1970, the date of their last MMR booster vaccination
- ✓ CPR certification

Please return the completed forms, the yearly registration fee and, if applicable, the duty parent documentation to the preschool at your earliest convenience. You can return them by mail, or in person; if you choose to come in person, please do call first to ensure that we will not be out on a field trip on the day you plan to come by. All forms for your child must be submitted before your child can begin classes. Duty parent documentation must be submitted before parents can begin duty, although we do have a short grace period from the Ministry for the police checks; please consult with the supervising teacher if you have concerns about the timing of submitting your

police check.

There is a non-refundable yearly registration fee due at the time of registration; please contact our Registrar for the current amount. Our preferred method of payment is Interac e-Transfer. Fees can be paid monthly, by half term (two payments), or in one lump sum for the year. Payment details will be provided at the Orientation Meeting in September (or, if your child is starting after September, when your child starts classes). Further details on fees can be found in the Parent Handbook (see below).

Shortly before the Orientation Meeting in September, you will receive a copy of the updated Parent Handbook, which outlines the operation of the preschool in more detail. In the meantime, please do not hesitate to contact our Registrar or supervising teacher with any questions you might have. We thank you for choosing our preschool, and feel confident that your child, and you, will enjoy a fun and rewarding year with us, forming many friendships along the way.

Sincerely,

Jacks' and Jills' Co-op Preschool Executive Committee



Jacks' and Jills'
Co-operative Preschool

serving Ancaster since 1969

263 Jerseyville Road West • Ancaster, ON L9G 3K8
365 – 356 – 3876

www.jacksandjillspreschool.com

Registration Form

Child is registering for: ☐ Jacks' and Jills' Co-op Preschool

Mornings Requested: ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. **Participating in Duty:** ☐ Yes ☐ No

Child's Information

Name (include nickname, if any)	Date of Birth (mm/dd/yyyy)
Address (please include city and postal code)	Home Phone Number

Family Information

Mother's (or Guardian's) Name	Father's (or Guardian's) Name
Address (if different from child's)	Address (if different from child's)
Mother's cell phone (during school hours)	Father's cell phone (during school hours)
Mother's work phone (during school hours)	Father's work phone (during school hours)
Address of mother's work	Address of father's work
Family's Email Address	Please list other siblings and their ages

Emergency Contact Information

Please list person(s) we may contact, in case of emergency, if child's parent(s) or guardian(s) cannot be reached.

Name	Name
Address	Address
Home phone	Home phone
Cell phone (or work phone)	Cell phone (or work phone)
Relationship to Child	Relationship to Child

Person(s) other than parents or guardians authorized to pick up child after class

Name	Name
Address	Address
Phone	Phone
Relationship to Child	Relationship to Child

Health Care Information

Health Card Number with Version Code	
Name of Physician	Name of Dentist
Address	Address
Phone	Phone

Health History

Please list any previous communicable diseases (ie. chicken pox, hepatitis, etc.). Please include dates.	
Please list any serious injuries or illnesses. Please include dates.	
Please list any known medical condition and/or medication(s) of which the teaching staff should be aware.	
Please list allergies (if any):	
If child has a known medical condition, please outline any symptoms of which the teaching staff should be aware.	
Is there any medication that must be administered during school? If yes, please enter the name of the medication here, and attach our Medication Authorization Form to this Registration Form. **The Medication Authorization Form MUST be completed BEFORE any medication can be administered to a child.**	

Please outline any other health information / instructions of which you feel the teaching staff needs to be aware.	

Dietary Needs

Please outline any dietary needs your child has, whether they are for health or religious reasons. Please be as specific about the requirements as possible.

Getting to Know Your Child

The following information will allow the teaching staff to better understand your child's needs.

Has your child been in a preschool environment or playgroup situation before attending Jacks' and Jills'? If yes, what group(s)/organization(s) and when?

How does your child react when faced with a new situation?

Does your child feel comfortable leaving you or your spouse?

What activities does your child enjoy?

Has your child experienced any specific physical problems since birth of which the teaching staff should be aware? (ie. corrective therapy, hearing, vision, etc.)

Has your child experienced any developmental problems of which the teaching staff should be aware? (ie. learning to walk, speech, potty learning, etc.)

Permissions

Parent or guardian's name: _____

Child's name: _____

Please initial beside each permission you agree to.

Emergency Medical Treatment and Pick-Up I give permission for my child to receive emergency medical treatment as needed in the event that I cannot be contacted. I furthermore give permission for the emergency contacts listed on this form to pick my child up from the teachers' supervision in the event that I cannot be contacted or am unavailable.	Initials _____

Spontaneous Outings In addition to our great classroom and gym settings, the teaching staff likes to take advantage of the outdoors as well. These outdoor trips are intended to encourage a respect for nature, and a love for outdoor activities. In the past, trips have included walking through the wooded area in our immediate vicinity. There will be a notification on the whiteboard at morning drop-off time if a spontaneous outing is planned for that day. Of course, safety is our first priority. Trips will only occur as an entire classroom group, and our teacher/duty parent to child ratios for the classroom will be upheld outdoors as well. I give permission to the teachers of Jacks' and Jills' Co-op Preschool to take my child on spontaneous outings during school hours.	Initials _____

Photographs I give permission to Jacks' and Jills' Co-op Preschool to take photographs of my child and use these photographs for advertising purposes in print (NOT web) media, posters, flyers and pamphlets and/or use them in the preschool's photo album.	Initials _____

Signed: _____ Date: _____

Thank you for completing this registration form. Please return it with the items listed in the welcome letter. We look forward to your child, and your family, joining us at Jacks' and Jills'.

Registration Completion

The following is to be completed by the teaching staff:

Start date	Last day of school

Documentation received for child:

☐ Registration Form

☐ Public Health's Immunization Record

☐ Yearly Registration Fee

Written instructions received for child:

☐ Medication Authorization Form

Date received and attached to Registration Form: _____

☐ Special Dietary Needs (other than those already outlined on this form)

Date received and attached to Registration Form: _____

☐ Any other specific instructions

Date received and attached to Registration Form: _____

Documentation received for duty parents:

Parent: _____

☐ Police Check

☐ Negative TB test

☐ Date of last DPT booster vaccination

☐ If born after 1970, date of last MMR booster vaccination

☐ CPR certification

Parent: _____

☐ Police Check

☐ Negative TB test

☐ Date of last DPT booster vaccination

☐ If born after 1970, date of last MMR booster vaccination

☐ CPR certification