



Stratford Cygnets Cooperative Preschool
181 Louise St.
Stratford, Ontario
N5A 2E6
519 273-8096
supervisor@stratfordcygnetspreschool.ca

School Age Program
Enrollment Form 2021-2022

Date of Admission: _____
Child's Name: _____
Child's Birth Date: _____ Male _____ Female _____ Other _____
Child's Address: _____
Postal Code _____ Home Phone: _____
Child resides with: Both Parents _____ Mother _____ Father _____ Other _____

Parent/Guardian #1

First and Last Name: _____
Home Address: _____ City: _____
Postal Code: _____ Home Phone: _____
Workplace: _____ Work Phone: _____
Work Address: _____ Postal Code: _____
Email Address: _____ Cell Phone: _____

Parent/Guardian #2

First and Last Name: _____
Home Address: _____ City: _____
Postal Code: _____ Home Phone: _____
Workplace: _____ Work Phone: _____
Work Address: _____ Postal Code: _____
Email Address: _____ Cell Phone: _____

Others who reside in the home

Names, Age (if children) and Relationship to Child

1. _____ 2. _____
3. _____ 4. _____

Language Spoken at Home: English _____ Other _____

Your child may be released without prior permission to:

1. _____ 2. _____
3. _____ 4. _____

In case of an emergency during the hours when your child is receiving care and you as parents/caregivers cannot be reached; please contact (other than parent and someone in the Stratford area).

First and Last Name: _____ Home Phone: _____
Home Address: _____ Postal Code: _____
Workplace: _____ Work Phone: _____
Work Address: _____ Postal Code: _____
Relationship to Child: _____ Cell Phone: _____

Please check the appropriate boxes of any agencies your child is already involved with

<input type="checkbox"/>	Small Talk (Speech Therapy)
<input type="checkbox"/>	Physiotherapy
<input type="checkbox"/>	Occupational Therapy
<input type="checkbox"/>	Children's Resource Consultant Program with the City Of Stratford
<input type="checkbox"/>	Healthy Babies/Healthy Children (Perth District Health Unit)
<input type="checkbox"/>	Children's Aid Society
<input type="checkbox"/>	Thames Valley Children's Centre
<input type="checkbox"/>	Child Parent Resource Institute (CPRI)

General Information

Meal/Snack Times

Is there any special food or eating instructions? _____

Does your child drink from a regular cup or a spout cup? _____

Do you have any particular concerns about your child's eating habits? _____

Personal Care

Has toilet training been attempted or completed? _____

Does your child use the washroom independently? _____

If no, please specify areas of assistance required. _____

Social

Have there been any major changes in the family since child's birth (such as divorce, separation, death or accidents) that may have affected the emotional well being of your child? _____

Does your child have any fears? _____

How does your child react to a stressful situation? (cry, tantrum, withdraw) _____

How do you comfort your child? _____

Has your child had any previous group experience? _____

Communication

Does your child have any particular words or expressions that may not be understood by someone else? _____

Do you have any concerns about your child's speech? _____

Child Health Information

Child's Family Physician: _____

Doctor's Address: _____

City: _____

Postal Code: _____ Phone Number: _____

Child's Health Card #: _____

Child's Full Name as it appears on Card: _____

Does your child have any allergies? _____

If yes, describe the reaction your child may have. _____

What action should the staff take? _____

(*If allergic reaction requires an epi-pen, additional forms will need to be completed*)

Has your child ever been hospitalized or had any surgeries? If so, describe. _____

Does your child have any health problems or specific needs? (premature birth, low birth weight, epileptic seizure, convulsions, high fevers, hearing, vision, disorders, special needs) If so, please describe. _____

Is your child receiving any prescription medication daily? _____

Will the medication need to be given at the childcare centre? _____

(* Medication consent forms will need to be completed*)

Is there any other information that will help the staff with your child's adjustment to the child care program? _____

General Release and Authorization

In the event of a medical emergency, when I or my emergency contacts cannot be reached concerning an illness or injury to my child, I authorize the supervisor or her

designate to have my child transported to the nearest hospital or medical facility to receive emergency treatment.

