



Registration Form No. 1

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

Gender: _____

How did you learn about the preschool program?

- Website Family/Friend Other
 Facebook Word of Mouth
 Instagram Advertisement

Has your child attended any previous 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)

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: _____

For Office Use Only: _____

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

	Home Ph	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
<u>Parent/Guardian #2:</u>			
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
parents).

emergency contacts (other than

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: _____



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: _____
First Name, Last Name

Date of Birth: _____
(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: _____
First Name, Last Name

Date of Birth: _____
(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:

- o 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.
- o As per the *Child Care and Early Years Act*, we must maintain a ratio of 1 teacher for every eight students in our care.
- o 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.
- o 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.
- o 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.

Signature of Parent/Guardian

Date
(DD/MM/YYYY)

Parent/Guardian (Print Name)



School Year Calendar

Form No. 6

Name of Child: _____
First Name, Last Name

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

2026– 2027 School Year Calendar

The following school holidays for the 2026-2027 School Year include:

First Day of School	Monday, September 14th, 2026
Thanksgiving Day	Monday, October 12, 2026
Winter Break	Monday, December 21, 2026, to Friday, January 1st, 2027 (inclusive)
Family Day	Monday, February 15, 2027
Mid-Winter Break	Monday, March 15, 2027, to Friday, March 19, 2027 (inclusive)
Good Friday	Friday, March 26, 2027
Easter Monday	Monday, March 29, 2027
Victoria Day	Monday, May 24, 2027
Last Day of School	Friday, June 18, 2027

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)



Canada-Wide Early

Learning and Child Care

System (CWELCC) Parental Consent Form

Name of Child: _____
First Name, Last Name

Date of Birth: _____
(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)