



The Richmond Cooperative Nursery School

3529 McBean Street | P.O. Box 629 | Richmond, ON K0A 2Z0 | (613) 838-2575 |
richmond_nursery_school@hotmail.com | www.rcns.ca

REGISTRATION PACKAGE 2019/2020 School Year

PROGRAMS:

- 1. Toddler:** Children born in 2017 - 2 mornings per week, Tues and Thurs from 9:00- 11:00 a.m.
- 2. Preschool:** Children born in 2016 - 3 mornings per week, Mon, Wed, Fri from 9:00-11:30 a.m.
- 3. Flex:** Children born in 2016 - 1 or 2 mornings per week, Mon, Wed, Fri from 9:00-11:30 a.m.

Please Note: If there is only one remaining spot available in a program, priority will be given to a student that can commit to full time, over a student wanting to attend one or two days a week. We will be as accommodating as possible if a situation such as this arises.

TUITION FEES:

FULL TIME PARTICIPANTS

Option One

One cheque dated September 1 for full tuition

Annual tuition for toddler program is	\$1,400
Annual tuition for preschool program is	\$1,900

Option Two

Ten post-dated cheques payable the first of each month (Sept 1 – June 1)

Monthly tuition for toddler program is	\$140/month x 10
Monthly tuition for preschool program is	\$190/month x 10

FLEX PROGRAM PARTICIPANTS

Option One

One cheque dated September 1 for full tuition

Annual tuition for flex program 1 day/week is	\$675
Annual tuition for flex program 2 days/week is	\$1340

Option Two

Ten post-dated cheques payable the first of each month (Sept 1 – June 1)

Monthly tuition for 1 day a week is	\$67.50/month x 10
Monthly tuition for 2 days a week is	\$134/month x 10

Please note: due to student/teacher ratios you are committed to the day/days selected at the time of registration. Additional days can be added to the Flex program permitted space is available.

ANNUAL MEMBERSHIP FEES:

A non-refundable family membership fee of \$60 is due the date of registration cashable upon receipt.

DEPOSIT FOR EVENT PARTICIPATION

A \$75 deposit is required in case of non-participation in a school related community event. Families are required to participate in a minimum of one school related community event and this deposit will only be cashed if your family chooses not to assist with one event.

SPECIAL NOTES

- First month's tuition due Sept 1 along with 9 post-dated cheques (Oct 1 through June 1) OR full tuition due Sept 1.
- Tax receipts for tuition are issued in February and June.
- NSF cheques are subject to a penalty fee.

THE CO-OPERATIVE

Parents who enrol their children in the Richmond Co-operative Nursery School become members of the co-op. Active participation in a child's first school experience provides great benefits to both children and parents alike. Further details regarding member participation is in the Parent Handbook-A Policies and Procedures Manual.

MEMBERS OF THIS CO-OPERATIVE ARE REQUIRED TO:

- Complete all the requirements as outlined in the registration package.
- Participate in the operation of the school either by serving on the Executive committee or by serving as a volunteer
- Assist with a minimum of one school related community event. If this requirement is not met, the deposit of \$75 will not be returned.

VOLUNTEER OPT OUT FEE

Choosing this option allows a family to be exempt from their volunteer responsibilities. (Please note that this does not include the community event participation) There are limited spaces for this option per year and they are on a first come, first serve basis. Fee is \$200 by cheque made out for September 1st.

