



Jacks' & Jills' Co-operative Preschool Inc.

263 Jerseyville Road West, Ancaster, Ontario

Phone: 905-648-8659

www.jacksandjillspreschool.com

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 foster a positive, nurturing, fun learning experience at our preschool! This package includes all of the information you need to get started at preschool.

We are a co-operative preschool. This means the only paid staff are our teachers, and a bookkeeper. We rely on participation of our members to operate. We have an executive committee of volunteer parents who act as the board of directors for the business. This consists of a President, Vice-President, Treasurer, Registrar, Secretary, Fundraiser and Scheduler. We are non-profit, and depend on fundraising and funding from the City of Hamilton to cover our costs. We are overseen by the Ministry of Education and follow their policies. The membership of families participates in running the school and making decisions regarding the school. As a parent, this means you be involved in these 5 areas:

- ✓ General meetings - these occur 4-5 times a year and take place on a weekday evening for 1-1.5 hours. This is when important matters are discussed and decisions are made. Every family is required to have someone present to represent them at each meeting.
- ✓ Committee positions – these are various tasks assigned to each family that help run the preschool. Typical committee positions include laundry, vacuuming, garbage disposal, etc. You will be asked to choose a committee position at the orientation meeting (or once your child starts school). If you choose to be on the exec team, then this counts as your committee position.
- ✓ Cleaning nights – our staff cleans and sanitizes daily, and we do several “deep cleans” a year as well. You will be asked to sign up for a cleaning night, where someone from your family will be asked to meet at the preschool with a couple of other families to do a thorough clean at the school. A list is provided of what needs to be done and usually takes a couple of hours. Each family is required to do one cleaning night a year.
- ✓ Fundraising – we ask that each family puts in 6 hours of volunteer time a year. Several opportunities will come up throughout the year, and you can sign up for them as you like. In past years, we have done a purse bingo in Feb, which has accounted for all of the 6 hours.
- ✓ Duty parent – you can decide if you want to participate as a duty parent, or not. If you choose to participate, you will be assigned a couple of days per month

where you join in the classroom and help the teachers, provide/prepare the snack, and play with the children. It is a great way to watch your child socialize and be a part of their learning. In exchange for your time, you are given a lower monthly fee. If you choose to participate, there is a list of items you need to complete before starting duty (they can be found later on in this package). Please note that for the 2020/2021 year, we are not allowed to have duty parents in the classroom due to Covid-19, so this is not an option as of right now.

The preschool typically runs Tuesday thru Friday with drop off starting at 9am, and pick up at 12pm. For 2020, we are currently only operating Tuesday thru Thursday. We require each child to be registered for at least 2 days. They will attend the same days every week. Our current rates are:

2 mornings a week	\$200 for a 4 week period
3 mornings a week	\$300 for a 4 week period

Thanks to government funding, these rates will be reduced until the end of 2020 to the following:

2 mornings a week	\$160 for a 4 week period
3 mornings a week	\$240 for a 4 week period

If you enroll a second child from the same family within the same school year, there is a 10% reduction in the total monthly fee for the family.

Please complete these items and return them to the registrar before your child's first day:

- Registration forms – there is a short form and a long form. Much of the same content is on both forms, but we ask that you fill them both out as they are used for different reasons and stored in separate locations.
- Immunization Form – this is for Public Health and needs to be filled out for every student.
- Medical Authorization Form – this only needs to be completed if there is medication you need administered to your child during school hours.
- A \$50 registration fee – a cheque made payable to “Jacks’ and Jills’ Co-operative Preschool”.

