



Muppets Co-operative Preschool Inc.

4407 Spruce St.
Burlington, Ontario
L7L 1L9
905-333-5272

www.muppetspreschool.ca

Child's Name: (First Name) (Last Name)			
(Preferred/Nick Name)			
Sex: MALE FEMALE	Gender Identity: (if different than sex):		
Date of Birth: (Day/Month/Year)	Age as of Sept 1st: (current year)		
Street Address:			
City:		Postal Code:	
Primary Language Spoken:		Secondary Language Spoken:	
PARENT/GUARDIAN (1)		PARENT/GUARDIAN (2)	
First Name:		First Name:	
Last Name:		Last Name:	
Full Address: (if different from above)		Full Address: (if different from above)	
Daytime Phone #:		Daytime Phone #:	
Alternate Phone #:		Alternate Phone #:	
E-mail Address:		E-mail Address:	
Place of Employment:		Place of Employment:	
Work Address: (include city and postal code)		Work Address: (include city and postal code)	
Work Phone #:		Work Phone #:	
Occupation:		Occupation:	
How many family members plan to participate in the classroom? (duty person):			
Are you interested in a Friday Program? Yes No			
* Note: A separate 'Participating' Form is required for each Duty Person			
CHILD PICK-UP AUTHORIZATION			
Name (First and Last)	Address	Phone #	Relationship to Child
* Note: Child will only be released to the Parents/Guardian, the Emergency Contacts (see next page) or Names on the above list.			

School Use Only	Date Received:	Time:	Reg. Fee Paid: Yes / No
School Use Only	Registration #	Membership #	Waitlist #
School Use Only	Start Date:		Discharge Date:

Muppets Co-operative Preschool Inc.

MEDICAL INFORMATION	
Name of Family Doctor:	
Doctor's Telephone #:	
Doctor's Address: (Street Address, City, Province, Postal Code)	
Special medical condition(s) or known allergies (please specify):	
Special dietary requirements (please specify):	
Child's previous history of communicable diseases that has required medical attention:	
Are other professionals involved with your child? (i.e. Speech/language pathologist, resource consultant, developmental counsellor)	
<i>In case of emergency, I give permission to the staff of Muppets Co-operative Preschool Inc. to authorize necessary medical treatment for my child.</i>	
Signature:	Date:
EMERGENCY CONTACT INFORMATION (other than Parent/Guardian)	
Contact #1: (full name)	Home Phone #:
Home Address: (Street Address, City, Province, Postal Code)	Cell Phone #:
	Work Phone #:
	Relationship to Child:
Contact #2: (full name)	Home Phone #:
Home Address: (Street Address, City, Province, Postal Code)	Cell Phone #:
	Work Phone #:
	Relationship to Child:
* Note: Parents/Guardians listed above will be first to be notified in case of emergency. This emergency contact person is an alternate contact. The emergency contact is also an authorized pick-up person.	

Muppets Co-operative Preschool Inc.

Child's First Name: (print)	Child's Last Name: (print)
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Release and Consent

In consideration of our admission as members of MUPPETS CO-OPERATIVE PRESCHOOL INCORPORATED (the "Corporation") and other good and valuable consideration (the receipt of which is hereby expressly acknowledged), the undersigned, jointly and severally, hereby remise, release and forever discharge the Corporation, its employees, agents, and members and participating parents, of and from any and all actions, cases of action, claims, damages, losses and demands whatsoever in any way arising out of injury or illness of our child or children or loss of or damage to property occurring during or as a result of anything done or left undone or acts or omissions by the Corporation or any of the other persons hereby released in connection with or arising out of the operation of the Corporation, the business of the Corporation, the school or anything arranged by it to take place inside or outside the school premises during or outside of school hours.

We hereby give consent for our child to be taken on supervised field trips, provided that we are informed of each trip in advance.

If at any time, due to circumstances of an accident, or sudden illness, medical treatment is necessary, this may be given without the prior consent of the undersigned,. The foregoing is intended to enable a physician to give necessary treatment in case of an emergency situation when the undersigned cannot be reached. It is understood that every reasonable effort will be made to contact the undersigned.

In witness thereof we have hereunto set out hands and seals at Burlington, Ontario this

_____ Day of _____ 20 _____ .

Parent/Guardian #1 Name: (please print) Signature:
Parent/Guardian #2 Name: (please print) Signature:

Signed, Sealed and Delivered in the Presence of:

(This is to be witnessed by a person that knows both Parents or Guardians)

(Witness Signature)

(please print name)

Muppets Co-operative Preschool Inc.

