



Registration Form No. 1

Name of Child: _____
First Name, Last Name

Date of Birth: _____
(DD/MM/YYYY)

Gender: _____

Class

- School Fees are set annually and are provided to parents at the time of registration.
- To hold your child’s place in the program, a \$150 deposit must accompany the registration form before June 30, 2024.
- The deposit includes the \$50 administration and \$100 registration fee. The administration fee is nonrefundable.
- The registration fee will be deducted from the September fees; the registration fee is not refundable.
- Fee payments can be paid via e-transfer to it.takes.a.village.ps@gmail.com.
- Fees are to be paid on the 1st of the month.

How did you learn about the preschool program?

- Website Family/Friend Other
 Social Media Word of Mouth Advertisement

Has your child attended any previously organized classes? If so, please specify.

Siblings?	<u>First Name</u>	<u>Last Name</u>	<u>Age</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Signature of Parent/Guardian

Date
(DD/MM/YYYY)

Parent/Guardian (Print Name)

For Office Use Only:

Date Admitted to Program:	Deposit Paid:
Date Left Program:	Immunization Received:



Student Information Form No. 2

Name of Child: _____ **Date of Birth:** _____
First Name, Last Name (DD/MM/YYYY)

Parent/Guardian #1:

Parent/Guardian #1: _____
First Name, Last Name Relationship

Phone Numbers: _____
Home Phone Work Phone Cell Phone

Email Address: _____
Home Business

Address: _____
Street Name Postal Code

_____ City Province

Employer: _____
Company Name Employment

Employer's Address: _____
Street Name Postal Code

_____ City Province

Parent/Guardian #2:

Parent/Guardian #2: _____
First Name, Last Name Relationship

Phone Numbers: _____
Home Phone Work Phone Cell Phone

Email Address: _____
Home Business

Address: _____
(If Different than Above) Street Name Postal Code

_____ City Province

Employer: _____
Company Name Employment

Employer's Address: _____
Street Name Postal Code

_____ City Province

Signature of Parent/Guardian

Date
(DD/MM/YYYY)

Parent/Guardian (Print Name)



Student Information Form No. 2 ... Continued

Name of Child: _____
First Name, Last Name

Date of Birth: _____
(DD/MM/YYYY)

Does Child live with: Parent #1 Parent #2 Both

Any special custody/living arrangements? _____

Please provide two other emergency contacts (other than parents).

Emergency Contact #1:

Emergency Contact #1: _____
First Name, Last Name Relationship

Phone Numbers: _____
Home Phone Work Phone Cell Phone

Email Address: _____
Home Business

Address: _____
Street Name Postal Code

_____ City Province

Emergency Contact #2:

Emergency Contact #2: _____
First Name, Last Name Relationship

Phone Numbers: _____
Home Phone Work Phone Cell Phone

Email Address: _____
Home Business

Address: _____
Street Name Postal Code

_____ City Province

Signature of Parent/Guardian

Date
(DD/MM/YYYY)

Parent/Guardian (Print Name)



Health History Form No. 3

Name of Child: _____ **Date of Birth:** _____
First Name, Last Name (DD/MM/YYYY)

Gender: _____ **Health Card #:** _____

Doctor: _____
Name

Phone Number: _____
Number

Email Address: _____

Address: _____
Street Name Postal Code
City Province

Immunization Information

Suppose your child is not fully immunized based on the current public health requirements. In that case, the CCEYA requires a 'Statement of Conscience or Religious Belief' form or a 'Statement of Medical Exemption' form to be completed and on file before the child starts school.

The Ministry of Education and York Region Community and Health Services, and other related ministries request access to our student files from time to time. It is the obligation of It Takes A Village Preschool to provide some of the following information to these Ministries as part of our licensing requirements: Student name and surname, date of birth, complete mailing address, parent/guardian surname, home/work telephone number and immunization record or affidavit.

I understand that IT TAKES A VILLAGE PRESCHOOL may provide my personal information to any Government Ministry as required.

Signature of Parent/Guardian

Date
(DD/MM/YYYY)

Parent/Guardian (Print Name)



Health History Form No. 3 ... Continued

Name of Child: _____ **Date of Birth:** _____
First Name, Last Name (DD/MM/YYYY)

Has your child experienced any of the following? If yes, please provide details.

History of Communicable Diseases (please list): _____

Illness or hospitalization: _____

Allergies to:

Food: _____
Medication: _____
Materials: _____
Other: _____

Any foods your child cannot eat?

Any skin conditions, sight or hearing difficulties?

Does your child require special attention regarding development, behaviour, diet, rest, speech or other?

Is your child under treatment or medication for illness, injury or other? Please explain.

Does your child have any health concerns that may interfere with participation in activities at Preschool?

Signature of Parent/Guardian

Date
(DD/MM/YYYY)

Parent/Guardian (Print Name)



Health History Form No. 3 ... Continued

Name of Child: _____
First Name, Last Name

Date of Birth: _____
(DD/MM/YYYY)

**Is your child involved with any of the following agencies, EIS, YRPSLP, CCAC, or Other?
If yes, please specify the agency, the reason for the child's involvement, and the contact person's
name, including phone number or email address.**

I confirm that I have disclosed all details of my child and that the information provided is accurate. I understand that incomplete or inaccurate information may impact my child's ability to participate in the IT TAKES A VILLAGE PRESCHOOL program.

Signature of Parent/Guardian

Date
(DD/MM/YYYY)

Parent/Guardian (Print Name)



Pick-Up from Preschool Permission Form No. 4

Name of Child: _____ **Date of Birth:** _____
First Name, Last Name (DD/MM/YYYY)

Please complete this form if you would like someone other than yourself (parent/guardian of the child) to have permission to pick up your child as required.

