## Muppets Co-operative Preschool Inc.

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

## **Participating Families**

| PERSONA  | AL INFORMATION   |  |
|--|--|--|
| Each member participating in classroom needs to complete and submit before their first classroom   |  |  |
| duty.  |  |  |
| FULL NAME:   |  |  |
| Child's Name:  | Relationship to Child:   |  |
| Primary Phone #:   | E-mail Address:  |  |
| DUTY DAY REQUEST   |  |  |
| Number of Duty Days Preferred Per Month (minimum 1):   |  |  |
| I am available to perform duty on the following days (circle all that apply):  |  |  |
|  | EDNESDAY THURSDAY  |  |
| Additional Information to assist the Scheduler:  |  |  |
| I am able to be an Emergency Duty Person (circ   | le one): YES NO  |  |
| before the program starts. The program is not  | e required to be in the classroom at least 5 minutes<br>able to begin until all duty people are in the   |  |
| classroom.   | •  |  |
| classroom.   | able to begin until all duty people are in the   |  |
| classroom.<br>EMERGENC<br>Duty parents are part of the adult-child ratio s   | able to begin until all duty people are in the   |  |
| classroom.<br><u>EMERGENC</u><br>Duty parents are part of the adult-child ratio s<br>(illness, last minute scheduling conflict, etc.) y<br>imperative you call the people on the emergen   | able to begin until all duty people are in the<br><u>CY SWAP PROCEDURE</u><br>et out by the Ministry of Education. If for any reason<br>ou are unable to attend your scheduled duty day, it is<br>ncy swap list to find a replacement. Failure to comply   |  |
| classroom.<br><u>EMERGENC</u><br>Duty parents are part of the adult-child ratio s<br>(illness, last minute scheduling conflict, etc.) y<br>imperative you call the people on the emergen<br>with this procedure in finding a replacement of  | able to begin until all duty people are in the<br><u>CY SWAP PROCEDURE</u><br>et out by the Ministry of Education. If for any reason<br>ou are unable to attend your scheduled duty day, it is   |  |
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| EMERGENCE         EMERGENCE         Duty parents are part of the adult-child ratio s         (illness, last minute scheduling conflict, etc.) y         imperative you call the people on the emergen         with this procedure in finding a replacement of         the switch via email:         Muppetsso         I understand and will abide by the         Signature:         IMM         Tube         A tuberculosis test is recommended to be comp | able to begin until all duty people are in the<br>CY SWAP PROCEDURE<br>et out by the Ministry of Education. If for any reason ou are unable to attend your scheduled duty day, it is ncy swap list to find a replacement. Failure to comply can result in a \$35 fine. Please inform the Scheduler of cheduler@gmail.com remergency swap procedure outlined above.<br>PUNIZATION<br>erculosis Test Deleted by duty people within a few months prior to |  |
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| 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                                    |  |
| <u>Td Booster (Teta</u>  | nus 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)   |  |  |
| <ul> <li>B) I am known to be immune to measles:</li> <li>(Date you had measles or date of blood test D/M/Y)</li> </ul>   |  |  |
|  |  |  |
| I am known to be immune to mumps:  |  |  |
| (Date you had mumps or date of blood te  | st D/M/Y)  |  |
|  |  |  |
| I am known to be immune to rubella:  |  |  |
| (Date you had rubella or date of blood te  |  |  |
| C) I was born before December 31 <sup>st</sup> , 1957: (I  |  |  |
| Name of Doctor:  | Phone #:   |  |
| Economics of   |  |  |
| <u>Exemption a</u><br>If you are pregnant at the time of registration, ple   | ue to pregnancy                                    |  |
|  | ormation due to pregnancy, and understand that I   |  |
| •  | ments as soon as possible following my pregnancy   |  |
| Signature:   | Date:  |  |
|  |  |  |
|  |  |  |
| Expected due date: (D/M/Y)   |  |  |
|  |  |  |
|  | ENCE CHECK POLICY                                  |  |
|  | the CCEYA, every staff member and volunteer in the |  |
| classroom is to obtain a current Criminal Reference Check (CRC) with Vulnerable Sector Screening.<br>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 with you to the          |  |  |
| September General Meeting, to be kept on file for Ministry purposes. The Supervisor will review each   |  |  |
| CRC and keep the original or true copy on file at the school in a secure location. A positive CRC will be  |  |  |
| reviewed by the Supervisor and President of the Board to determine the relevance of the information  |  |  |
| listed to providing direct service within the preschool. In this case, a Record of Clearance may or may  |  |  |
| not be granted. All individuals required to obtain a CRC must obtain a Record of Clearance in order to   |  |  |
| provide any direct service to children within the preschool setting. Individuals who are denied a  |  |  |
| Record of Clearance may participate in the schools in ways which do not involve direct service to  |  |  |
| children in accordance with other policies within the school. Individuals denied a Record of Clearance   |  |  |
| will be required to find a suitable replacement to perform their duty days. Please note that the results   |  |  |
| of the CRC will remain the property of the individual. Information regarding the results and any decisions made on the basis of these results will be held in the strictest of confidence.             |  |  |
| Date of CRC: (D/M/Y)   | or Date of Declaration: (D/M/Y)                    |  |
|  |  |  |

| STANDARD FIRST AID CPR-C POLICY  |   |  |
|--|---|--|
| In compliance with the Ministry of Education and the CCEYA, every staff member included in ratio     |   |  |
| (which includes participating duty parents) is required to have valid Standard First Aid with CPR-C. |   |  |
| Contact the school supervisor for more information on upcoming training courses. Please provide the  |   |  |
| supervisor with a photo copy of your training card.  |   |  |
| Date of Completion: (D/M/Y)  | Date of Expiration: (D/M/Y)                         |  |
|  |   |  |
| PRIVACY POLICY   |   |  |
| Notice with Respect to the Collection of Personal Information  |   |  |
| (Freedom of Information and Protection of Privacy Act)   |   |  |
| Each staff, student and volunteer in a licensed child care centre or person employed by / associated |   |  |
| with a licensed home child care agency must complete this form. In administering and enforcing the   |   |  |
| Child Care and Early Years Act, 2014 (CCEYA), Ministry of Education inspectors, program advisors and |   |  |
|  | iew personal information about staff employed by a  |  |
| · · · · · · · · · · · · · · · · · · ·  | ciated with a licensed home child care agency under |  |
|  | CEYA and s. 53, 54, 55, 56 and 57 of O. Reg. 137/15 |  |
| -  | care centre or home child care agency is complying  |  |
|  | equired to be kept for the ministry's review at the |  |
| child care centre where you are employed or the  |   |  |
| 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 applicabl  |   |  |
| 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.               |   |  |
| Educators in necessary for the enforcement of the Early enhanood Educators Act, 2007.                |   |  |
| 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:   |   |  |
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## A Non-Profit Co-operative Preschool