Child's First Name: (print)	Child's Last Name: (print)
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Pledge Form

We have read and do agree to abide by the rules and regulations of Muppets Co-operative Preschool Incorporated. We agree to enroll our child(ren) in the morning session, to participate as full members, and to pay tuition dues each month on time, and to comply with the health and insurance rules.

We understand the required duties of the adult members of Muppets Co-operative Preschool Incorporated which include:

ALL MEMBERS:

- Attending all four General Meetings, which are held throughout the school year (failure to attend will result in a \$25 fine per meeting)
- Assisting on two sub-committees for each child registered (failure to fulfill duty results in a \$75 fine per committee)
- Performing a housekeeping duty once during the school year for each child registered (failure to comply will result in a \$75 fine)

PARTICIPATING aka DUTY PERSONS:

- Doing duty days to be part of classroom ratio and assist teachers daily as per the duty schedule
- Arriving 15 minutes before class starts to do scheduled duty day – at 9:15 am (late fees will apply)
- Being responsible for finding a replacement for scheduled duty day if unable to be there (failure to comply with finding a replacement for duty may result in a \$25 fine).

Please note:

All members, especially returning members, are encouraged to serve on the Executive. Although not all members need to participate in duty days, the school relies on participating members for the school to maintain compliance ratios and run daily.

FAILURE TO COMPLY WITH SAID DUTIES MAY RESULT IN TERMINATION OF MEMBERSHIP AT THE DISCRETION OF THE BOARD OF DIRECTORS.

I HAVE READ THE ABOVE AND UNDERSTAND THE RESPONSIBILITIES OF BEING A MUPPETS MEMBER.

Parent/Guardian #1 Name: (please print)	
Signature:	Date:
Parent/Guardian #2 Name: (please print)	
Signature:	Date:

Muppets Co-operative Preschool Inc.

Child's First Name: (print)	Child's Last Name: (print)
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Regulation Form

***Muppets has a Policy Handbook located in the classroom and on the website www.muppetspreschool.ca which outlines all policies in detail.**

I understand that Muppets Co-operative Preschool Incorporated will comply with the regulations as outlined by the Child Care Early Years Act and mandated by the Ministry of Education.

I HAVE READ AND UNDERSTAND THE POLICIES OUTLINED IN THE RED BOOK AND AGREE TO FOLLOW THE REGULATIONS.

Parent/Guardian #1 Name: (please print)	
Signature:	Date:
Parent/Guardian #2 Name: (please print)	
Signature:	Date:

Neighbourhood Outings Consent

Muppets Co-operative Preschool Inc. recognizes that community is an important part of growth. Outdoor experiences contribute to the Muppets program. Outdoor activities include (but not limited to):

- Outdoor gym in parking lot
- Walks in neighbourhood including the "Secret Forest"
- Gross motor activities at the park

We do our best to give as much notice as possible. Weather will be a factor as spontaneous outdoor activities may occur.

I give my permission for my child to participate in neighbourhood outings with Muppets Co-operative Preschool throughout the current school year.

Parent/Guardian #1 Name: (please print)	
Signature:	Date:
Parent/Guardian #2 Name: (please print)	
Signature:	Date:

Muppets Co-operative Preschool Inc.

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Committees Form

The Executive Board is vital to keep the Co-operative school running the day-to-day operations. The Board hold monthly meetings to discuss and decide current and future aspects of the school. The Board presents their ideas and actions at each General Meeting.

Executive Committee	Please indicate your interest/experience
President <i>Works closely with Supervisor, runs meetings, deals with parent questions/concerns</i>	
Vice President <i>Fundraising and marketing</i>	
Registrar <i>Managing registrations, keep files up to date for the Ministry of Education</i>	
Treasurer <i>Day to day banking</i>	
Secretary <i>Note keeping at all meetings</i>	
Scheduler <i>Organizes duty parent schedule and committees</i>	
Social <i>Organizes special events</i>	
<i>If you sit on the executive board you are exempt from the Operating, Special Events and Housekeeping Committees. Executive positions are not guaranteed, please fill out the below committees along with the desired Executive position.</i>	

The committees below are decided on a first come first serve basis on completion of registration package and submission of registration fees. Muppets reserves the right to change committee duties before the beginning of the school year as the need arises. The Muppets scheduler will provide each family with their committee tasks in September. If a family registers throughout the school year, they will fill a spot where needed.