I, _____, give
Parent/Guardian name(s)

permission to the following people to pick up my child, _____
Child's name

from IT TAKES A VILLAGE PRESCHOOL as required for this school year.

Release my child to:

<u>First and Last Name</u>	<u>Relationship</u>	<u>Phone Number</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

The above people will be informed that photo identification may be required for the child's release to them.

Signature of Parent/Guardian

Date
(DD/MM/YYYY)

Parent/Guardian (Print Name)



Policy Review Form No. 5

Name of Child: _____ **Date of Birth:** _____
First Name, Last Name (DD/MM/YYYY)

Summary of Inclement Weather Policy

As per the IT TAKES A VILLAGE PRESCHOOL Inclement Weather Policy, if the York Region District School Board buses are cancelled due to inclement weather conditions, IT TAKES A VILLAGE PRESCHOOL will close, and there will be no classes for that day.

There are many things to consider when we have children in our care, including the following:

- Our first concern is always the safety of our families and staff. Keeping everyone home on inclement weather days is one way we can make this happen.
- As per the *Child Care and Early Years Act*, we must maintain a ratio of 1 teacher for every eight students in our care.
- Not all staff live close to the school, and we cannot be guaranteed that all staff members will be able to make it to school if the roads are poor.
- Suppose parents cannot return to pick up their children due to inclement weather or road conditions. In that case, our program does not have sufficient resources (food, drink, etc.) to provide a safe environment for the children to stay beyond the program time. This could also affect our Licensing.
- Using York Region School bus cancellations to determine the cancellation of classes is a common practice by other community groups, including CAA, to determine if roads are safe for travel.

If classes are cancelled due to inclement weather conditions, an email will be sent out to families by 8 am. If IT TAKES A VILLAGE PRESCHOOL classes are cancelled due to inclement weather, there will be no compensation for missed classes.

I understand and accept the terms of the Summary of IT TAKES A VILLAGE PRESCHOOL Inclement Weather Policy.

In case of class cancellations, IT TAKES A VILLAGE PRESCHOOL will contact families via email and a follow-up phone call. If your child is in alternate care between 8 a.m. and 9 a.m., please provide the name and phone number of this person so we can call to ensure they have received this notification.

Name	Relationship	Phone
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Signature of Parent/Guardian

Date
(DD/MM/YYYY)

Parent/Guardian (Print Name)



School Year Calendar Form No. 6

Name of Child: _____ **Date of Birth:** _____
First Name, Last Name (DD/MM/YYYY)

2024 – 2025 School Year Calendar

The following school holidays for the 2024-2025 School Year include:

Labour Day	Monday, September 2, 2024
First Day of School	Monday, September 9, 2024
Thanksgiving Day	Monday, October 14, 2024
Winter Break	Monday, December 23, 2024, to Friday, January 3, 2024 (inclusive)
New Year's Day	Wednesday, January 1, 2025
Family Day	Monday, February 17, 2025
Mid-Winter Break	Monday, March 10, 2025, to Friday, March 14, 2025 (inclusive)
Good Friday	Friday, April 18, 2025
Easter Monday	Monday, April 21, 2025
Victoria Day	Monday, May 19, 2025
Last Day of School	Friday, June 20, 2025

I understand and accept the terms of the IT TAKES A VILLAGE PRESCHOOL School Year Calendar Policy.

Signature of Parent/Guardian

Date
(DD/MM/YYYY)

Parent/Guardian (Print Name)



Withdrawal Policy Form No. 7

Name of Child: _____ **Date of Birth:** _____
First Name, Last Name (DD/MM/YYYY)

Summary of Withdrawal Policy

As per the IT TAKES A VILLAGE PRESCHOOL Withdrawal Policy, you must give one month’s written notice if you wish to withdraw your child from the program.

If no written notice of intention to withdraw a student is given, then the school will require one month's fees.

Receipts for school fees will be issued on request at the end of the calendar year.

Children must be registered annually for classes, and new registration packages must be completed for each school year.

Parents will be notified of class placement by the supervisor.

I understand and accept the terms of the Summary of IT TAKES A VILLAGE PRESCHOOL Withdrawal Policy.

Signature of Parent/Guardian

Date
(DD/MM/YYYY)

Parent/Guardian (Print Name)



Canada-Wide Early Learning and Child Care System (CWELCC)
Parental Consent Form No. 8

Name of Child: _____ Date of Birth: _____
First Name, Last Name (DD/MM/YYYY)

Canada-Wide Early Learning and Child
Care System (CWELCC)

In August 2022, IT TAKES A VILLAGE PRESCHOOL opted into the Canada-Wide Early Learning and Child Care System (CWELCC). Fee reduction through the CWELCC is for children under six (and any child who turns six years old between January 1st and June 30th in that calendar year), retroactive to April 1, 2022. The first required fee reduction came into effect on July 1, 2022, and a further fee reduction will take effect before December 30, 2022.

The Regional Municipality of York is responsible for conducting random audits per the CWELCC service agreement. The objective is to ensure that CWELCC funding is used for its intended purpose. As IT TAKES A VILLAGE PRESCHOOL opted into the CWELCC, I hereby give my consent for It Takes a Village Preschool to communicate personal information regarding my enrolled child(ren) on my behalf to the Regional Municipality of York, Child Care on behalf of the Province of Ontario concerning the Canada-Wide Early Learning and Child Care System (CWELCC). I understand that this consent remains valid unless I cancel it in writing.

I understand that IT TAKES A VILLAGE PRESCHOOL has opted-in to the Canada-Wide Early Learning and Child Care System (CWELCC) and accepts the terms above.

Signature of Parent/Guardian

Date
(DD/MM/YYYY)

Parent/Guardian (Print Name)