If you are opting to participate and be a duty parent, these items are required before your first duty day, which can be submitted to the registrar or the supervising teacher:

- CPR “C” Certification
- Vulnerable Sector Screen. This can be completed in person at the Central Police Station at 155 King William St in Hamilton, or online at www.policereliefsolutions.ca. Please note there is a processing fee associated with completed online.
- Proof of a negative TB test
- The date of your last DPT booster vaccination
- If born after 1970, the date of your last MMR booster vaccination

Once you have registered, please check out our parent handbook that is available on our website on the program page. This document includes all the important details that you will need to know about the preschool. You will be asked to sign an acknowledgement form that states you have read and understood the Parent Handbook. For the 2020/2021 school year, this also includes a supplementary document called Covid-19 Policies and Procedures. The registrar will also be sending you an orientation document with the info you need specific to this school year, including the schedule and important dates. In the meantime, please do not hesitate to ask the registrar or supervising teacher any questions you may have. We thank you for choosing our preschool, and feel confident that your child, and yourself, will enjoy a fun and rewarding year with us, forming many friendships along the way.

Sincerely,

Jack's and Jills' Co-operative Preschool Executive Committee



Jacks' and Jills' Co-operative Preschool

serving Ancaster since 1969

263 Jerseyville Road West • Ancaster, ON

905 - 648 - 8659

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 phone during school hours	Father's phone during school hours
Mother's Occupation/Hobbies/Interests	Father's Occupation/Hobbies/Interests
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
Phone	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 Care Number with Version Code	
Name of Physician	Name of Dentist
Address	Address
Phone	Phone

Permission for Emergency Medical Treatment

I, _____ (parent or guardian's name), hereby give permission for my child, _____ (child's name), to receive emergency medical treatment as needed in the event that I cannot be contacted.

Signed: _____ Date: _____

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 name of 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. Please use the back of this page if necessary.	

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' & 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.)

Permission for 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. Please complete the following if you are agreeable to the above terms.

I, _____ (parent or guardian's name), hereby give permission to the teachers of Jacks' and Jills' Co-op Preschool to take my child, _____ (child's name), on spontaneous outings during school hours.

Signed: _____ Date: _____

Permission for Photographs

I, _____ (parent or guardian's name), hereby give permission to Jacks' and Jills' Co-op Preschool to take photographs of my child, _____ (child's name), 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.

Signed: _____ Date: _____

Please note that the following items must be completed and returned to the preschool in order to complete your child's registration in the preschool program. (This registration form along with your payment for one session is all that is required to complete registration for the Alphabet Express program.)

- \$50 Registration Fee (cheques can be made payable to Jacks' and Jills' Co-operative Preschool)
- this Registration Form
- Registration Short Form
- Public Health's Immunization Record
- Medication Authorization Form, if necessary

As well, each participating duty parent or designate must also:

- submit his/her Vulnerable Sector Screening documentation (commonly known as a police check)
- submit proof of a negative TB test
- submit the date of his/her last DPT booster vaccination
- if born after 1970, he/she must submit the date of his/her last MMR booster vaccination
- CPR certificate

Thank you for completing this registration form. 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: <input type="checkbox"/> <input type="checkbox"/> Registration Short Form <input type="checkbox"/> <input type="checkbox"/> Public Health's Immunization Record

Written instructions received for child:

- Medication Authorization Form
Date received and attached to Registration Form: _____
- Special Dietary Needs (other than other 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: _____

Parent: _____

- Police Check
- Negative TB test
- date of last DPT booster vaccination
- if born after 1970, date of last MMR booster vaccination

- Police Check
- Negative TB test
- date of last DPT booster
- if born after 1970, date of last MMR booster



Jacks' and Jills' Co-operative Preschool

serving Ancaster since 1969

263 Jerseyville Road West • Ancaster, ON
905 - 648 - 8659

www.jacksandjillspreschool.com

Registration Short Form

All children's short forms are kept in a binder and are used to obtain information, if necessary, when the class is off-site (ie during a field trip, during a fire alarm when the children evacuate the classroom, etcetera).

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

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

Health Care Information

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

Health History

Please list any known medical condition and/or medication(s) of which the teaching staff should be aware:	Please list allergies (if any):
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.

Permissions:

I, _____parent or guardian’s name), hereby give permission for my child, _____ (child’s name) 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. Finally, I give permission to the teachers of Jacks’ and Jills’ Co-op Preschool to take my child on spontaneous outings during school hours.

