

Registration Information



Programs offered in 2012-2013 (full descriptions can be found on our website):

Program	Location	Schedule	Times	Monthly Tuition
Junior Preschool Children 2½ to 3½ years of age (with 3 exceptions of 2¼ - 2½)	Manotick Riverside South	Tuesday and Thursday	9:00 - 11:30am	\$140
		Monday / Wednesday / Friday	9:00 - 11:30am	\$185
Senior Preschool Children 3-4 yrs of age	Manotick Riverside South	Monday / Wednesday / Friday	9:00 - 11:30am	\$185
		Monday / Wednesday / Friday	12:30 - 3:00pm	\$185
5 Days a Week Senior Preschool Children 3-4 yrs of age	Manotick	Mon/Tues/Wed/Thurs/Fri	9:00 - 11:30am	\$325
KinderClass Program (pilot) An alternative to Junior Kindergarten and Senior Preschool Must be 4 by February 28 th , 2013	Manotick	Mon/Wed/Thurs/Fri	12:30 - 3:00pm	\$250
Junior Kinder Adventure Day Various themed activities with low student to teacher ratio. Must be in or eligible for JK.	Manotick	Tuesday afternoons	1:00 - 3:30pm	\$75
Senior Kinder Adventure Day Enriched program offering various themes with low student to teacher. Must be in SK.	Manotick	Tuesday mornings (<i>upstairs boardroom</i>)	8:45 - 11:15am	\$75

Tuition Payments & Policies

- A non-refundable cheque in the amount of \$50 per child (maximum \$70/family) must be given at registration. Registrations will not be accepted without payment of this fee.
- Last month's (June) tuition cheque is also required upon registration and will be dated Aug 1st (or the date you register if after Aug 1st).
- Nine post-dated cheques (Sept 1st through May 1st) are due in September (or upon your child's start of school).
- All NSF cheques are subject to a \$20 fee. This applies to tuition and any other school fees.
- One month's notice is required for all student withdrawals (if you know March will be your last month, please let us know by March 1st) **or you forfeit your pre-paid last month's tuition cheque.** Unused post-dated cheques will be returned.
- Paid Duty Day replacements can be arranged for \$40/day with a minimum 5 days notice.
- Missed Duty Days without notice are subject to a fee of \$50.
- Tax receipts for tuition are issued in January and June.

Student Age Requirements

- Your child must reach the minimum age for each program by September 1st, 2012. Please see registration forms for age requirements.
- We do not allow spaces to be held or paid for while waiting for a child to become of age.
- Underage children may be placed on a wait list at any time.

Toileting Requirements for Nursery School

- Your child must be actively toilet training (no diapers or "pull-ups" during the day) as of the first day of school. If you have questions about your child's readiness in regards to toileting, please contact our Director, Sandy Erler.

Ottawa Police Criminal Record Check

- Every parent/caregiver attending duty days and/or driving other students on field trips is required to have a current Police Criminal Records Check. Parents must be willing to pay the cost of a supply teacher should they wish not to secure a Criminal Record Check.
- The Ottawa Police Service requires that **you submit your Police Check Request directly to Ottawa Police yourself.** To avoid paying the processing fee, please use the fee waiver letter included in this registration package. In our area, only the Greenbank and Leitrim stations process these forms. See www.ottawapolice.ca.
- It is your responsibility to send or submit this form in to the Ottawa Police Service with enough time to have it returned prior to the start of school. The process can take several weeks to complete, so we encourage parents to submit Police Check Requests *as soon as possible* (ideally the spring/summer before your child starts school in the fall).
- The Police will mail the completed police check form directly to your home. It is **your responsibility to bring it to the school** for our files. Please do not keep it or throw it out or it will have to be re-submitted.
- Police Records Checks are valid for 2 years, so if you submitted one for the 2011-2012 year, it will still be valid for the 2012-2013 school year.

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Nursery School Registration Checklist 2012-2013

In order for your child to be registered in a program, your registration package must be complete. Please use our checklist below to ensure you have submitted all necessary documentation. A *P* beside an item means you have to print this form, but please don't print double-sided (except Child Profile form and Immunization form).

