



FOR OFFICE USE	
Child's Name:	_____
Days:	_____
Enrolment Date:	_____
Withdrawal Date:	_____

# Friendship Co-Operative Playschool

410 Lansdowne Avenue,  
Woodstock, ON, N4T 1J2  
Tel: (519) 539-4287

## Registration Package 2023/2024

Class	Ages	Max Capacity	Daily fee	Classes per Week	Number of Days
Preschool	2 ½ - 5*	16	\$26**	5 days (Monday-Friday) 3 days (Monday, Wednesday & Friday) Or, 2 days (Tuesday & Thursday)	

\*We operate on a multi-age group licence where a limited amount of 2 year old's can be accommodated in the preschool class.  
\*\*Daily fees are \$26 per day, before the Canada Wide Early Learning Child Care fee reduction of \$13.71 is applied. Monthly fees are calculated based on the reduced daily rate, and days selected (Inclusive of March Break, Christmas Break and Stat Holidays).

### *CLASS HOURS 9AM – 2PM (SNACK AND LUNCH INCLUDED)*

INFORMATION NEEDED FOR REGISTRATION (If information is incomplete the registration will not be valid)	
Registration Agreement	Appendix A: Child's Medical Information
Enrolment Form	Appendix B: Photo Consent
Wallet Size Photo of Student x 2	Appendix C: Authorization of Non-Prescription, Over-the-counter Products
Regular / Emergency Pickup Policy	Completed Direct Withdrawal Form
Copy of Immunization record	Subsidy Confirmation

**Questions or Concerns?** Call the school: 519-539-4287 email: [friendshipcooperative@gmail.com](mailto:friendshipcooperative@gmail.com)  
Please return completed Package to the Playschool, clearly marked **Friendship Co-Op Registration**

## Registration Agreement

### Welcome to Friendship Co-op!

A Co-operative preschool is formed by a group of parents who want to provide their children with a quality preschool experience. It is administered and maintained by the parents on a non-profit, non-sectarian basis. Under the guidance of qualified staff, parents may volunteer in the classroom and participate in many aspects of the children's activities. Parents, children and their teachers all share in the learning experience.

### Dear Member,

To ensure that everyone understands what is expected of the members, we ask that you read and sign this Registration Agreement.

- A. All registration forms including the direct withdrawal form must be completed and submitted to the registrar, **BEFORE** your child can attend this Playschool.
- B. Parents are welcome to schedule a volunteer day with the Supervisor. Volunteering in the classroom is optional and does not qualify for a discount.
- C. Parents will have membership requirements such as:
  - Participate in Fundraising and Membership meetings.
  - Volunteer services as the need arises, i.e. field trips, special events, holiday parties at school, etc.
  - Adhere to the Co-Operative's By-laws, as enacted by the Board and confirmed by the Membership.
  - Adhere to the Operating Policies and Procedures as enacted by the Board.

**The Board of Directors may request that you withdraw from the program if one or more of the above requirements are not met.**

Thank You,

**FRIENDSHIP CO-OPERATIVE PLAYSCHOOL BOARD OF DIRECTORS**

**I have read these requirements and agree to fulfill my obligations.**

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
(Parent or Guardian)

We select a new Board of Directors with each new school year. If you would like to volunteer for a position on the Board or if you would like more information about the Board, please check the following box.

## Enrolment Form

**Please include a current wallet size photo of your child for identification purposes.**

Child's Surname		Given Name		Common Name		Birthday (D/M/YY)		Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Street			City		Postal Code		Phone			
Mother's/Guardian Surname		Given Name		What skills do you have to share with the school?						
Street <small>Same as Child</small> <input type="checkbox"/>			City		Postal Code		Home Phone		E-mail	
Employer & Occupation		Work Address (street)			City		Postal Code		Work Phone	Cell Phone
Father /Guardian's Surname		Given Name		What skills do you have to share with the school?						
Street <small>Same as Child</small> <input type="checkbox"/>			City		Postal Code		Home Phone		E-mail	
Employer & Occupation		Work Address (street)			City		Postal Code		Work Phone	Cell Phone
Are there special custody arrangements? <input type="checkbox"/> No <input type="checkbox"/> Yes:										