1 - PERSONAL INFORMATION

Child's Name	Surname	First	Middle
Date of Birth	(Month/Day/Year)		
Home Address			
Home Phone			
Parent 1			
	Name	Home Phone	
	Home Address		
	Cell #	Work #	
	Work Address		
	Occupation	Email	
Parent 2			
	Name	Home Phone	
	Home Address		
	Cell #	Work #	
	Work Address		
	Occupation	Email	
Medical Information			
Child's Physician	Name	Phone	Address
Allergies and/or Medical Conditions			
Local Emergency Contacts – Other than parents listed above			
1	Name	Phone	Relationship
2	Name	Phone	Relationship
Authorized Alternate Child Pick-up – Other than parents listed above			
1	Name	Phone	Relationship
2	Name	Phone	Relationship
Program			
Toddler Program	Approximately 2-3 years old – born in 2017 (must be 2 by Dec 31/19)	Tuesday and Thursday 9:00 to 11:00 a.m.	<input type="checkbox"/>
Preschool Program	Approximately 3-4 years old – born in 2016 (must be 3 by Dec 31/19)	Monday, Wednesday and Friday 9:00 to 11:30 a.m.	<input type="checkbox"/>
Flex Program	Approximately 3-4 years old – born in 2016 (must be 3 by Dec 31/19)	1 or 2 of the following days: Monday, Wednesday or Friday 9:00 to 11:30 a.m.	<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> F Check off choice

I understand that by registering my child at RCNS that I become a member and agree to assume the duties and responsibilities required of members, as stated in the RCNS By-laws. Duties include fulfilment of committee assignments, as designated by the RCNS Executive and/or the appropriate committee director. Responsibilities include advance payment of fees and tuition.

Parent's signature _____ Date _____
 For office use only: Date Received _____ Admission Date _____ Discharge Date _____



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2 - PARENT PARTICIPATION FORM

All co-op parent members are required to:

- Assist with school related community events
- Hold an executive position or a volunteer position (one parent per family)

Please indicate your first, second, third and fourth choice. Positions are assigned so that most get their first or second choice, but none are guaranteed. If you do not select either a volunteer or an executive position, you will be assigned to the one where you are most needed.

Name of Parent Participating: _____

VOLUNTEER POSITIONS

- Housekeeping
- Housekeeping Coordinator
- Publicity and Communications
- Newspaper Liaison
- Webmaster
- Grounds, Maintenance and Repairs
- Scholastic Coordinator
- Teacher's Aide
- Finance Coordinator
- Internal Auditor

EXECUTIVE POSITIONS

- President
- Vice President
- Treasurer
- Registrar
- Secretary
- Director of Publicity & Communications

- *Please note that failure to meet the expectations of your assigned volunteer position will result in a \$50.00 penalty fee



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3 - PERMISSIONS RELATIVE TO THE SUBMISSION OF PERSONAL INFORMATION AND THE PROTECTION OF PRIVACY

Consent

I provide my consent to the RCNS to collect, use and disclose my personal information as outlined in the Richmond Cooperative Nursery School's Privacy Policy. The complete privacy policy can be viewed at The Richmond Co operative Nursery school at: 3529 McBean Street, Richmond, ON K0A 2Z0.

Name: _____

Signed: _____ **Date:** _____

Confidentiality Agreement

To be signed by all persons who may gain knowledge of private information through their dealings with the Richmond Cooperative Nursery School, including—but not limited to— committee work, school outings, processing registrations, etc.

The sharing of private information is an integral part of conducting the business of the Richmond Cooperative Nursery School; all program staff (including directors, teachers, program assistants and supply teachers), students, program advisors, Board members, parents, and other volunteers must observe the confidentiality of this information.

The purpose of this policy is the protection of all forms of communication, related to children, program staff or students and their respective families, at all times. Confidential information is to be shared, "behind closed doors", on a need-to-know basis only. Confidential information acquired may not be disclosed through informal discussions or casual conversations. Shared information is to be stated objectively, without judgmental statements or bias.

Each person is responsible for the security of confidential information collected and/or stored by him or her. Information obtained and stored must be relevant to the overall operation of the Nursery School or to an individual program. Parents/guardians, program staff, volunteers and students have the right to access any stored information about themselves or their children.

When an outside agency or individual requests confidential information about the students of the Richmond Cooperative Nursery School, the written consent of the child's parent/guardian is required prior to the release of information. The complete policy regarding confidentiality can be viewed at The Richmond Cooperative Nursery school at 3529 McBean Street, Richmond, ON K0A 2Z0.

