



2016-17 Registration Package

Please complete this **Registration Package** and review the supplementary **Registration Information Booklet** carefully. If you have any questions, please contact the school Registrar at registrar@manoticknurseryschool.ca before submitting.

Manotick Cooperative Nursery School 5572 Dr.
Leach Drive, PO Box 677
Manotick, ON K4M1C8
613-692-2188
www.manoticknurseryschool.com

Registration Form:

Child's Full Name: _____ Male Female

Preferred Name (to be used in class): _____ *Date of Birth (dd/mm/yyyy) ____/____/____

*Copy of Birth Certificate REQUIRED

Home Address: Street: _____ City: _____ Postal Code: _____

Phone: _____ Email: _____

Mother's Name: _____ Occupation: _____ Cell/Work Phone: _____

Father's Name: _____ Occupation: _____ Cell/Work Phone: _____

Doctor's Name: _____	Address: _____	Phone: _____
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List 2 Emergency Contacts below. If listed as an Emergency Contact, this individual also has permission to pick up child.

1) Emergency Contact Name: _____ Relationship to Child: _____

Phone: _____ Address: _____

2) Emergency Contact Name: _____ Relationship to Child: _____

Phone: _____ Address: _____

Please see Registration Information Booklet to complete the following:

Program Selection(s): <input type="radio"/> Junior Preschool <input type="radio"/> Senior Preschool a.m. <input type="radio"/> Senior Preschool p.m.
<input type="radio"/> Preschool Adventure Day (Tues) <input type="radio"/> Preschool Adventure Day (Thurs) <input type="radio"/> 5 Days Per Week

Volunteer Parent Jobs Opt-out? <input type="radio"/> YES <input type="radio"/> NO	100% Opt-out? <input type="radio"/> YES <input type="radio"/> NO
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Fundraising Options (Choose ONE): <input type="radio"/> donation of auctionable item(s) valued at \$125 <input type="radio"/> cash donation of \$125
<input type="radio"/> help solicit businesses to get donations of auctionable items <input type="radio"/> Board Member <input type="radio"/> 100% Opt-out

I understand that by registering my child (print name) _____ in the Manotick Cooperative 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 (Junior Preschool only) and committee assignments as designated by the Vice Chair. Responsibilities include punctual pick up of student(s), advance tuition/fee payments, and sufficient notice for duty day replacement.

Parent Signature: _____ Date: _____

OFFICE USE ONLY:

Date of Registration: _____ Start Date: _____ Date of Withdrawal: _____ Initial: _____

Policy Acknowledgement:

Before your child starts attending Manotick Cooperative Nursery School, it is required that you read the list of documents below. These documents can be found on the school website. Please acknowledge that you've read these documents by providing your signature.

- Registration Information Booklet
- School Policies
- Rules and Regulations
- Parent Manual

The Parent/Guardian of _____ has read the above-mentioned documents, understands the policies 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: _____ Date: _____ Signature: _____

Parental Consent – Photo Use:

Please review the following list and indicate your preferences for photo usage. Please acknowledge that you've completed this list by providing your signature.

- Yes No I agree 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 I agree to have photos taken (which include my child) at school or on field trips, published in local newspapers.
- Yes No I agree to have photos taken (which include my child) at school or on field trips, posted on the nursery school's website.

Parent Name: _____ Date: _____ Signature: _____

Parental Consent – Supervised Walks:

Please indicate your preferences for supervised walks and provide your signature.

- Yes No I agree that my child be included on all supervised walks in the area of the Community Center (park, sports field). If you prefer that your child not take part in these activities, a teacher will inform you of the time of the outing so you can pick up your child.

Parent Name: _____ Date: _____ Signature: _____

Parental Consent – Emergency Medical Authorization:

I, _____, hereby appoint the teaching staff of MCNS 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 Manotick Cooperative Nursery School. I understand that in all cases, reasonable attempt will be made to contact a parent as soon as possible.

Parent Name: _____ Date: _____ Signature: _____

Use the checklist below to ensure you have completed all necessary documentation.

√	Form or Item:
	Registration Form
	Copy of Child's Birth Certificate
	Policy Acknowledgement and Parental Consent Form
	Registration Fee Cheque
	Last Month's Tuition Cheque
	Monthly Post-dated Tuition Cheques (Remember to include 100% Opt-out Monthly Fee if applicable)
	Volunteering Opt-Out Cheque (Optional – refer to Registration Information Booklet)
	Fundraising Fee Cheque (Optional – refer to Registration Information Booklet)
	<u>Two</u> Copies of Ottawa Public Health Immunization Form (Print from school website)
	<u>Two</u> Copies of Child's Immunization Record
	Ottawa Police Records Check Request Form and Fee Waiver (Required for Junior Preschool and Board Members only . Print these forms from school website and submit them <u>directly</u> to police station)
	Child Profile (Print from school website)
	Allergy and Anaphylaxis Form (Print from school website)

All documentation should be submitted together with the exception of Ottawa Police Record Checks for Junior Preschool Parents and Board Members. This process could take 8-10 weeks.

