



GINGERBREAD HOUSE CO-OPERATIVE PRESCHOOL CORP.

400 Stevenson Street North

Guelph ON N1E 5C3

519-836-1870

gingerbreadhousepreschool@gmail.com

www.gingerbreadhouseguelph.com

Bus. No.: 1080 3007 RR0001

2021/22 PRESCHOOL ENROLLMENT APPLICATION

Date of Admission:	Date of Discharge:
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Please complete this package in full, as per Ministry of Education requirements.

Personal Information

First name:	Last Name:	Sex (m/f/x):
Address:		
City:	Postal Code:	Province:
Home Phone:	Birth Date:	

Days of Care

9:00 am – 12:00 pm

Monday/Wednesday/Friday

Tuesday/Thursday

Family Information

Caregiver Name:	Relationship:	Phone:
Home Address:	City:	Postal Code:
Employer:	Position:	Work Phone:
Work Address:	City:	Postal Code:
Email Address:		
Caregiver Name:	Relationship:	Phone:
Home Address:	City:	Postal Code:
Employer:	Position:	Work Phone:
Work Address:	City:	Postal Code:
Email Address:		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other		
Siblings:		

Please give us a brief explanation of your family structure (e.g. pets, extended family in home):
Do you anticipate any major changes or events that would affect your child in the upcoming school year (e.g. moving, employment changes, new baby, health issues)?
What holidays does your family celebrate at home?

Medical Information

Family Physician:	Phone No.:
Physician Address:	
City:	Postal Code:
Special Medical Conditions:	
Symptoms of child's ill health:	
Child's Allergies:	
History of Communicable Diseases:	Dates:
Medical Treatment, drug or medication to be administered during hours child is receiving care: (Written and signed instructions must be provided by parent.)	
Special Requirements (diet/rest/exercise): (Written and signed instructions must be provided by parent.)	

Are any other agencies supporting your child/family (e.g. KidsAbility, Wee Talk, CMHA, other)? Please explain:	
Please comment on your child's development (i.e. habits, favorite activities, routines, etc.):	
Other Information:	
Record of Immunization **Please attach two (2) copies of your child's immunization card to enrollment package, as well as two (2) copies of the attached "Immunization Information for Licensed Child Care Settings" form from Wellington-Dufferin-Guelph Public Health. **	
Signature of Parent:	Date:

Emergency Contacts

In case Parents/Guardians cannot be reached, the following people may be contacted:

Name:		Relation:
Address:	Home Phone:	Bus. Phone:
City:	Postal Code:	Mobile Phone:

Name:		Relation:
Address:	Home Phone:	Bus. Phone:
City:	Postal Code:	Mobile Phone:

Child Pick Up

Please list the name of those individuals who you have given permission to pick up from the preschool in the event that you are unable to pick up your child yourself.

Name:		Relation:
Address:	Home Phone:	Bus. Phone:
City:	Postal Code:	Mobile Phone:

Name:		Relation:
Address:	Home Phone:	Bus. Phone:
City:	Postal Code:	Mobile Phone:

General Information

Toileting

Your child is trained for	Bladder: Yes <input type="checkbox"/> No <input type="checkbox"/>	Bowel: Yes <input type="checkbox"/> No <input type="checkbox"/>
What kind of assistance does your child require?		

Care

Have adults other than parents cared for the child before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the child had any previous group experiences?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What languages, other than English, are spoken at home?	
Are there any fears your child has?	
Please share any comments or concerns about your child's development that would help our teachers ease your child's transition into preschool:	

How Did You Hear About Us?

<input type="checkbox"/> Our Website	<input type="checkbox"/> Internet Search	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Friend/Relative
<input type="checkbox"/> Facebook	<input type="checkbox"/> Sign outside Church	<input type="checkbox"/> Other: _____	

Caregiver/Family Involvement

What skills/experience do you have that you could contribute to our co-operative preschool community?

Which Parent Jobs are you most interested in? See Parent Information Package for more information. Please select any that apply:

- | | |
|---|---|
| <input type="checkbox"/> Chair/Co-Chair | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Accounts Receivable |
| <input type="checkbox"/> Membership Coordinator | <input type="checkbox"/> Fundraising Coordinator |
| <input type="checkbox"/> Marketing/Publicity Coordinator | <input type="checkbox"/> Parent Job Scheduler |
| <input type="checkbox"/> Parent jobs (dishes, laundry, housekeeping, etc) | <input type="checkbox"/> Volunteering time (e.g. at bake sales, fun fair) |
| <input type="checkbox"/> Health & Safety Board Member | <input type="checkbox"/> Where I am most needed |

Consent for Publicity

I, _____ (Parent Name), give permission for my child, _____ (Child Name), to be photographed while attending Gingerbread House Co-operative Preschool or special events related to the preschool for the following purposes (please initial all that apply):

____ Gingerbread House Co-operative Preschool's public website (www.gingerbreadhouseguelph.com)

____ Facebook and Instagram public page (Note: no names will be used on these forms of media and advertising.)

____ Facebook Private Parents-Only Group (Note: no names will be used on these forms of media and advertising.)

____ Print advertising, posters, flyers etc. (Note: no names will be used.)

____ Internal preschool use, to be displayed in the classroom and at membership events such as our General Meeting.

____ Public media (i.e. newspapers, television, etc., which may include online publishing)

I understand that those items above for which I have given consent will be used by Gingerbread House Co-operative Preschool to document preschool activities and routines for our membership and for purposes of public relations.