	✓	Form or Item	Comments
P		Registration Form	<i>Please be sure to fill out all fields and sign at the bottom.</i>
P		Parent Participation Form	<i>Interested in working with a fun bunch of parents (and being exempt from volunteer and fundraising work)? Consider a Board position! Please choose your preferred option on the form - by default, each family will become a committee member unless Board Member, Coordinator, or the opt-out option is selected.</i>
P		Policy Acknowledgement & Parental Consent Form	<i>All sections must be signed to demonstrate your knowledge and compliance with Nursery School policies and procedures.</i>
P		Two Copies of Immunization Form	<i>Please include 2 copies – 1 is for the City of Ottawa.</i>
		Two Copies of the Child's Immunization Record	<i>From your doctor's record for your child (yellow card). Please include 2 copies – 1 is for the City of Ottawa.</i>
		Proof of age	<i>Birth certificate to confirm age of entry.</i>
		Registration Fee Cheque	<i>A non-refundable cheque in the amount of \$50 per child (maximum \$70/family) dated immediately. Registrations will not be accepted without payment of this fee.</i>
		Last Month's Tuition	<i>A post-dated cheque for June's tuition dated Aug 1st (or date of registration if after Aug). Note: If choosing the "100% Opt Out" option, please add an additional \$50 per month to each tuition cheque for the M/W/F, T/Th and KinderClass programs (to a max of \$125/month per family), and \$70 to each tuition cheque for the 5 Days a Week Program (to a max of \$175/month per family). This option is available on a first-come, first-served basis (one per 8 children in the class) – please check with registrar whether available.</i>
		Monthly Post-Dated Cheques	<i>Due upon start of school. Make payable to "Manotick Co-operative Nursery School" or "MCNS", each dated Sep 1st through May 1st. Note: If choosing the "100% Opt Out" option, please add an additional \$50 per month to each tuition cheque for the M/W/F, T/Th and KinderClass programs (to a max of \$125/month per family), and \$70 to each tuition cheque for the 5 Days a Week Program (to a max of \$175/month per family). This option is available on a first-come, first-served basis (one per 8 children in the class) – please check with registrar whether available.</i>
		Optional Volunteering Opt-Out Fee	<i>Non-refundable cheque in the amount of \$160 dated Sept 1st. Opt-out fee is per child per program (family max \$400). It exempts you from committee work, but does not exempt you from Duty Days or fundraising. See Parent Participation Form for info. If registering AFTER January 1st, 2013, fee is \$110.</i>
		Optional Fundraising Opt-Out Fee	<i>Non-refundable cheque for \$125 dated October 1st and DUE October 1st. Opt-out fee is per child per program (2nd child is \$100, 3rd child \$75). It exempts you from fundraising, but does not exempt you from Duty Days or committee work. See Parent Participation Form for more info. If registering AFTER January 1st, 2013, mandatory fee is \$100.</i>
P		Child Profile Form	<i>Please complete just prior to school start.</i>
You are responsible for submitting your own Police Check. Please ensure you take all 3 items below to the police station.			
P		Police Criminal Record Check Request Form	<i>A form must be filled out for <u>each</u> parent/caregiver who will be attending duty days. You can submit as many record checks as you need and they are valid for 2 years. Please see next page for more information.</i>
		Two pieces of Identification	<i>Please refer to the list of acceptable IDs on the police form. Ensure you have photocopy of 2 pieces of ID for each person applying with a form.</i>
P		Police Record Check Fee Waiver Letter	<i>Please print out the fee waiver letter included in this package and attach to your Police Records Check Request Form.</i>



Manotick Co-operative Nursery School KinderClass Registration Form



Child's name <small>(include/underline nickname!)</small>	Surname	First	Middle
Date of Birth	(Day/Month/Year)		
Mother	Name	Occupation	Cell/Office/Pager #
	Work Address		
Father	Name	Occupation	Cell/Office/Pager#
	Work Address		
Home Address	Street	City/Town	Postal Code
Contact	Home Phone	E-mail address	
Physician	Name	Address	Phone #
Emergency Local Contacts (in the event that a parent cannot be reached, also authorized to pick-up child)			
1	Name	Phone	Relationship
2	Name	Phone	Relationship
KinderClass Program			
<p>Our KinderClass program is an alternative to Junior Kindergarten and Senior Preschool. It provides you and your child the opportunity for a positive first school experience while further developing new skills and abilities and self-confidence before entering the larger school system. With an excellent teacher/student ratio (max 1:8) and a maximum class size of 16 students, our teachers can provide individual and personal attention in a caring and nurturing environment while addressing the social, emotional, physical and intellectual needs of your child, while following the curriculum standards set by the Ministry of Education.</p> <p>Please note that this is a pilot program and will only proceed with sufficient enrollment.</p>			
4 - 5 years old	Child must turn 4 by February 28th, 2013	Mon/Wed/Thurs/Fri PM 12:30 - 3:00 PM	\$250*
<p>*If you are choosing the '100% opt out' option, please add \$50/month (\$300) to a maximum of \$125 extra/month per family Note: There is limited availability: one spot per 8 children in the class - please check with the Registrar whether this option is available.</p>			

