



**A Family Co-operative Preschool Facility**

28-B Church Street,  
RR # 3, Shanty Bay, ON  
L0L 2L0, 705 722 0119

shantybaynurseryschool@gmail.com

**Registration Form**

Child's Full Name \_\_\_\_\_ Date Registered \_\_\_\_\_  
Enrollment Date: \_\_\_\_\_ AM Class \_\_\_\_\_ Discharge Date: \_\_\_\_\_  
Non-refundable Registration Fee of \$40.00 Paid CHQ# \_\_\_\_\_  
**REFUNDABLE** Meeting Fee of \$35.00 dated Sept. 1<sup>st</sup> & January 1<sup>st</sup>- Paid CHQ# \_\_\_\_\_

**Fees for Co-operative Families**

**Tuition** 10 postdated cheques:  
\$325.00/each dated the 1<sup>st</sup> of each month, September through June Paid \_\_\_\_\_

**REFUNDABLE** Fundraising Deposit:

1<sup>st</sup> Semester Sept 1<sup>st</sup> \$300.00 – Paid \_\_\_\_\_ CHQ# \_\_\_\_\_ Deposit Returned \_\_\_\_\_ Dec 1<sup>st</sup>  
2<sup>nd</sup> Semester Jan 1<sup>st</sup> \$300.00 – Paid \_\_\_\_\_ CHQ# \_\_\_\_\_ Deposit Returned \_\_\_\_\_ June 1<sup>st</sup>

**BINGO Participation Fees**

These cheques will be requested at the beginning of the school year with your registration package and held in trust. Failure to comply with the BINGO policies will result in these BINGO \$600 cheques to be cashed (per semester) – separate from your fundraising cheque.

**REFUNDABLE Bingo Cheques**

1<sup>st</sup> Semester Sept 1<sup>st</sup> \$600 – Paid CHQ# \_\_\_\_\_  
2<sup>nd</sup> Semester Jan 1<sup>st</sup> \$600 – Paid CHQ# \_\_\_\_\_

Please fill out the attached Immunization Form from the Simcoe Muskoka District Health Unit & provide a photocopy of your child's Immunization card. This information is shared with the Simcoe Muskoka District Health Unit.

Please note that your child's Health Card Number is required by the SMDHU and Shanty Bay Nursery School will erase this number from our files after it's handed into the SMDHU.

**These forms must accompany the registration form before your child can begin classes.**

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**Indicate any Communicable Diseases your child has had:**

CHICKEN POX  MEASLES  GERMAN MEASLES  MUMPS  WHOOPING COUGH

**EMERGENCY MEDICAL ATTENTION**

I, the undersigned of this child, \_\_\_\_\_ hereby authorize Shanty Bay Nursery School and its employees to arrange for and complete whatever emergency attention that may be required for my child while in their care at the Nursery School.

*Parents Signature* \_\_\_\_\_  
(Mom) (Dad)

**PERMISSION FOR IMAGE USE**

Throughout the year we may take photos, slides or video of the children. These may be used in the children’s folders, School photo album, and School website and in publicity such as local newspapers. Any such photography/media will be done under Staff Supervision. Please indicate below if you provide permission for your child’s image to be use as described.

I do  do not  give permission for images of my child to be taken.

*Parents Signature* \_\_\_\_\_  
(Mom) (Dad)

**CONFIDENTIALITY AGREEMENT**

As a co-operative parent/volunteer or staff member of Shanty Bay Nursery School you may receive and/or have access to confidential information about children, families, other staff members and/or volunteers. Except when required by law, this information will be kept in the strictest confidence. Any information or observed event may be considered confidential and/or personal. Electronic dissemination of information is prohibited. (i.e. releasing information via Facebook, MSN, email, cell phones etc). Confidentiality and anonymity outside the confines of Shanty Bay Nursery School is of the utmost importance to protect the children & families in our care. I will abide by this Confidentiality Agreement to ensure respect for the privacy of staff, children, families and volunteers at Shanty Bay Nursery School.

*Parents Signature* \_\_\_\_\_  
(Mom) (Dad)

**FUNDRAISING POLICY**

Shanty Bay Nursery School relies heavily on fundraising for its day-to-day operation costs. Successful fundraising allows the School to keep monthly fees to a minimum. Parents are **required** to support and participate in these efforts to raise money for our School. A fundraising cheque will be deposited and will be returned to families upon **full** participation in **all** fundraising initiatives. For each fundraising initiative, details of what constitutes full participation will be offered. Alternatively, parents may request that their fundraising deposit be kept by Shanty Bay Nursery School in lieu of fundraising participation. Otherwise, the return of fundraising deposits will be at the discretion of the Board of Directors.