Parent's Signature: _____

Date: _____

Excursion Release

I give consent for my child to leave the premises of Stratford Cygnets Cooperative Preschool on excursions to places of interest from time to time as may be arranged by the staff of the centre. I understand that the staff will supervise such excursions and I will be given notice of these excursions and complete permission forms when needed. I also consent to my child being driven to and from the day care centre by the use of public transportation. I agree that no action may be brought against the staff of Stratford Cygnets Cooperative Preschool for any injury, which may occur while on any excursions.

Parent's Signature: _____

Date: _____

Photo Consent

To promote public awareness of our childcare centre; we often allow newspaper agencies to photograph events happening within the centre. As well, staff on a regular basis will photograph daily routines involving the children participating in various activities. We post them in the hallway as learning stories, put them on Seesaw, as well as use them for presentation purposes for bulletin boards, local community groups, student education and preschool website. I give consent for my child to be photographed while attending the centre & share them with the mentioned above.

Parent's Signature: _____

Date: _____

Social Media Consent

I give consent for my child's photographs that have been taken by the Preschool to be used in social media (Stratford Cygnets Cooperative Preschool facebook page & website) to promote our centre, and as a means of sharing with the parents the daily activities their children enjoy participating in.

Parent's Signature: _____

Date: _____

Newsletter Consent

I give consent for my child's first name to be in the Cygnets Coop Preschool Monthly Newsletter for birthday acknowledgement.

Parent's Signature: _____

Date: _____

Email Consent

I give consent for my email address to be used as a form of communication for Cygnets Coop Preschool. This will include, but not be limited to documents such as the Welcome Letter, Monthly Newsletter, Upcoming Events, etc.

Parent's Signature: _____

Date: _____

Application of Creams Consent

I give consent for the staff at Cygnets Coop Preschool to apply diaper cream and sunscreen supplied by me to my child when needed.

Parent's Signature: _____

Date: _____

Individual Support Plan Consent

If your child needs support in anyway (ie. speech, physical support, special needs) we have to have an Individual Support Plan in place and in your child's file, to be in compliance with Ontario Regulation 137/15 CCEYA, Section 52. I give consent to have my child's Individual support plan (if applicable) in their file at Preschool.

Parent's Signature: _____

Date: _____

Registration Information

Please check the boxes below to indicate choice(s) of days:

Program	Time of Session	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care	7:00-9:00 AM					
After School Care	3:30-6:00 PM					

2020/2021 Before and After School Care

Per Session (Either Before school or After School)	\$12
Monthly (Either Before School or After School)	\$240
Two Session (Both Before and After School)	\$24
Monthly (Both Before and After School)	\$480

****10% Family Discount for each additional child, on the second child****

- The minimum sign up for a child is 2 program sessions per week (you can apply to the City of Stratford for Child Care Subsidy if needed – ask the Preschool Supervisor for more information) This must be consistent
- Priority will be given to children who sign up for the full week or for full time spots.

To secure a spot for your child, we will need:

- **\$35 registration fee per child**
- **10 post dated monthly cheques (from Sept.-June, dated for the first of the month) made payable to Cygnets Cooperative Preschool**
- **Indication of your choice of days and number of programs**
- **Sign up for your duty request (if you choose the reduced fee)**
- **An up to date copy of your child’s immunization record or print out from doctor**

To Be Completed by the Preschool Supervisor/Administrator:

Date of Discharge from Cygnets Cooperative Preschool: _____

Registration Contract between Families and Cygnets Coop Preschool

****please sign this registration contract and return it with your registration forms and payment****

1. Each family shall become familiar with the school's policies as outlined in the parent handbook provided on the website or by request
2. Each family must honour their financial obligations to the Preschool as outlined in the registration forms. Payment is due the 1st of the month and there will be a charge of \$25 for any NSF cheques.
3. Each family is required to raise \$100 in profits (for one child) or \$150 (for more than 1 child) from our fundraisers throughout the year or pay the difference due May 1st. If you withdraw your child from the Preschool, you are still obligated to pay the \$100 (for one child) or \$150 (for more than 1 child) for fundraising fee or the difference of what you have already raised.
4. Each family must follow the withdrawal policy of one full month's written notice to the Supervisor. If such notice is not given, one full month's payments will be forfeited and any amount owing for the fundraising fee. All remaining cheques will be returned.
5. Each family must respect the privacy of all information regarding any member of the Preschool.

I declare that I have read this agreement and will fulfill my obligations. If I do not comply with the rules and regulations outlined in this contract, membership will be revoked.

Child's Name _____
Parent's Signature _____ Date _____