I understand that by registering my child in the Manotick Co-operative Nursery School that I become a member and agree to assume the duties and responsibilities required of members as stated in the bylaws. Duties include active participation in duty days and committee assignments as designated by the Vice Chair/chairpersons of a committee. Responsibilities include punctual pick-up of student(s), advance tuition/fee payments, advance notice of no less than 5 days for duty/committee assignments replacement or buyout. **NSF cheques are subject to a \$20 fee.**

Parent's signature	Date
MCNS use only Date of Entry Registration Fee	MCNS use only Date of Withdrawal



Policy Acknowledgement

As a parent of a child enrolled at Manotick Cooperative Nursery School (MCNS) you must be aware of, and adhere to, policies related to required duty day participation.

BEFORE your child starts attending, it is required that you read:

- The Behaviour Management Policy**
- The Parent Handbook**
- The Anaphylaxis and Allergies Policy**
- The Playground Policy**

These documents can be found on our website at www.manoticknurseryschool.ca or in hard copy at the school.

After reading the Parent Handbook, the Behaviour Management Policy, the Playground Policy and the Anaphylaxis and Allergies Policy *please sign below*. **Anyone helping out in the classroom as a duty parent must sign this in addition to completing a police check request.**

The Parent/Guardian of _____ has read the above mentioned documents, understands the policies as outlined and hereby agrees to abide by them. In signing this, I agree to comply with the policies and procedures as explained and understand and accept the consequences of contravening any of the provisions therein.

Parent Name (printed)	Date	Signature
Parent Name (printed)	Date	Signature

Parental Consent

I, (print Parent/Guardian name) _____, hereby give permission for (print Child's name) _____ for the following at the Manotick Co-operative Nursery School:

- | | | |
|------------|-----------|--|
| Yes | No | To have photos taken (which include my child) at school or on field trips, posted in school photo albums, group posters or in the School Newsletter. |
| Yes | No | To have photos taken (which include my child) at school or on field trips, published in local newspapers. |
| Yes | No | To have photos taken (which include my child) at school or on field trips, posted on the Nursery School's website. |
| Yes | No | To be included on all supervised walks in the area of the Community Centre (mainly the park, toboggan hill and sports fields behind the school). Should you choose to have your child <u>not</u> participate in these outings, a teacher will inform you of the time they expect to be gone so that you can come and pick your child up prior to the outing. |

I, _____, hereby appoint the teaching staff of MCNS to act in complete authority to authorize any **medical attention** to my child _____ by a qualified physician in the event of an emergency while my child is in the care of MCNS. Note that in all cases, reasonable attempt will be made to contact a parent as soon as possible.

Parent Name (printed)	Date	Signature
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MCNS/RSCNS Parent Participation 2012-2013

As a Co-operative, the success of the preschool depends on the commitment of time and energy of its members. By registering your little one in either of the MCNS/RSCNS Preschool or KinderClass programs – you're entering into a great group of families excited to play an active role in their child's preschool experience.

Members of the Co-operative are required to:

1. Support the preschool's operations by (*need to choose one of the following*):
 - Joining the **Board of Directors** – Work with a great group of parents supporting the preschool – meeting monthly. Board positions are excused from all fundraising obligations and other volunteer committee work ... or,
 - Taking on a **Coordinator Role** – A wide range of opportunities to help out the school based on your background and skill set, e.g., Duty Day (Schedule) Coordinator, Website Coordinator, event coordinators, etc., ... or,
 - Contributing as a **Committee Member** – Help out with either Publicity initiatives, or as a default, be assigned to Community Events or Fundraising committees throughout the year (aligned with individual classes, e.g., Manotick T/Th class – Shiverfest & Dickenson Days).

Note: Please complete Parent Participation Form on next page. A complete list of preschool roles and brief descriptions can be found on the *Co-op Commitment* page under *The Co-op* tab on our website.
2. Participate in the preschool's primary fundraiser – Our **Annual Online e-Bay Auction**. More information regarding this fundraiser and participation requirements will be provided at the start of the school year – including an option to opt out. Should you wish to obtain additional information in the meantime, please contact the preschool or touch base with a Board member.
3. Attend **Duty Days** on a rotational basis, assisting the teachers in your child's class.
 - If you are unable take part in your scheduled duty day, it is your responsibility to make arrangements to switch your duty day with another parent or secure a paid replacement, at a rate of \$40 per replacement. There will be a \$50 fee should you fail to fulfill your scheduled duty day without notice.