*Parents Signature* \_\_\_\_\_

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(Mom)

(Dad)



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### Emergency Information

Start Date \_\_\_\_\_ Discharge Date \_\_\_\_\_ M  F   
Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address/Postal Code \_\_\_\_\_  
Telephone ( )- \_\_\_\_\_  
Mom's Name \_\_\_\_\_ Cell # \_\_\_\_\_  
Mom's Work # \_\_\_\_\_ Mom's Occupation \_\_\_\_\_  
Mom's Work Address \_\_\_\_\_  
Dad's Name \_\_\_\_\_ Cell # \_\_\_\_\_  
Dad's Work # \_\_\_\_\_ Dad's Occupation \_\_\_\_\_  
Dad's Work Address \_\_\_\_\_

Custody Status: Married  Divorced  Joint  Sole  (documentation required)

Best email to send correspondence to \_\_\_\_\_

### Allergies/Sensitivities/Health Concerns:

### Previous History of Communicable diseases:

Regular medication required? No  Yes  if yes, please name \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's # \_\_\_\_\_

Doctor's Address/postal code \_\_\_\_\_

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**Emergency Contacts**

#1 Name \_\_\_\_\_ Relationship with Child \_\_\_\_\_  
Telephone #1 \_\_\_\_\_ Cell #1 \_\_\_\_\_  
#2 Name \_\_\_\_\_ Relationship with Child \_\_\_\_\_  
Telephone #2 \_\_\_\_\_ Cell #2 \_\_\_\_\_

**Alternate Adults Permitted to Pick up from Program**

#1 Name \_\_\_\_\_ Relationship with Child \_\_\_\_\_  
Telephone #1 \_\_\_\_\_ Cell #1 \_\_\_\_\_  
#2 Name \_\_\_\_\_ Relationship with Child \_\_\_\_\_  
Telephone #2 \_\_\_\_\_ Cell #2 \_\_\_\_\_

Parents Signature \_\_\_\_\_ (Mom) \_\_\_\_\_ (Dad)

**Please tell us about your child**

Does your child have any siblings? **NO**  **YES**  Age(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Does your child have any playmates/siblings attending SBNS this year? **NO**  **YES**   
Please provide their names \_\_\_\_\_

Has your child had any other Preschool experiences? **NO**  **YES**   
(If yes, please provide Where & When?) \_\_\_\_\_

Which Elementary School will your child be attending? \_\_\_\_\_

Does your child need assistance with toileting? **NO**  **YES**  If yes, please provide routine:  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any fears? **NO**  **YES**  If yes, please provide details:  
\_\_\_\_\_

Do you have any concerns about your child's development? **NO**  **YES**  if yes, please explain:  
\_\_\_\_\_

Does your child have any special needs? (Medical, Physical, Emotional) **NO**  **YES**  If yes, please explain  
\_\_\_\_\_

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What are your child's favorite activities? \_\_\_\_\_

Does your child play well alone? YES  NO  If no, please provide details: \_\_\_\_\_

In groups? YES  NO  If no, please provide details: \_\_\_\_\_

Please circle personal characteristics that describe your child:

**HAPPY AGGRESSIVE FRIENDLY MOODY CLUMSY DEPENDENT SOCIAL STUBBORN  
IMPULSIVE FEARFUL QUIET SHY OUTGOING ATTENTIVE**

Is there anything else you can tell us that would help us care for your child? NO  YES  Please explain:

\_\_\_\_\_

What do you hope will be included in your child's preschool experience?

\_\_\_\_\_

Where did you hear about Shanty Bay Nursery School?

