



Glen Cairn Co-Operative Preschool
186 Morrena Road
Kanata, Ontario
K2L 1E1
Tel: (613) 836-3318 gccp.ca

Dear Parents,

Welcome to Glen Cairn Co-operative Preschool. We are pleased that you have decided to register your child in preschool. We know that they will have a great time next year with our outstanding teachers: Jane and Shelley.

Our preschool is a wonderful place for your child to begin their education and is an excellent way to prepare them for Kindergarten. School routines, social interaction and lots of supervised free play will help your child develop confidence, communication, and coping skills that will benefit them now and in the future.

We hope that you enjoy the preschool journey, and look forward to registering your child for the upcoming school year.

Please note that in order to secure a spot for your child, you must include ALL post-dated tuition cheques, the registration fee and the fundraising deposit or opt out with the registration package made payable to Glen Cairn Cooperative Preschool.

Please submit all forms to the preschool, or to the current Registrar:

registergccp@gmail.com

If you have any questions, please contact the school at (613) 836-3318.

Sincerely,

Jenny Tuthill
Registrar

Registration Checklist 2020-2021

FORMS: []

Registration

- [] Medical Information and Release
- [] Parent Participation
- [] Outdoor Activities consent
- [] Update online or by phone child's immunization record with Ottawa Public Health
- [] Photocopy of Child's Immunization record
- [] Emergency Contact Information

FEES: (3 parts)

PART 1. Registration fee:

- [] \$50 Registration Fee (non-refundable)

PART 2. Tuition fees:

- [] Tuition Fees (10 post-dated cheques, Sept 1 – June 1)
 - 2am class - \$175/month
 - 3am class - \$250/month
 - 5am class - \$400/month

PART 3. Fundraising fees: ****please choose only 1 of the 3 options****

[] **Option 1: Fundraising Participant**

Submit: 1 cheque for the \$150 Fundraising Deposit (post-dated June 1, 2021)

****Each family will participate in all fundraising activities and those who participate will receive their deposit cheque back in June; those who do not participate will forfeit their \$150 deposit.****

[] **Option 2: Fundraising Opt-Out**

Submit: 1 cheque for \$150 Fundraising Opt-Out Fee (dated September 1, 2020)

****Families who opt-out will not be expected to participate in fundraising activities; the \$150 opt-out fee is a one-time, non-refundable donation to the school.**

[] **Option 3: Late-Year Enrolment Fundraising Opt-Out Fee (non-refundable)**

****families joining after January 1, 2021 ONLY must submit a cheque totalling \$10 for each month of school remaining**

****Please clearly indicate the **child's name** on your cheques in the memo field, particularly if surnames aren't the same.****

How do I register my child?

1. Choose a Class: please ensure the registrar is holding you an available spot in your preferred class BEFORE submitting registration forms.

There are two separate classes with an enrolment of 16 students per class. In addition, students may choose to enrol in both classes:

2AM	Tues/Thurs morning 9:00 AM – 11:30 AM	\$175/month	Child must be 2.5 years old by September 1, 2020
3AM	Mon/Wed/Fri morning 9:00 AM – 11:30 AM	\$250/month	Child must be 3 years old by December 31, 2020
5AM	Mon-Fri morning 9:00 AM- 11:30AM	\$400/month	Child must be 3 years old by December 31, 2020

*** If your child will be less than 30 months when school starts, please contact the registrar before registering.***

*** Please contact the director for information on the inclusion of special needs children in our programs. ***

2. Complete the Attached Forms:

- Immunization records for your child. In order for your child to start school they must be up to date on all immunizations.
- Your Child's Health Card number
- Emergency Contact Names and Phone Numbers, including your family doctor
- 10 Post-Dated cheques payable to: **Glen Cairn Cooperative Preschool** dated from September 1, 2020 to June 1, 2021 in the amount of monthly tuition fees for the class you have selected.
- One cheque dated with today's date for the registration fee of \$50 (if you are registering more than one child, add \$5 per child for each additional child you are registering). ****non-refundable****
- One fundraising cheque: EITHER a fundraising deposit for \$150 post-dated June 1, 2021 (for families who will participate in fundraising) OR a fundraising opt-out fee of \$150 dated September 1, 2020 (non-refundable). OR for families who join the school after January 1, 2021 you must instead pay a non-refundable fundraising opt-out fee of \$10 for every remaining month of school (see the fundraising duties section on page 4 of the program information guide for more details).
- Emergency Contact Information.

****Please Note** : Your child will only be considered registered once the completed forms and all cheques have been received by the Registrar and availability of space has been confirmed to you by the Registrar.

Office use only:

Date Child Started _____

Class 2AM 3AM 5AM

Date Registration Fee Paid & Amount _____ \$ _____

**GLEN CAIRN CO-OPERATIVE PRESCHOOL INC.
REGISTRATION FORM**

Child's First Name _____

Surname _____

Child's Usual Name (if different from above): _____

Date of Birth (YYYY/MM/DD)

Address (Including Postal Code)

Parent 1 Name _____

Home Phone

Work Phone

Cell Phone

Work Address: _____

Parent 2 Name _____

Home Phone

Work Phone

Cell Phone

Work Address: _____

Email (for duty rosters, notices) _____

Emergency Contact (other than parents) _____

My child may only be released to _____

if there are any changes/additions (even if only for a day) I will notify the staff in writing of the change*

I wish to register my child in (circle desired class)

2AM

3AM

3PM

Have you enrolled in the preschool before? This child Yes / No

Name of Sibling: _____

I understand that by registering my child Glen Cairn Co-operative Preschool Inc., I become a member of the co-operative and I agree to assume the duties and responsibilities required, as stated in the by-laws and in the rules and regulations of the school.