Member Opt Out Options

Recognizing that for some members participating in the above commitments is neither convenient nor preferred, the preschool would like to offer the following Opt Out options.

- **Volunteering Opt Out** – \$160 to opt out of all committee volunteering (\$110 if enrolling after Jan. 1, 2013). Non-refundable lump sum, per child, per program to a maximum of \$400 per family. This option is only available for a limited number of members depending on enrollment. **Fee is due September 1st, 2013.**
- **Fundraising Opt Out** – \$125 to opt out of all fundraising obligations (\$100 mandatory opt out payment if enrolling after Jan. 1, 2013). Each subsequent child fee reduced by \$25, e.g., 2 children = \$225. **Fee is due October 1, 2013.**
- **100% Opt Out** – \$50/mth (added to tuition) to opt out of all duty days, volunteering and fundraising obligations – per child, per program to a maximum of \$125/mth/family. (Manotick MTWThF am class – \$70/mth, to a max. of \$175/mth/family) This option is only available for a limited number of members – 1 per 8 kids in a class. **Fee is paid with tuition payments.**



MCNS/RSCNS Parent Participation Volunteer Sign-up Form

Please indicate your volunteering preference below – every effort will be made to place you in the positions of your choice.

For each child enrolled, families are required to fulfill:

- **One** Board position (regardless of how many children enrolled), or
- **One** Coordinator role, or
- Become a Committee Member

Please rank your top three choices. (They may be spread among the following three groups)

Rank	Board Positions (excused from all committee work and fundraising obligations)
	Chair
	Vice Chair
	Secretary
	Treasurer
	Registrar
	Assistant Registrar
	Fundraising
	Publicity
	Community Events

Rank	Coordinator Roles
	Duty Day/Telephone Committee
	Playground Maintenance
	Communications
	Website
	South Ottawa Race (CE)
	e-Bay Auction – Administrator (F)
	e-Bay Auction – e-Bay Site (F)
	Santa Claus Parade (CE)
	Shiverfest (CE)
	Riverside South Run (CE)
	Dickenson Days (CE)

CE = Community Event
F = Fundraiser

Rank	Committee Member
	Publicity Committee (flyer distribution, mobile signs, marketing support) Areas of interest?: (1) _____ (2) _____
	Committee Member (Default) - Community Events and Fundraising committees to be assigned to individual classes, e.g. Man T/Th – Shiverfest & Dickenson Days

Additional information regarding committees can be found on the *Co-op Commitment* page under *The Co-op* tab on our website.

- I would like the Volunteer Opt Out Option** – Non-refundable lump sum of \$160 per child, per program (family max. \$400). **Due Sept. 1, 2013.** (Duty Days excluded)
- I previously selected the 100% Opt Out Option** – \$50/mth (\$70/mth for MTWThF am class), per child, per program added to my tuition payments.
- I am interested in being a paid duty day replacement – \$40/replacement paid by families requesting the replacement.

Program:

- | | | |
|-----------------|------------------------------------|---|
| Manotick | <input type="checkbox"/> MWF am | <input type="checkbox"/> T/Th am |
| | <input type="checkbox"/> MTWThF am | <input type="checkbox"/> MWF pm (KinderClass) |
| Riverside South | <input type="checkbox"/> MWF am | <input type="checkbox"/> MWF pm |

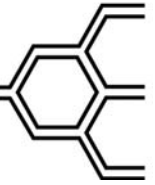
Student Name: _____ **Parent/Guardian Names:** _____
Home Phone: _____ **Email Address:** _____
2nd Phone: _____ **Date:** _____



2012-2013 Calendar

Proposed Events/Activities

Activity	Date
South Ottawa Race	Sept. 30
e-Bay Auction - Fundraiser	Nov. 21-25
Santa Claus Parade	December
Shiverfest	Jan. 26
Registration – Nursery School	March
Riverside South Run - Fundraiser	May/June
Annual General Meeting	May
Dickenson Days (including Parade)	June 1
End of Year Picnic	June



ONTARIO VACCINE REQUIREMENTS

Immunization is a safe, simple and effective way to protect your child against serious infections. Children who attend licensed child care and schools must be vaccinated or provide a valid exemption. Children in licensed child care must have up-to-date immunization for their age, as required by the *Day Nurseries Act*. Students in school must be immunized against diphtheria, tetanus, polio, measles, mumps and rubella, as required by the *Immunization of School Pupils Act*.