\_\_\_\_\_

### ***Parental Agreement***

#### **Upon registering my child at Shanty Bay Nursery School I agree to the following:**

1. To pay Nursery School fees whether or not my child attends on each scheduled day, without exception.
2. To keep my child out of the School if he/she shows any signs of a communicable disease. I will return them only after **24 hours** on medication and/or after contagious symptoms have not occurred within a **24 hour** period.
3. To abide by the by-laws and Board of Directors decisions concerning Shanty Bay Nursery School policy and acknowledge that I have received a Parent Handbook.
4. To bring problems concerning the operation of Shanty Bay Nursery School to the attention of the Board of Directors, and/or voice them personally at monthly meetings.
5. That my child may be withdrawn from the program if the teachers/Board of Directors feels that I have disregarded a school policy or my child is deemed to be a safety risk to others. This will be a last resort if all attempts to rectify the situation should fail.
6. That, if I have a concern/suggestion with any aspect of the programming or believe that school policy is not being fulfilled, I should approach a teacher with the concern. If the matter is not resolved to my satisfaction, the matter will be brought to the attention of the President of the Board, **in writing, if so requested**. The Board of Directors will determine the necessary actions.
7. That my participation in fundraising for Shanty Bay Nursery School is **mandatory**. I will partake in each fundraising event fully or my fundraising deposit will be forfeited to the school. However, providing I have FULLY participated in ALL of the fundraising events, my deposit(s) will be returned. "Fully participating" means meeting or exceeding the minimum order set for each fundraiser. This is over and above any volunteer participation in executing said fundraiser. Opting for

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“Non-Co-operative” registration does NOT exempt me from fundraising. The fundraising deposit amount will be determined based on enrollment and fundraising goals for the entire school year and will be announced at the AGM. The fundraising amount will be divided into two cheques; the first dated September 1<sup>st</sup> for 1/2 of the total and the second dated January 1<sup>st</sup> for the remaining 1/2.

8. We require one month’s notice of the permanent withdrawal of a child from school. To the discretion of the Board of Directors all fees are forfeited if child is withdrawn after December 31<sup>st</sup>.
9. School doors will be open **5 minutes** before school begins. I agree to abide by this time to allow teachers the opportunity to fully set-up before school begins.
10. If I arrive to pick up my child more than 5 minutes after the program ends, I will pay a penalty of **\$10.00 and another \$10.00** is due for every 10 mins late thereafter. Payment is provided to the teachers directly.
11. That N.S.F cheques are subject to an additional fee of \$35.00. Should there be further occurrences; the Board of Directors will request a meeting with the parents to discuss the matter.
12. I will attend the mandatory **Annual General Meeting in September & Parent Meeting in January** as parental involvement is required and necessary in providing a quality program.

**Parents Signature** \_\_\_\_\_ (Mom) \_\_\_\_\_ (Dad)



### BINGO Policies & Procedures

BINGO is Shanty Bay’s Nursery School biggest fundraising initiative, representing approximately 60% of the school’s revenue and is mandatory for all families. Without this BINGO funding it is extremely difficult for families to fundraise this amount of income for the school. This funding also helps reduce the financial commitment required from parents and families.

The commitment from families for BINGO is as follows:

- Each family must work at least 4 BINGOs per semester per child enrolled (final number determined by enrollment).
- Parents will sign up for their BINGO dates at the beginning of the school year.
- The school is required to have members attend BINGO in the summer months to continue receiving funds.
- Another person from your family may attend BINGOs on your behalf, if they are at least 19 years of age and can perform the duties required (i.e. physically, linguistically, properly trained, etc.)
- SBNS has an assigned shift every other Sunday from 11-1:00pm.
- Each shift executed, the school earns approximately \$400 (so almost \$800 a month for 4 hours of our volunteer time)!

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Failure to comply with the BINGO policies will result in these BINGO \$600 cheques to be cashed (per semester) – separate from your fundraising cheque. These cheques will be requested at the beginning of the school year with your registration package.

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Parent Volunteer:  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

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### **COVID-19 ADDENDUM - Per Ministry Guidelines**

#### Items and Belongings:

No food or items (other than pacifier if needed) from home will be accepted into the school.

Children may only have 1 set of indoor shoes that will remain at the school.

#### Drop Offs:

Parents not allowed within the school at this time. This is for Covid-19 protocols only. During drop off you will be asked a series of quick questions on a daily basis for Covid-19 Screening. Staff will escort 1 child at a time into the school.

#### Pick Ups:

Parents not allowed within the school at this time, and must wait outside for staff to escort child out. This is for Covid-19 protocols only.

#### Sickness Protocols:

We will not be accepting any children who show potential symptoms of Covid-19. Children will be sent home as soon as symptoms are observed.

#### Health and Safety Protocols:

Upon entering the building at drop off, children will wash hands immediately before entering classroom.

Hand washing will occur before/after activities and snack.

Classroom will be fully disinfected every day after session.

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