Signed: _____ Date: _____

Complete this form and return it to the child care centre. (See back of form for more information.)

LICENSED CHILD CARE CENTRE VACCINE HISTORY

Child's Family/Last Name		Child's First Name(s)			<input type="checkbox"/> Male <input type="checkbox"/> Female	
Has there been a change in the child's family/last name? <input type="checkbox"/> No <input type="checkbox"/> Yes, other Family/Last Name:						
Ontario Health Card Number		Date of Birth			Child Care Centre	
		year	month	day		

CONTACT INFORMATION

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other	
Parent/Guardian Family/Last Name if different than above		Parent/Guardian First Name(s)	
Address		City	Postal Code
Home Phone ()	Work Phone ()	Language	Country of Origin
Family Doctor and Telephone Number			

VACCINATION RECORD

Write your child's vaccine dates and check ✓ the vaccines given or attach a copy of the record.

Year	Month	Day	D= Diphtheria	T= Tetanus	aP= Pertussis	P= Polio is given by needle or by mouth		Hib= Haemophilus b	PneuC7= Pevnar 7	PneuC10= Synflorix	PneuC13= Pevnar13	Rot= Rotavirus	Men-C-C= Meningococcal C	M= Measles	M= Mumps	R= Rubella	Var= Varivax/Varirix	MMRV= measles, mumps, rubella, varicella	Men-C-ACYW= Meningococcal ACYW	HB= Hepatitis B	HPV= Human Papillomavirus	Other	
						IPV= needle	OPV= mouth																

COLLECTION AND USE OF PERSONAL HEALTH INFORMATION

We are allowed by law to collect what you write on this form.

- Health Protection and Promotion Act
- Personal Health Information Protection Act

The information will be used for

- the vaccine program
- immunization records
- outbreak management
- program evaluation
- statistics and research

If you have questions about the collection of your information, contact:

Vaccine Program Manager
Hamilton Public Health Services
110 King Street West
Hamilton ON L8P 4S6
905-540-5250

Visit www.hamilton.ca/phsprivacy to learn more.

Parent(s) or Guardian(s) Signature:	Date:
-------------------------------------	-------

IMPORTANT

The Day Nurseries Act states that the Medical Officer of Health must have a record of immunization for all children at licensed child care centres. In the event of an outbreak, this information is used to protect children who are unable to be immunized.

PUBLICLY FUNDED IMMUNIZATION ROUTINE SCHEDULE FOR ONTARIO - AUGUST 2011														
Age at vaccination	DTaP-IPV	-Hib	Pneu-C-13	Rot-1	Men-C-C	MMR	Var	MMRV	Men-C-ACYW	HB	HPV-4	Tdap	Td	Flu
2 months	✓	✓	✓	✓										
4 months	✓	✓	✓	✓										
6 months	✓	✓												
12 months (after the first birthday)			✓		✓	✓								
15 months							✓							
18 months	✓	✓												
4 – 6 years	✓							✓						
12 years (grade 7)									✓ 1 dose	✓ 2 doses				
Grade 8 Female students											✓ 3 doses			
14 – 16 years (10 years after 4-6 booster)												✓		
Every 10 years													✓	
Every year														✓

IMMUNIZATION EXEMPTION INFORMATION

Parents who choose not to vaccinate must complete a legal statement. This form must be notarized. There are some children who cannot get a vaccine for medical reasons. A doctor can fill out a medical exemption for them. These forms must be brought to Public Health. You can call 905-540-5250 to request the forms or get them from www.hamilton.ca/immunize on the Childhood Vaccines page.

▪ **Please complete this form and return to the child care centre**

- The licensed child care centre is responsible for sending a copy to Public Health Services.

Note:

- Keep a copy of this vaccine record for future use (e.g. entry to summer camp, college/university, volunteer work)
- This form is for child care centres. You may be asked to complete a new form when your child goes to school.

If you have any questions, please call Vaccine Program Records at 905-540-5250.

Sincerely,



Elizabeth Richardson, MD, MHSc, FRCPC
 Medical Officer of Health