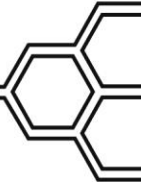
Ottawa Public Health collects and maintains this information for all children attending licensed child care facilities and schools in Ottawa.



Publicly Funded Immunization Schedules for Ontario															
Age	Diphtheria	Tetanus	Pertussis	Polio	Haemophilus Influenzae b	Pneumococcal conjugate	Rotavirus	Measles	Mumps	Rubella	Varicella	Meningococcal conjugate	Hepatitis B	HPV	Influenza
2 months	✓	✓	✓	✓	✓	✓	✓								
4 months	✓	✓	✓	✓	✓	✓	✓								
6 months	✓	✓	✓	✓	✓	✓	✓								
12 months ¹						✓		✓	✓	✓		✓			
15 months											✓				
18 months	✓	✓	✓	✓	✓										
4-6 years ²	✓	✓	✓	✓				✓	✓	✓	✓				
12 years ^{3,4} Grade 7												✓	✓		
13 years ⁵ Grade 8														✓	
10 years after 4-6 year old booster (14 - 16 yrs.)	✓	✓	✓												
Every 10 yrs ⁶	✓	✓	(✓)												
Every Fall ⁷															✓

¹ MMR must be given after the first birthday
² Second doses of MMR and Varicella are given as a four-in-one vaccine, MMRV
³ Menactra™ (meningococcal ACWY Conjugate) vaccine is administered in schools to Grade 7 students
⁴ Hepatitis B immunization (two-dose schedule) is administered in schools to Grade 7 students
⁵ Human Papilloma Virus (HPV) vaccine is administered in schools to Grade 8 girls
⁶ One Td booster can be replaced with Tdap (three-in-one vaccine)
⁷ Annual Influenza vaccine is recommended for individuals 6 months of age and older

Ottawa Public Health Immunization Program
 100 Constellation Drive, 7th Floor West, Ottawa ON K2G 6J8
 613-580-6744 extension 24108
Web: ottawa.ca/health



Immunization Information

Children attending licensed child care facilities in Ontario must be immunized as required by the *Day Nurseries Act*. Please refer to the *Ontario Vaccine Requirements* sheet to ensure that your child's immunization is up-to-date for his or her age. Parents/guardians must provide a valid exemption for children who are not immunized.

Ottawa Public Health collects and maintains immunization information. The information is reviewed each year to ensure that children continue to meet the requirements of this law.

Please remember to contact the child care provider and Ottawa Public Health to update this information every time your child is immunized.

If an exemption is required for any reason, contact the Immunization Program at 613-580-6744 extension 24108.

Please complete this form and attach a photocopy of the child's immunization record.

Child information:

Last Name: _____ First Name: _____

Gender: Male Female Date of Birth: ____/____/____ (YYYY/MM/DD)

Ontario Health Card Number: _____

Name of Child Care Facility: _____

Doctor's Name: _____ Telephone: _____

Parent/Guardian information:

Last Name: _____ First Name: _____

Relation to child: Parent Guardian Other: _____ (Please specify)

Home Address: _____ Apt./unit: _____

City: _____ Postal Code: _____

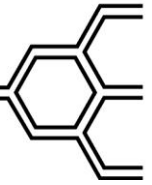
Tel. (home): _____ Tel. (work): _____ Cell: _____

For more information, or to update your child's immunization record, please contact:

Ottawa Public Health Immunization Program
100 Constellation Drive, 7th Floor West
Ottawa, ON K2G 6J8
Telephone: 613-580-6744, extension 24108
Fax: 613-580-9660
E-mail: Immunization@ottawa.ca
Web: ottawa.ca/health

Personal health information is collected under the authority of section 33 of Regulation 262 under the *Day Nurseries Act* and section 5 of the *Health Protection and Promotion Act* and will be used by Ottawa Public Health to maintain an immunization record for your child and to take appropriate action to prevent vaccine preventable diseases. Questions regarding the collection and use of personal health information may be directed to the Supervisor, Immunization Program, Ottawa Public Health by mail at 100 Constellation Drive, Ottawa, ON K2G 6J8, by telephone at 613-580-6744 ext 24108, or by e-mail at Immunization@ottawa.ca.