### Regular & Emergency Pickup Policy

In the event that your child needs to be picked up by someone other than a custodial parent (guardian), the Playschool is required to have written permission to release your child. Please fill out the following to indicate persons **who are routinely authorized to take your child off the school premises**. Please include any caregiver's that will be picking up your child and please include a non-family member (friend/neighbour) who lives close enough to pick your child up if they become ill and we cannot contact you, or in the event of an emergency on your part. Please give the phone number where this person can be reached while your child is in our care. (Photo ID will be required to confirm identity before child will be released)

Name	Phone	Street	City	Postal Code	Relationship
Name	Phone	Street	City	Postal Code	Relationship
Name	Phone	Street	City	Postal Code	Relationship

In the event of an emergency we need to have an alternate contact person in case the parents (guardian) cannot be reached. Please list an individual **who may make decisions regarding your child**. Please give the Phone # and address where this contact can be reached during the hours *when your child is in our care*.

Name	Phone	Street	City	Postal Code	Relationship
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### APPENDIX A

#### Child's Medical Information

Doctor	Phone	Street	City	Postal Code	
Immunization Record Included:	Yes	No	Health Card (optional)		

#### Medical Needs and Supports Information

Does your child have any medical need(s) that requires additional support (e.g. Diabetes / Feeding tube)?  Yes  No  
 If yes, an individualized plan, that includes emergency procedures must be developed between the parent and the Supervisor of FCP prior to the child's start date.

#### Allergy and Asthma Information

Does your child have a life-threatening allergy (e.g. anaphylactic to peanuts / bee stings) or Asthma?  Yes  No  
 If yes, an individualized plan, that includes emergency procedures must be developed between the parent and the Supervisor of FCP prior to the child's start date.

#### Dietary Requirements or Restrictions

Does your child have any special dietary requirements or restrictions (e.g. vegetarian, kosher, halal)?  Yes  No  
 If yes, please provide relevant details prior to your child's start date.

#### Developmental Concerns

Does your child have any developmental concerns that you would like to us to work on?  Yes  No

**Parent/Guardian's Statement:** I believe the above-named child to be in good health and fully capable of participating in the playschool program and I hereby give permission for the above-named child to receive medical treatment in the event that I cannot be contacted.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
(Parent or Guardian)

## APPENDIX B

### Photo Consent

**Photo Consent**Internal Photographs  Yes  NoPublicity Photographs  Yes  No

We may take some photo's on school outings, or during classroom activities. These pictures will be used for our records. These records are retained as a part of the playschool's history. Occasionally photos of group activities may be displayed on our Web site and or our Facebook page.

I herewith give photo consent unless indicated to the contrary.

Signed: \_\_\_\_\_  
(Parent or Guardian)

Dated: \_\_\_\_\_

## APPENDIX C

### Authorization for Non-Prescription, Over-the-Counter Products

The following **non-prescription** items may be applied to my child (please check off)

<input type="checkbox"/> Sunscreen	<input type="checkbox"/> Diaper Cream	<input type="checkbox"/> Lip Balm	<input type="checkbox"/> Hand Sanitizer
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All abovementioned products are to be supplied by the parent/gaurdian.

Additional parent/gaurdian instructions:

I understand that:

- Such items will be stored in accordance with the instructions on the label.
- Such containers or packages will be clearly labelled with my child's name and the name of the item.
- Such intems will be administered to my child only from the original container or package and in accordance with any instructions on the label and any other instructions provided by me or another legal parent/gaurdian of my child.

Signed: \_\_\_\_\_  
(Parent or Guardian)

Dated: \_\_\_\_\_