Breaches of confidence as they relate to this Policy may result in disciplinary action.

I, _____, have read, and understand the contents of this agreement pertaining to confidentiality. I do agree to abide by this agreement as it relates to the confidentiality policy of the Richmond Co-operative Nursery School.

Signature: _____ **Date:** _____

Photography and Electronic Communications

Photographs / Video / E-mail Communications Consent Form

The Richmond Co-operative Nursery School's Web site (www.rcns.ca) gives the community an idea of what our school has to offer children. Including photos of school activities on the site is one way to show what our students experience in our programs. The photos will generally be larger group shots and may not have the names of the students listed. Please note that your child's name will not be used unless specified as below.

The school also uses photos/videos for activities inside the school (e.g. a group of photos from a recent field trip) or for publicity purposes in local newspapers. Please note that your child's name may be used in these circumstances.

Please check the appropriate box for each statement

YES NO

I give RCNS permission to publish my child's photo on the RCNS Web site.

I give RCNS permission to publish my child's photo on the RCNS Facebook page.

I give permission to use my child's photo/video for classroom activities

I give permission to use my child's photo/video for publicity purposes.

I give permission for my child's name to be used with their picture for classroom activities

I give permission for my child's name to be used with their picture for or publicity purposes.

*Note: last names of children will only ever be published in the newspaper, when required, and not used in any other form of media

Comments: _____

Parent/Guardian's Signature: _____ Date: _____

The RCNS respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The personal information you provide is used only to deliver services and to keep you informed and up-to-date on the activities of the RCNS, including program delivery, special events, funding needs, opportunities to volunteer, and more, through periodic contacts. If at any time you wish to be removed from our database or have any concerns, please contact the school director by e-mail at richmond_nursery_school@hotmail.com or by phone at (613) 838-2575, and we will gladly accommodate your request.



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4 - ACTIVITIES AND FIELD TRIPS CONSENT FORM

Field trips are activities that are part of the regular scheduled school program. The trips are of an educational nature and are related to the subjects being studied at the school. Field trips also include walks of less than three blocks when our playground is not operational (e.g. too wet). You will be notified in advance of any upcoming field trips, not including walks of less than three blocks. Please note certain field trips may only be scheduled for the preschool class, due to length and/or content. Please also note the class will be held at the field trip location.

Parents are responsible for their children on all field trips more than three blocks distance from the school. This includes transportation and remaining with your child for the duration of the field trip. Depending upon the trip, siblings may or may not be able to join us.

I hereby give permission for _____ (child's name) to participate in all field trips that have been approved as part of the Richmond Co-operative Nursery School programming.

Parent/Guardian Signature _____ Date _____

5 - TEACHER INFORMATION FORM

The following information will help to familiarize the teacher with your child. This information is confidential.

Names and ages of other children in the family

Are there other persons living with your family? If yes, who?

Does your child have any speech difficulties/delays? Does your child speak another language? If yes, specify.

Does your child have any fears? What helps to calm your child?

How does your child normally react when left?

Does your child have any special needs? Please describe:

Has your child had any school, dance class, or other formal group experience? Describe:

Is there any information the teacher should know that might help them in understanding and assisting your child?

What expectations do you have for your child and for yourself from Nursery School?

As new situations and changes arise that will have an impact on your child please inform us so we can be aware and nurture your child in the best way possible.



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6 - TALENT AND SERVICES

Our Nursery School has a wide range of needs and uses for talents and services. If you can help us out in the area, it might save us money or get something done that might not otherwise have been possible. Please review the list below and if your talents go beyond this, please elaborate.