HPD 6.01 01/2011



Renseignements d'immunisation

Tous les enfants qui fréquentent un service de garde en Ontario doivent être immunisés en vertu de *la Loi sur les garderies*. Veuillez vous référer au formulaire *Les exigences de vaccination de l'Ontario* pour vous assurer que l'immunisation de votre enfant est à jour pour son âge. Les parents ou tuteurs doivent fournir une exemption valide pour les enfants qui ne sont pas immunisés.

Santé publique Ottawa recueille et évalue l'information sur le dossier d'immunisation de chaque enfant. Nous procédons à une révision annuelle de l'information afin de nous assurer que les enfants satisfont aux exigences de la *Loi*.

Veillez communiquer avec le Programme d'immunisation chaque fois que votre enfant reçoit un vaccin.

Si une exemption est requise, veuillez communiquer avec le Programme d'immunisation au 613-580-6744, poste 24108.

Veillez remplir ce formulaire et y joindre une photocopie du carnet de vaccination de l'enfant.

Renseignements sur l'enfant :

Nom de famille : _____ Prénom : _____

Sexe : M F Date de naissance : ____/____/____ (année/mois/jour)

Assurance maladie de l'Ontario : _____

Nom du service de garde : _____

Nom du médecin : _____ Téléphone : _____

Renseignements sur le parent ou tuteur :

Nom de famille : _____ Prénom : _____

Lien avec l'enfant : Parent Tuteur Autre : _____ (Veuillez préciser)

Adresse résidentielle : _____ App./unité : _____

Ville : _____ Code postal : _____

Tél. (maison) : _____ Tél. (travail) : _____ Cell. : _____

Si votre enfant reçoit un vaccin ou si vous avez des questions, veuillez communiquer avec :

Santé publique Ottawa - Programme d'immunisation
100, promenade Constellation, 7^e étage Ouest
Ottawa (Ontario) K2G 6J8
Téléphone : 613 580-6744, poste 24108 / Télécopie : 613-580-9660
Courriel : Immunisation@ottawa.ca / Web : ottawa.ca/sante

Les renseignements personnels sur la santé sont recueillis par le biais du présent formulaire conformément à l'article 33 du Règlement 262 de la *Loi sur les garderies* et de l'article 5 de la *Loi sur la protection et la promotion de la santé* et seront utilisés par Santé publique Ottawa afin de maintenir un dossier d'immunisation pour votre enfant et de prendre les mesures appropriées en vue de prévenir toute maladie évitable par la vaccination. Toute question concernant la collecte et l'utilisation de renseignements personnels sur la santé peut être adressée à la superviseuse du Programme d'immunisation, Santé publique Ottawa, par courrier au 100, promenade Constellation, Ottawa (Ontario) K2G 6J8, par téléphone au 613-580-6744, poste 24108, ou par courriel à Immunisation@ottawa.ca.



OTTAWA POLICE SERVICE
SERVICE DE POLICE D'OTTAWA

Working together for a safer community
La sécurité de notre communauté, un travail d'équipe

POLICE RECORDS CHECK FOR SERVICE WITH THE VULNERABLE SECTOR

FORM #306/Rev. May 2010

PRINT CLEARLY. THIS WILL BE USED TO MAIL YOUR FORM BACK TO YOU.

_____ < First Name, Middle Name, Surname
 _____ < Unit/Number, Street
 _____ < City, Province
 _____ < Postal Code
 _____ < How long have you lived at this address?

Agency and Position Applying for:

NON-VOLUNTEER VOLUNTEER

Verified by:

Non/Profit Member:

Sex: M F

Maiden Name: _____ Other Names Used: _____ Date of Birth (yy/mm/dd): _____ | _____ | _____

Place of Birth: _____ Home Phone Number: _____ Business Phone Number: _____

FIVE YEAR ADDRESS HISTORY IF DIFFERENT THAN ABOVE (*Any address outside Ottawa jurisdiction must include name of Police Service)

Unit/Number:	Street:	City:	Prov.:	Postal Code:	How Long?:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Other Police Agency

- I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been charged and/or convicted of any criminal offences or convicted and granted a pardon for any of the sexual offences that are listed in the schedule of the *Criminal Records Act*. I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the *Criminal Records Act* in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police service or other authorized body. That police service or authorized body will then disclose that information to me.
- I hereby release and discharge the Ottawa Police Service and all their agents from any and all claims, actions and demands for damages, loss or injury of any nature arising from disclosure of information. I hereby authorize the Ottawa Police Service to inquire into and conduct local police information searches Canada wide and disclose to myself details of police investigated incidents that the Ottawa Police believes may assist an agency in making an informed decision concerning my application. Furthermore, I understand that upon the disclosure of information, the Ottawa Police Service and all their agents waive any responsibility for its use and or subsequent dissemination by myself.
- I certify that the information provided by me in this application is true and correct to the best of my knowledge and belief. I have read this consent, understand it and agree to it in its entirety.