Parent's name

Signature

Date

Office use only:

Class 2AM 3AM 3PM 3PM

**GLEN CAIRN CO-OPERATIVE PRESCHOOL INC.
MEDICAL INFORMATION AND RELEASE FORM**

Child's Name _____

Child's Health Card Number (optional): _____

Parent's Name _____

Doctor's Name

Phone Number

Doctor's Office Address

1. Specify any speech problems and any therapy being received:

2. Specify and state treatment for any health conditions that may require medication and or emergency action at school (i.e.; seizures, diabetes, bleeding disorders, asthma...):

3. Specify and state treatment for any allergies or other conditions (related to food, animals, insects...)

4. Has your child been hospitalized? Please list dates and circumstances of any hospital stays: (use an additional sheet if necessary)

5. Please list any and all communicable diseases that your child has had: (chicken pox, measles, etc.)

The teachers are currently CPR qualified and are trained in first aid. In the event that neither parent can be reached, I hereby appoint the teacher or substitute teacher of the Glen Cairn Co-operative Preschool Inc. to act in complete authority to authorize any medical attention to my child by a qualified physician in the event of any medical emergency while my child is in the care of the Glen Cairn Co-operative Preschool Inc.

Parent's Signature

Date

**GLEN CAIRN CO-OPERATIVE PRESCHOOL INC.
OUTDOORS ACTIVITIES & FIELD TRIPS CONSENT FORM**

Throughout the school year, the children will participate in outdoor activities (outside play), and we will be taking them on field trips. We require your consent for these outings. You will be notified at least one week in advance of any field trip.

Child's Name

Parent's Name

I hereby grant permission for my child to participate in outdoor activities and field trips with the Glen Cairn Co-operative Preschool Inc. during the school year.

Parent Signature

Date

**GLEN CAIRN CO-OPERATIVE PRESCHOOL INC.
PHOTOGRAPH / VIDEO CONSENT FORM**

Child's Name

Parent's Name

I hereby give my permission for photographs and/or videotape of my child taken at the school, in outdoor activities, or on field trips to be submitted to local print and broadcast for possible publication/broadcast in stories regarding the Glen Cairn Co-operative Preschool Inc. These photos may be displayed within the classroom at the entrance, on school social media pages, and on the website.

Parent Signature

Date

Should you wish exceptions to this form, please list below (e.g. my child may appear in print media but not in social media, my child's face should not be visible, etc.):

GLEN CAIRN CO-OPERATIVE PRESCHOOL INC.

PARENT PARTICIPATION FORM

Child's Name

Home Phone Number

Parent 1 Name

Parent 2 Name

For the purposes of committees, newsletters, notices and reminders, please provide your email address: _____

Please indicate your first and second choices for committee duty:

Executive Committee - This committee meets approximately once a month to handle the business of running the preschool. If you would like to serve on the executive, please indicate your preference below. Detailed job descriptions are available upon request.**

Executive (voting members) (attends monthly meetings)

President

Secretary

Executive Vice- President

Publicist/Web Maintenance

Administrative Vice-President

Purchaser

Treasurer (bookkeeping exp. recommended)

Registrar

Assistant Treasurer

Fundraiser(s)

Non-voting members (only attend meetings upon special request):

Snack Coordinator

Parent/Teacher Liaison

Webmaster

Handy (Wo) Man – As a special member of the housekeeping committee, this person is responsible for minor repairs in the classroom and to toys. This will be as needed and/or at regular clean-up nights.

Scholastic Book Coordinator – This person is responsible for organizing and submitting all Scholastic Book Orders and distributing books etc. ****this job will be in addition to regular committee participation****

Class Room Management – Everyone else will be assigned to help with classroom management. This group will help with the day to day running of the school. This may include making play dough, laundry, or helping with a fundraising project. It will not be time consuming and everyone will have a roster available to them which will show each families day/time to help.

Emergency Information

Child's Name _____ Date of Birth _____

Address _____

Telephone number _____

Parent 1

Parent 2

Name _____

Name _____

Work Place _____

Work Place _____

Work Telephone _____

Work Telephone _____

Emergency Contact (must be local)

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Health card number (optional) _____ Family Doctor _____

Doctor's Phone # _____ Doctor's Address _____

Permission to Release

Name

Relationship to Child

All changes in permission of release must be made in writing before access to child will be permitted

Allergies or medical Conditions _____

If I cannot be contacted in case of emergency I give permission to the program staff to administer first aid and or seek medical attention. I realize this may involve transporting my child to seek medical service. I also grant permission to administer treatment.

Parent signature _____ Date _____



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Police Record Check for Service with the Vulnerable Sector

Name of Volunteer: _____

The above named applicant requires a Police Record Check for the Vulnerable Sector in order to fulfill volunteer duties at Glen Cairn Co-Operative Preschool. Parents and support people volunteer in our preschool on a daily basis. They will be working with children aged 2.5 – 4 years old.

Should you have any questions or require further information, please do not hesitate to contact me directly.

Sincerely,

A handwritten signature in black ink that reads "Jane Parry". The signature is written in a cursive style with a large initial "J".

Jane Parry
School Director
Tel: 836-3318

REPORT
your child's
vaccination

Parents and Legal Guardians

There are many ways you can **update your child's immunization record** to Ottawa Public Health:



Phone:

613-580-6744
TTY: 613-580-9656



Fax:

613-580-9660



Mail:

Immunization Program
Mail Code: 26-44
100 Constellation Drive
Ottawa, ON K2G 6J8



Online at:

www.ParentinginOttawa.ca/Immunization



CANImmunize App: The CANImmunize App is available as a free download on the Apple App Store or the Google Play Store and can be accessed online at

canimmunize.ca

Adapted with permission from Niagara Region Public Health (07/2015)



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