Parent's Name: _____

I am currently certified in First Aid/CPR **Yes** **No** **(please circle)**

If yes, please indicate the institution it is from, type of certification and when it expires:

I have access to/am certified in (a very handy family member ie. grandparents, aunts, uncles):

Paper	Musical Talent
Craft Supplies	Sewing Talent
Financial, Accounting, Bookkeeping Background	Carpentry Talent

Pertinent Careers (vets, doctors, dentists, police, drive a big truck, farmer etc., who can visit the class and talk to the children)

Other (i.e. old costumes etc. to donate to our dress-up area)

7 - SUBSTITUTE TEACHING

In the event that one of the teachers would have to be absent from the school, we would like to cover off the teaching duties within the membership of families already part of the school. Please complete this section to assist us in determining whether this would be possible.

Yes **No**

Y **N** I hold an Early Childhood Education Certificate

Y **N** I hold an Ontario teaching Certificate

Y **N** I would substitute for a teacher if needed on a short term basis

Y **N** I would consider substituting for a longer period of time if ever needed

Y **N** I hold no official certificate but do have significant teaching experience

Y **N** I hold no official certificates but would be willing to fill in as the teacher should no one else be available



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I, the undersigned parent or guardian of the registered child, understand that the RICHMOND CO-OPERATIVE NURSERY SCHOOL is a NON-PROFIT organization, administered voluntarily by the parents/guardians of the children. Therefore I will not undertake any action against St. Andrew's Church, any member of the Nursery School or staff of the Nursery School for responsibility or liability arising from or en route to or from school premises. I understand that as a parent/guardian I will be assured by the Nursery School Executive that insurance coverage had been obtained for any act of negligence in which a staff member or member of the Nursery School would be legally liable. I understand that the Nursery School and its staff will attempt to take due precaution that such negligent acts will not occur.

The RCNS respects your privacy. We protect your personal information and adhere to all legislative requirements with respects to protecting privacy. We do not rent, sell or trade our mailings list. The personal information you provide is used to deliver services and to keep you informed and up-to-date on the activities of the RCNS, including program delivery, special events, funding needs, opportunities to volunteer, and more, though periodic contacts. If at any time you wish to be removed from our database or have any concerns, please contact the school director by email at richmond_nursery_school@hotmail.com or by phone at 613-838-2575, and we will gladly accommodate your request.

Parent/Guardian signature: _____ **Date:** _____

HAVE I INCLUDED EVERYTHING?

- Registration Forms completed & signed
- IF** you would like to volunteer in the classroom a Police Record Check for Service with the Vulnerable Sector provided by you that is **current within 6 months**. The link below will direct you to the required forms to submit to the police. We will provide a note to waive the fee.
http://www.ottawapolice.ca/en/contact-us/resources/Police_Record_Check_2015_E_v6.pdf
- Proof of Age for the Student
- Two photo copies of your child's immunization records. Please note that your child's immunizations should be up to date with Ottawa Public Health. You can do so online at
<http://www.parentinginottawa.ca/en/reporting-immunizations.aspx>

Fees Paid by Cheque

- Annual Membership Fee**
 - Non-refundable
 - Due upon registration (Cashable upon receipt)
 - All programs \$60.00 per family
- Deposit for School Related Community Event Participation** (\$75 cheque dated June 1, 2020)
 - Each family is required to assist with a minimum of one school related community event. If this requirement is met, the cheque will not be cashed. If this requirement is not met, the cheque will be cashed.
- Tuition Fees**
 - ★ **Option One**
One cheque dated September 1st 2019 for full tuition

Annual tuition for toddler program	is	\$1,400
Annual tuition for preschool program	is	\$1,900
Annual tuition for flex program 1 day/week	is	\$675
Annual tuition for flex program 2 days/week	is	\$1340
 - ★ **Option Two**
10 post dated cheques for Sept 1st 2019 - June 1st 2020

Monthly tuition for toddler program	\$140/month x 10
Monthly tuition for preschool program	\$190/month x 10
Monthly tuition for flex program 1 day/week	\$67.50/month x 10
Monthly tuition for flex program 2 days/week	\$134/month x 10
- **Optional**: Volunteer position Opt Out Fee of \$200 cheque dated September 1st 2019. Reminder this is not guaranteed as there are limited spaces per year.