SIGNATURE OF APPLICANT: _____ Signed this date: _____, 201 _____

VOID without Ottawa Police seal

FOR POLICE USE ONLY

This is to confirm that no criminal convictions, outstanding charges, nor pardoned sex offenses have been found in the Canadian National Repository of Criminal Records as a result of a search based on the above name and date of birth. The search has not been confirmed by fingerprints.

This is to notify that there may be criminal convictions, outstanding charges, or pardoned sex offenses associated to the above name and date of birth, the existence of which can only be confirmed by the RCMP based on fingerprints.

This is to notify that the above person has been involved in notable police incidents related to the five (5) year address history provided.
 SEE ATTACHED DISCLOSURE

Date Completed (yy/mm/dd): _____ | _____ | _____

(BY POLICE)

Signed: _____

POLICE AUTHORIZING SIGNATURE

SCREENING INSTRUCTIONS – POLICE RECORDS CHECK

The search includes national and local police databases with cooperating police services. The possible existence of criminal convictions and outstanding charges, as well as incidents of all police contacts for the previous five years will be considered for release.

If an outside agency does not provide the police records checks, a stamp stating, "NO RESPONSE FROM POLICE SERVICE IN THIS AREA" will appear on page one of this form. It is the responsibility of the applicant to contact the outside police agency to obtain a local police records check.

This search is intended for individuals seeking employment and/or a volunteer position with children or vulnerable person(s). Information is collected and disclosed according to section 29(1) and 32 of the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)* and the *Police Services Act*, RSO 1990,c.P.15

INFORMATION FOR RELEASE

The following information contained in local police databases may be considered for release when it is deemed appropriate:

- Suspect information, where the release of such will not hinder any ongoing investigation.
- Reports resulting from particular incidents relating to the Mental Health Act.
- Any notable police contact.

This search does not cover the following areas: discharges and pardons (with the exception of sexual offences listed in the schedule to the *Criminal Records Act*). The information contained on this certificate is accurate on the date issued.

For more information, please visit our Web site at ottawapolice.ca

PROCEDURE

1. The ***Police Records Check Form*** must not be altered.
2. The applicant **must** produce two pieces of **valid (i.e. not expired)** identification that confirm his/her **name, date of birth and address**. One piece of identification presented must include a **photo**. Ontario Health Cards cannot be accepted for identification purposes (*Health Cards and Numbers Control Act*, 1991 section 2.2(1)). The following is a list of items that could be considered acceptable forms of identification.

Photo Identification:

which provides photo and both name and date of birth of an individual:

*Driver's Licence

Government Employment Card (with d.o.b.)

Military Employment Card

Age of Majority Card

Canadian Citizenship Card (up-to-date)

Indian Status Card

International Student Card

Passport

Permanent Resident Card

Possession and Acquisition Licence (PAL)

Canadian National Institute for Blind (CNIB)

***Recent Utility Bill required to verify current Ottawa address if no Driver's Licence is available.**

Non-Photo Identification:

which provides both the name and date of birth of an individual:

Birth Certificate

Baptismal Certificate

Hunting Licence

Fishing Licence

Outdoors Card

Hospital Card

Immigration Papers



3. If a person requesting the Records check is under the age of 16 years and does not have sufficient identification a parent or legal guardian (with proper ID) can guarantee the young person's identity.
4. In the case of a possible match, individuals who require a copy of their criminal record, will have to be fingerprinted by the **Ottawa Police Service** by appointment only. Please contact 613-236-1222 ext. 5485 for an appointment. The fee for this service is waived for volunteers. Fingerprints will be forwarded by the OPS to the RCMP along with the applicant's certified cheque or money order in the amount of **\$25** (payable to the Receiver General of Canada). Results of the RCMP's search will be mailed directly to the applicant. The RCMP fee is not required if the applicant provides *written confirmation of volunteer work from a bona fide registered non-profit organization*.
5. Police Records Checks are processed in approximately 3-6 weeks, (**exception**: 6-8 weeks during peak periods) assuming timely response from other police services and depending on request volumes.
6. The **service fee** can be waived if the applicant presents a letter from a local organization that intends to engage them in a **volunteer** capacity. The letter must be provided on official letterhead, in original, it must include the name of the person requesting a Police Records Check and must be signed by the manager in charge of volunteer resources. A **non-resident surcharge** applies to applicants residing outside OPS jurisdiction. An **express surcharge** applies if service is to be performed on a "while you wait" basis (only possible if the applicant resided in Ottawa for the past five years).

