Muppets Co-operative Preschool Inc. 4407 Spruce St.



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

www.muppetspreschool.ca

Volunteer

PERSONAL INFORMATION					
Every person volunteering in the classroom needs to complete and submit before their first classroom visit.					
FULL NAME:					
Child's Name (if applicable):		Relationship to Child (if applicable):			
Primary Phone #:		E-mail Address:			
COVID-19 IMMUNIZATION DISCLOSURE POLICY					
Muppets Co-operative Preschool COVID-19 immunization policy requires all adults participating within the					
classroom have been vaccinated against COVID-19.					
Date of Dose 1:	f Dose 1: Date of Dose 2:		Date of Booster:		
IMMUNIZATION 					
Tuberculosis Test A one step tuberculosis (TB) test is recommended to be completed by volunteers within a few months prior to					
their participation in the Muppets Co-operative Preschool. This test is required by the Halton Regional Health					
Department and compliance is mandatory.					
Date of T.B. test: (D/M/Y)		Results: (circl	e one) Positive	Negative	
If the test results are positive, please indicate the date of your follow-up chest X-ray:					
Date of Chest X-ray: (D/M/Y)		(or circle) N/A			
Td Booster (Tetanus and Diphtheria)					
A new Td booster will be needed if it has been more than 10 years since the last one.					
Date of last Td Booster: (D/M/Y)					
Measles, Mumps, Rubella					
Please answer EITHER A, B, or C A) I have received my MMR Inoculation: (D/M/Y)					
B) I am known to be immune to measles:					
(Date you had measles or date of blood test D/M/Y)					
(Date you had measies of date of blood test b) wif 1)					
I am known to be immune to mumps:					
(Date you had mumps or date of blood test D/M/Y)					
I am known to be immune to rubella:					
(Date you had rubella or date of blood test D/M/Y)					
C) I was born before December 31 st , 1957: (DoB D/M/Y)					
Name of Doctor:		Phone #:			

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Exemption du	e to pregnancy				
If you are pregnant at the time of registration, please sign the following statement.					
I have not completed the above immunization info	rmation due to pregnancy, and understand that I				
am responsible to complete all the above requirements as soon as possible following my pregnancy					
Signature:	Date:				
Expected due date: (D/M/Y)					
CRIMINAL REFERENCE with VUNLERABLE SECTOR CHECK POLICY					
In compliance with the Ministry of Education and the CCEYA, every staff member and volunteer in the					
classroom is to obtain a current Criminal Reference Check (CRC) with Vulnerable Sector Screening. CRC's MUST					
be dated less than 6 months prior to starting school. Parents returning in consecutive years need to sign a					
declaration of no change related to CRC (Note: A new CRC must be submitted every 5 years). If you have not					
received your CRC you MUST bring your RECEIPT to be kept on file. The Supervisor will review each CRC and					
keep the original or true copy on file at the school in a secure location. Please see the parent handbook "RED					
BOOK" for more information.	D :				
Date of VSC: (D/M/Y)	or Date of Declaration: (D/M/Y)				
PRIVACY POLICY					
Notice with Respect to the Collection of Personal Information					
(Freedom of Information and Protection of Privacy Act)					
Each staff, placement student and volunteer in a licensed child care centre or person employed by / associated					
with a licensed home child care agency must complete t					
and Early Years Act, 2014 (CCEYA), Ministry of Education					
the CCEYA may collect and review personal information					
employed by or associated with a licensed home child ca					
69(1) of the CCEYA and s. 53, 54, 55, 56 and 57 of O. Reg	1. 137/15 under the CCEYA to ensure that the licensed				
child care centre or home child care agency is complying with the CCEYA and O. Reg. 137/15. This form is					
required to be kept for the ministry's review at the child care centre where you are employed or the head office					
of the home child care agency. Your personal information may be provided by your employer in connection with					
an application for approval of a Supervisor, a person to take the place of a Registered Early Childhood Educator					
or approval of a Home Child Care Visitor, if applicable. Information collected in the licensing process about					
Registered Early Childhood Educators may be shared with the College of Early Childhood Educators if necessary					
for the enforcement of the Early Childhood Educators Act, 2007.					
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Questions concerning the direct or indirect collection of personal information may be addressed to the: Child					
Care Quality Assurance and Licensing Branch Early Learning Division Ministry of Education 900 Bay Street, 24th					
floor, Mowat Block Toronto, ON M7A 1L2 416-314-8373					
Name: (please print)	Date: (D/M/Y)				
I understand and agree to the terms of the outlined privacy policy.					
Signature:					

A Non-Profit Co-operative Preschool



Volunteer Revised Date: January 2022