



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: (circle one) MALE FEMALE	Gender Identity (if different from 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:		
Are you interested in a Friday Program? Yes <input type="checkbox"/> No <input type="checkbox"/>			
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)

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. 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.

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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Regulations and Pledge 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.

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 one sub-committees for each child registered (failure to fulfill duty results in a \$75 fine committee)

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 AND UNDERSTAND THE POLICIES OUTLINED IN THE RED BOOK AND AGREE TO FOLLOW THE REGULATIONS AND 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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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 candids 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:

Muppets Co-operative Preschool Inc.

Child's First Name: (print)	Child's Last Name: (print)
Parent/Guardian First Name: (print)	Parent/Guardian Last Name: (print)

Committees Form

Parent participation is extremely important to the operation of our school! For the school to operate, parents share their knowledge and experience by serving on the Executive Board or committee. For each child registered in the school, one parent/guardian is required to participate.

Please complete all sections of the committee form based on preference. While we cannot guarantee that you will get your first choice, we will do our best to accommodate your requests.

Executive Committee	Please indicate your interest (rank 1-4)/relevant experience
<i>Attends monthly board meetings to discuss and decide current and future aspects of the school. The Executive Board presents their ideas and actions at each General Meeting</i>	
President <i>Works closely with Supervisor, runs meetings, deals with parent questions/concerns.</i>	
Vice President <i>Fundraising, marketing and social events coordination.</i>	
Registrar <i>Managing registrations, keep files up to date for the Ministry of Education.</i>	
Treasurer <i>Day to day banking, works with Bookkeeper to fill out required forms.</i>	
Secretary <i>Note keeping at all meetings, assists with funding paperwork.</i>	
Scheduler <i>Works with Supervisor to organize and schedule classroom support committees.</i>	
Check Preference: <input type="checkbox"/> Executive Board Member <input type="checkbox"/> Committee Member <input type="checkbox"/> More than one child in school, I'd like both <input type="checkbox"/> Flexible; I will serve the school wherever I am needed most!	
Classroom Support Committees	Please rank 1-3
Photos and Slideshow (collecting and organizing classroom pictures to create a year-end slideshow)	
Laundry (weekly basis: Sept – Jan or Feb – Jun)	
Christmas Gift Purchase/Wrap and Graduation Medals/Certificates (reimbursed by the school)	
Fundraising / Marketing / Social Committees <i>(overseen by VP; 1-2 people per committee)</i>	Please rank 1-3
Fundraising (i.e.: silent auctions, World's Finest Chocolates, MacMillan's, glass turkey etc.)	
Marketing (find and implement cost effective ways to advertise the school)	
Social (social ideas and activities for parents of the current school year)	
<i>Committees are decided by 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.</i>	
School Use Only	Registration # Registration Fee Paid: <input type="checkbox"/> cash <input type="checkbox"/> chq <input type="checkbox"/> ettransfer Membership #

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:

Muppets Co-operative Preschool Inc.

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 (8 pages)	
Halton Region Immunization Form for child (or Halton Region exemption form) <ul style="list-style-type: none">Immunization is to be completed by parent/guardian with Halton Region online	
Current Picture <ul style="list-style-type: none">Current candid upper body head shot 4x6 or 5x7 acceptable used for Emergency Binder	
Registration fee \$40 (non-refundable) per child <ul style="list-style-type: none">Etransfer to: muppetstreasurer@gmail.com	
Reviewed Parent Handbook “Red Book” <ul style="list-style-type: none">See Registration Page of website: www.muppetspreschool.ca	

A Non-Profit Co-operative Preschool