For more information, please visit our Web site at ottawapolice.ca



To the Ottawa Police Service,

We require our volunteer parents to obtain a *Police Records Check for Service with the Vulnerable Sector* in order to fulfill their role as duty parent at the Manotick Co-operative Nursery School.

The attached applicant will be taking on this volunteer role during the 2012/2013 school year.

It is understood that the service fee for a *Police Records Check* will be waived for volunteers working with the "Vulnerable Sector".

If you have any questions, please don't hesitate to contact the school at the number below.

Leslie Segal

Registrar

Manotick Cooperative Nursery School &
Riverside South Cooperative Nursery School



Child Profile

The information that you provide in the Child Profile will help the teachers to better understand your child and respond to his or her interests and needs. Please complete close to your child's start date at school.

Child's full name (underline name that is generally used): _____

Birthdate: _____ Age as of Sept 1st: _____

1. Since registration, have there been any changes to any of the following: Address, home phone #, cell phone # for either parent, work phone #, caregiver, emergency contact phone #? If any change, please note below:

2. Has your child attended other preschools/playgroups/daycare? Where? When? Did your child like to attend? Why/Why not?

3. Language(s) spoken by your child: _____
Language(s) spoken by parents to child: _____
Does he/she use sentences? _____
Any problems/concerns you would like to mention regarding your child's speech? _____

4. Circle the statement reflecting your child's current level of ability related to toileting.
A. Needs assistance and prompting B. Able to ask to go to toilet.
Problems/concerns? _____

5. How do you discipline your child? How has he/she reacted?

6. Are there any home circumstances you feel we should know about to help us to better understand your child? (e.g. New sibling, recent move, single parent, death, divorce, job changes, new caregiver, etc.) Note: please share with your child's teachers any new circumstances that arise during the school year.

7. Please indicate any behavioural problems or concerns regarding your child, if any. (e.g. Fears, aggression, tantrums or other)

8. What would you like to see your child accomplish while at Manotick/Riverside South Co-op Nursery School?



9. Is there anything else that we should know about your child to help us make the nursery school experience the best it can be? _____

10. Please share with us names and ages of your child's siblings to help us to better understand your child. _____

Health/Allergies

1. Does your child have any health problems or concerns? (e.g. asthma, allergies to food or specific animals, etc.)
 YES NO If YES, please describe: _____

2. Is your child required to take any medication while at Nursery School? (You will be required to fill out a Medical Authorization form) YES NO If YES, please describe: _____

3. The Manotick/Riverside South Co-op Nursery School is a **NUT FREE SCHOOL**. Note, however, that we encourage children to learn through multi-sensory experiences, including food experiences. For example, we prepare food, use it for science experiments, taste test and graph results, etc. If your child has any diet restrictions due to **food allergies** or other reasons, please **carefully read** and answer the following:

Food (or ingredient) restriction. <i>Please list.</i>	Reason for restriction <i>Circle appropriate answer.</i>	How should staff handle the situation? <i>Circle appropriate answer.</i>
1)	Life-threatening allergy *see below Allergy Intolerance Diet restriction (religious, vegetarian, other)	<ul style="list-style-type: none"> • Have staff assess situation and make the decision to include my child or to redirect them away from food activities • Always redirect my child away from food activities • Have staff inform parent day before scheduled activity so parent can make the choice to keep child home or send to school
2)	Life-threatening allergy *see below Allergy Intolerance Diet restriction (religious, vegetarian, other)	<ul style="list-style-type: none"> • Have staff assess situation and make the decision to include my child or to redirect them away from food activities • Always redirect my child away from food activities • Have staff inform parent day before scheduled activity so parent can make the choice to keep child home or send to school

If your child has additional food restrictions, please **check here** and continue on the back of this sheet.

***If your child's allergy is one where exposure to the offending allergen may require emergency treatment with epinephrine, then an EPI-PEN must be left on the school premises at all times, along with any special instructions.**

Additional information: _____
