| ***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.** | | | |
|  | | | |
|  | | | |
|  |  |  |  |
|  | First Name | Last Name | Age |
| **Siblings?** | 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:** |  | | | | | | | | | | | |
|  | 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:** |  | | | | **Date of Birth:** | | |  | | | | |
|  | First Name, Last Name | | | |  | | | (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](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ENV=WWE&NO=014-4897-64E)' form or a '[Statement of Medical Exemption](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ENV=WWE&NO=014-4895-64E)' 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:** |  | | | **Date of Birth:** | |  | | | |
|  | First Name, Last Name | | |  | | (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:** | | | | | | | | | |
| First and Last Name | | Relationship | | | Phone Number | | | | | |
| 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.*** | | | | | | | |
|  | | | | | | | |
|  | | | | |  | | |
| **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 2025-2026 School Year include: | | | | | | | | |
|  | | |  | | | | | |
|  | | |  | | | | | |
| **First Day of School** | | | **Monday, September 8, 2025** | | | | | |
|  | | |  | | | | | |
| Thanksgiving Day | | | Monday, October 13, 2025 | | | | | |
|  | | |  | | | | | |
| Winter Break | | | Monday, December 22, 2025, to | | | | | |
|  | | | Friday, January 2, 2026 (inclusive) | | | | | |
|  | | |  | | | | | |
| New Year's Day | | | Thursday, January 1st 2026 | | | | | |
|  | | |  | | | | | |
| Family Day | | | Monday, February 16, 2026 | | | | | |
|  | | |  | | | | | |
| Mid-Winter Break | | | Monday, March 16, 2026, to | | | | | |
|  | | | Friday, March 20, 2026 (inclusive) | | | | | |
|  | | |  | | | | | |
| Good Friday | | | Friday, April 3, 2026 | | | | | |
|  | | |  | | | | | |
| Easter Monday | | | Monday, April 6, 2026 | | | | | |
|  | | |  | | | | | |
| Victoria Day | | | Monday, May 18, 2026 | | | | | |
|  | | |  | | | | | |
| **Last Day of School** | | | **Friday, June 19, 2026** | | | | | |
|  | | |  | | | | | |
| **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:** |  | | **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)** | | |  |  | | |