Operating Committees	Please rank 1-6			
Classroom Cleaning (Weekends 6-8 times)				
Craft Organization for Special Events (Halloween, Christmas, Easter)				
Photos and Slideshow (in class and on field trips, slideshow presentation at Graduation)				
Laundry (3 months)				
Misc. Classroom Supply Tasks (3-4 random tasks requested by teachers throughout the year)				
Appleby Car-Free Street Festival (Sunday in September)				
Special Events Committees	Please rank 1-6			
Christmas Party Set-up (Wednesday TBD during class time or night time)				
Christmas Party Clean-up (promptly after party)				
Spring Tea Set-up (Wednesday TBD during class time or night time)				
Spring Tea Clean-up (promptly after party)				
Shopping for Christmas and Graduation Gifts				
Graduation Medals and Diplomas (make medallions, printing on diplomas)				
Housekeeping Committee Dates (Wednesday evenings 7 pm until finished approx. 2 ½ hrs)	Please rank 1-3			
November				
February				
June				
School Use Only	Registration #	Membership #	Duty Family Yes / No	# of D.P.

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Photo Release

Photos are routinely taken in the classroom to document the active learning and special events that take place during school hours. These photos may include but are not limited to special guests welcomed in the classroom; holiday parties; field trips and daily candid photos of children participating in activities in the classroom. Muppets uses many avenues to share events such as bulletin boards, slideshows, and Facebook. Muppets Preschool Inc. only uses images of children that are non-identifiable on social media unless otherwise approved. Muppets marketing photos are only used by express consent. Please read the scenarios below and indicate if you would grant permission for your child's image to be used.

Policy 5.14 Right to Privacy

It is important to remember that although we live in a social media driven society, not all families choose to be a part of online postings. Remember, you may NOT post photos of other children on social media websites, even if they are in the background, without the permission of their parent or guardian.

Please initial in the appropriate box	Yes	No
I hereby grant permission for images of my child to be used for public display within the classroom only (includes Church hallways) . Examples: Bulletin Boards, art projects, daily logs.		
I hereby grant permission for images of my child to be used for public display in the community . Examples: Library display, Appleby Street Festival.		
I hereby grant permission for images of my child to be used for a media presentation to be shown at the Mother's Day Tea and/or graduation ceremony. Each student is included in the presentation that is viewed by all guests at the event. This presentation may also be given or sold to Muppets families as a fundraising initiative. Copies of the presentation are not sold publicly from the school.		
I hereby grant permission for images of my child to be used on the Muppets Website .		
I hereby grant permission for images of my child, including face, to be used on social media .		

I HAVE READ AND UNDERSTAND THE ABOVE POLICIES AND AGREE TO FOLLOW THE REGULATIONS.

Parent/Guardian #1 Name: (please print)	
Signature:	Date:
Parent/Guardian #2 Name: (please print)	
Signature:	Date:

Getting to Know Your Child

Child's Name: _____

1. Are you a returning family to Muppets? **Yes** **No**

If yes, same child or sibling? _____

2. Has your child had any previous preschool experience? **Yes** **No**

If yes, where? _____

3. Name and ages of the other children in the family: _____

4. Are both parents living at home? **Yes** **No**

If no, may the child be released to either parent? _____

5. Who will primarily be dropping off and picking up your child from Preschool? _____

6. Is there any language other than English spoken at home? **Yes** **No**

If yes, please specify: _____

7. Do you anticipate that your child may be upset when separated from you? **Yes** **No**

If yes, please explain: _____

8. Any anxieties/fears? **Yes** **No**

If yes, what approach do you recommend? _____

9. Does your child seem to enjoy playing with other children? **Yes** **No**

10. Does your child know anyone who will be attending Nursery School? **Yes** **No**

If so, please list their names: _____

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11. Is there any other information that you would consider helpful to the teachers in providing appropriate supervision for your child?

12. What do you wish your child to gain from his/her Preschool experience?

13. Where is your child in the toilet training process?

The teachers appreciate you taking the time to fill out this form.

Checklist – have you filled out:	Y/N
Main Registration package in full (10 pages)	
Halton Region Immunization Form for child (or Halton Region exemption form)	
Current Picture – current candid upper body head shot 4x6 or 5x7 acceptable used for Emergency Binder	
CHEQUES – payable to MUPPETS CO-OPERATIVE PRESCHOOL INC. <i>please ensure your cheques include the full name or they will be returned for correction</i>	
Registration fee \$40 – current date (non-refundable) per child	
10 post-dated cheques – August 15 (for September) October 1 – June 1 inclusive	
Volunteer cheque \$100 – dated January 1 <i>please note this cheque is only cashed if a committee job or general meeting is missed</i>	
Participating Families (duty parents) – if applicable <i>must be complete and submitted to Scheduler by first duty day</i>	
Participating Families form in full (3 pages) – each participating adult in classroom needs to fill out separate form	
Criminal Reference Check with vulnerable sector screening	
CPR-C First Aid – photocopy of training card	

A Non-Profit Co-operative Preschool