If you take personal photos in the preschool or at special events, we request that sharing on social media sites be restricted to photos of your own child(ren) only, or of children for whom you have received direct parental permission to share photos.

Parent Signature

Date

PARENT CONTRACT

I agree to pay the non-refundable registration deposit and monthly tuition fees as set out by the treasurer and I understand that each month's tuition fee is due on the 1st of the month, otherwise I will be charged a \$20 late fee.

I agree to the Parent Job Deposit Policy, and agree to provide a \$200 deposit cheque. (If the Preschool is unable to have parents come into the space to complete co-op jobs due to public health restrictions, then I agree to pay a \$20 per month co-op opt out fee instead of this deposit. I understand this will be decided at first general meeting before school begins in September.)

I realize that a co-operative preschool needs the full and enthusiastic support and participation of all of its members if it is to be a viable institution, capable of providing a beneficial educational experience for my child. Therefore, I agree to attend and participate in all aspects of a co-operative preschool such as general meetings, parent jobs, fundraising/donations, field trips, etc.

If I have any questions about my child's progress or the program of the school, I will direct my concerns to the supervisor or staff. I will direct queries or suggestions about the administration of the school to the executive board.

I understand that in the classroom and in the playground the supervisor has overall responsibility for the program, teaching methods, discipline and health and safety measures. I will keep the supervisor informed of any event or change of routine at home which might affect my child's behaviour.

I will make every effort to be prompt in bringing my child to school and picking him/her up after closing.

I will not send my child to school if there is any question of illness. If my child contracts a communicable disease, I will notify the supervisor immediately.

I hereby authorize the supervisor to call me to come and pick up my child if he/she appears ill. In the case of an emergency, I give consent to have my child transported to a hospital, if necessary, and for medical treatment to be administered to my child by my family doctor or another qualified physician until such time as I can be reached.

I understand that the school could request the withdrawal of my child from the program because of the inability to comply with health regulations, non-payment of fees or other reasons outlined in the constitution.

If it becomes necessary to withdraw my child from the school, I will notify the supervisor at least one month in advance. If notice is not given, one month's tuition fee shall be forfeited.

I understand that my non-refundable deposit fee will be deducted from the June tuition fee at the end of the school year.

In case of injury to my child while in the care, custody or control of the Preschool, I hereby waive all claims against Gingerbread House Co-operative Preschool Corp. and the supervisor in excess of public liability insurance carried by the school.

I, the undersigned, have read this contract carefully and agree to follow it to the best of my ability.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

Witnessed by: _____

Registration Checklist

It is important that this package is completed properly and in full, to meet Gingerbread House Preschool, Public Health and Ministry of Education requirements. Please take your time and review all the information carefully. Incomplete packages will be returned to you for completion. 😊

- Days of Care checked off
- All addresses (Home, Work, Caregivers, Emergency & Doctor)
- Postal codes are included (Home, Work, Caregivers, Emergency & Doctor)
- All phone numbers (Home, Work, Cell, Caregivers, Emergency & Doctor)
- Parent Contract Signed and Dated
- Allergies and other important medical information
- Consent for Publicity form completed and signed
- Public Health Immunization Form x 2
- Photocopy of child's immunization record x 2
- Ministry Required Police Check*

*A valid vulnerable sector Police Check is required to accompany your child on field trips, and is also required of everyone serving on the executive board. Our PIN membership covers the cost of this Police Record Check. Please bring the attached letter in to the police station and return your completed record check to the Preschool.

Payment Checklist

- 2 days (Tue/Thu) \$180/month 3 days (Mon/Wed/Fri) \$260/month 5 days \$420/month
- Early Bird Discount of \$10 off monthly fees if registration & deposit are received by **April 30, 2021**
- 10% sibling discount for additional children enrolling from the same family.
- Non-refundable deposit of \$50 by cash, e-transfer, or cheque with current date. *This is required for your application package to be accepted.
- 9 monthly tuition cheques, dated for the 1st of each month from Sept to May
- 1 partial tuition cheque (regular fee minus \$50 deposit), dated for June 1, 2021.
- Parent Job deposit cheque for \$200, dated February 1, 2021, or cash. This will be refunded at the end of the school year as long as parent jobs are completed.
- Make cheques payable to **Gingerbread House Co-op Preschool**. Please include your child's name in the Memo field of the cheque.
- If paying by e-transfer, set up automatic payments (or a calendar reminder to make payments) to gbhtuition@gmail.com for the first of each month, September through June, to avoid being charged a \$20 late fee. Include your child's name in the memo.