Muppets Co-operative Preschool Inc.

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

Learning through play and exploration

Child's Name: (First Name) (Last Name) (Preferred/Nick Name) **Sex:** (select one) MALE FEMALE **Gender Identity** (if different from sex)	
Date of Birth: (Day/Month/Year)	**Age as of Sept 1st:** (current year)
Program: ☐ **Toddler** (18 months - 2.5 years) ☐ **Preschool** (2.5 years and older)	**Are you interested in a Friday Program? Yes** ☐ **No** ☐
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 #:**
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:**

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:**

Child's First Name:	Child's Last Name:

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)
In case of emergency, I give permission to the staff of Muppets Co-operative Preschool Inc. to authorize necessary medical treatment for my child. **Signature:** **Date:** *Digital signature permitted*

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.**	

Child's First Name:	Child's Last Name:

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 _____.
date *month* *year*

Parent/Guardian #1 Name: **Signature:** *Digital signature permitted*
Parent/Guardian #2 Name: **Signature:** *Digital signature permitted*

Child's First Name:	Child's Last Name:

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)

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: **Signature:** *Digital signature permitted*	**Date:**
Parent/Guardian #2 Name: **Signature:** *Digital signature permitted*	**Date:**

Hand Sanitizer Consent

We give permission for Muppets Co-operative Preschool Inc. to use hand sanitizer as an effective way to assist in stopping the spread of germs, including COVID-19.

Parent/Guardian #1 Name: **Signature:** *Digital signature permitted*	**Date:**
Parent/Guardian #2 Name: **Signature:** *Digital signature permitted*	**Date:**

Child's First Name:	Child's Last Name:

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** at the graduation ceremony. Each family will be emailed the slideshow for personal use (not to share on social media). 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 hereby grant permission for images of my child, no faces, to be used on **social media.**		

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

Parent/Guardian #1 Name: **Signature:** *Digital signature permitted*	 **Date:**
Parent/Guardian #2 Name: **Signature:** *Digital signature permitted*	 **Date:**

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 in one Board or committee role.

Please mark your committee role preferences in the table below. While we cannot guarantee that you will get your preferred role, we will do our best to accommodate your requests.

Check Preference:
□ Executive Board Member □ More than one child in school, I will serve two positions
□ Committee Member □ Flexible; I will serve the school wherever I am needed most!

Executive Committee *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*	**Please check all roles you would be willing to serve in**
President *Works closely with Supervisor, runs meetings, deals with parent questions/concerns.*	
Vice President *Fundraising, marketing and social events coordination.*	
Registrar *Managing registrations, keep files up to date for the Ministry of Education.*	
Treasurer *Day to day banking, works with Bookkeeper to fill out required forms.*	
Secretary *Note keeping at all meetings, assists with funding paperwork.*	
Scheduler *Works with Supervisor to organize and schedule classroom support committees.*	
Classroom Support Committees	
Photos and Slideshow (collecting and organizing classroom pictures to create a year-end slideshow) - one person	
Laundry (weekly basis: Sept – Nov or Dec – Mar or Apr – Jun) – five people	
Christmas Gift Wrap / Craft Assistance (reimbursed by the school) – one person	
Graduation Certificates / Graduation Medals (reimbursed by the school) – one person	
Social Media Assistance (posting on Facebook and IG on behalf of the school) – one person	
Party Clean-Up (December and May) – three people	
Craft Prep/Cutting – one person	
Social Events Committee – two people	
Special Skills (i.e.: handy person, I.T. support, woodworking, etc.) Name the skill:	

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.

Checklist – have you filled out:	Y/N
Main Registration package in full (6 pages) including signatures ● Do not leave any box blank (Ministry of Education requirement)	
Halton Region Immunization Form for child (or Halton Region exemption form) ● Immunization is to be completed by parent/guardian with Halton Region online ● To report your child's immunization record, please: 1. Report your child's immunizations to Halton Region Public Health in one of the following ways: a. Online at halton.ca/immunize b. Download the OneHalton app and choose the Online Service Request c. Mail to Immunization Services, 1151 Bronte Road in Oakville, ON, L6M 3L1 d. Call 311 2. Submit a copy of the updated record to the child care centre. Visit halton.ca/immunize, use the OneHalton app or call 311 to get a copy of the record. If you have an immunization exemption form, you must submit the original to Halton Region Public Health and provide a copy to your child care centre. If you are currently looking for a family doctor, you can visit halton.ca/immunize for a list of new doctors that are accepting patients in Halton.	
Current Picture ● Current candid upper body head shot 4x6 or 5x7 acceptable *(used for Emergency Binder)*	
Registration fee $40 (non-refundable) per child ● Etransfer to: muppetstreasurer@gmail.com ● Please include child's name in the transfer details, if possible	
Reviewed Parent Handbook "Red Book" and "Health and Cleaning" ● See Registration Page of website: www.muppetspreschool.ca	

A Non-Profit Co-operative Preschool

since 1975