



# Muppets Co-operative Preschool Inc.

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

[www.muppetspreschool.ca](http://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:

Date of Dose 2:

Date of Booster:

### IMMUNIZATION

#### Tuberculosis Test

A one step tuberculosis (TB) test must be done by ALL 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: (circle 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)

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<sup>st</sup>, 1957: (DoB D/M/Y)

Name of Doctor:

Phone #:

Muppets Co-operative Preschool Inc.

<u>Exemption due to pregnancy</u>	
If you are pregnant at the time of registration, please sign the following statement.	
I have not completed the above immunization information 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)	
<b><u>CRIMINAL REFERENCE with VUNLERABLE SECTOR CHECK POLICY</u></b>	
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. <b>CRC's MUST be dated less than 6 months prior to starting school.</b> 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.	
Date of VSC: (D/M/Y)	or Date of Declaration: (D/M/Y)
<b><u>PRIVACY POLICY</u></b>	
<u>Notice with Respect to the Collection of Personal Information</u> (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 this form. In administering and enforcing the Child Care and Early Years Act, 2014 (CCEYA), Ministry of Education inspectors, program advisors and the director under the CCEYA may collect and review personal information about staff employed by a licensed child care centre or employed by or associated with a licensed home child care agency under the authority of s. 30, 31, 67(1) and 69(1) of the CCEYA and s. 53, 54, 55, 56 and 57 of O. Reg. 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.	
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>I understand and agree to the terms of the outlined privacy policy.</i>	
Signature:	

**A Non-Profit Co-operative Preschool**

