



153 Lakeshore Drive, Etobicoke, ON M8V 2A1 416-259-8776  
learningonthelake.registrar@gmail.com

## Welcome to NTCNS 2023/2024

Child's Name/Birth Date: \_\_\_\_\_

Thank you for choosing the New Toronto Co-operative Nursery School (NTCNS)! For over 40 years, we have provided a rewarding pre-school experience in the Lakeshore area. NTCNS is a parent-run, cooperative, non-profit nursery school that strives to meet the physical, social, intellectual, emotional and creative needs of preschool age children.

All information contained in this application is confidential and is used for membership purposes only in accordance with the *Federal Privacy Act*. Registering your child for the New Toronto Cooperative Nursery School involves completing forms required by board policy and our school's administration, as licensed under the *Child Care and Early Years Act* (CCEYA), Ministry of Education. Participation also involves a full understanding of the membership manual. NTCNS has opted-in to the Canada-Wide Early Learning and Child Care (CWELCC) system.

**Your complete package must be returned by email to the registrar (learningonthelake.registrar@gmail.com) along with the payment to secure a spot in the program. Registration forms and payment are accepted on a first come, first serve basis, until all spots have been filled and providing each child meets the minimum age requirements.**

### Registration Checklist

Items	✓
Separate registration packages fully completed and signed for each child being registered: 1. Program Selection and Fees 2. Student Information & Emergency Contacts 3. Child's Immunization Record (yellow card can be photocopied) 4. Health/Medical Information & Learning Profile 5. Consent Form	
6. Membership Agreement Form	
7. Members' Confidentiality Agreement	
8. Parent Jobs	
9. HiMama Form	
10. Send electronic payment	

**Please note: All items must be submitted to complete your child's registration**

**1. Program Selection and Fees**

I wish to register my child, \_\_\_\_\_, at NTCNS for the 2023/2024 school year.

*-- Please circle program of choice --*

PROGRAM OPTIONS	MONTHLY FEE	DAILY RATE
<b>2 DAY (Tuesday &amp; Friday)</b>	\$111	\$13.88/day
<b>3 DAY (Monday, Wednesday, Thursday)</b>	\$165	\$13.78/day
<b>5 DAY (Monday – Friday)</b>	\$274	\$12.60/day

*Please note:* Fees are effective January 1, 2023. These rates will remain in effect until further reductions are indicated by the CWELCC guidelines.

*--Please circle applicable registration fee--*

Returning Student	New Student
\$0	\$47.25

**Electronic payment should contain the following fees:**

_____	+	_____	+	_____	=	_____
<b>Registration Fee (non-refundable)</b>		<b>Deposit (Monthly Fee) (June/last month fee)</b>		<b>\$100 Deposit for General Meetings</b>		<b>TOTAL</b>
<b>Registrar will provide the email for e-transfers.</b>						

*\*Note: Upon the first week of school in September, you will be required to e-transfer one month's pro-rated fee for September based on your child's start date. If your child is starting at NTCNS after September, you will e-transfer the first month's tuition and above total (registration fee, last month's program fee, and meeting deposit).*

*\*\$100 Deposit is required for all General Meetings. If all general meetings are attended the deposit will be returned at the end of the school year. Subsequently \$20 will be deducted for each missed meeting.*

*\*If all parent volunteer jobs have been filled and/or if there is the option for a non-volunteer job, the price per month would be an additional \$50.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## 2. Student Information & Emergency Contacts

*Note: All information on this application is to be used for membership purposes only in accordance with the Federal Privacy Act.*

The undersigned acknowledges that final acceptance into the New Toronto Co-operative Nursery School depends upon the following:

- 1) All forms successfully completed and returned by email to the Registrar;
- 2) Electronic payment for registration submitted; and
- 3) Registering child will have attained the age of 2 ½ years on or before start date (or as approved by the Board of Directors).

Student Information
<b>Name of Child</b> (surname first): _____
<b>Date of Birth:</b> _____
<b>Address:</b> _____
<b>Postal Code:</b> _____
<b>Home Phone:</b> _____

Information Parent/Guardian 1	Information Parent/Guardian 2
<b>Name Parent/Guardian 1:</b>	<b>Name:</b>
<b>Home Address</b> (if different from above):	<b>Address</b> (if different from above):
<b>Home Phone</b> (if different than above):	<b>Home Phone:</b> (if different than above)
<b>Work Address</b> (include company name and full address in case of emergencies):	<b>Work Address</b> (include company name and full address in case of emergencies):
<b>Daytime Phone:</b>	<b>Daytime Phone:</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>
<b>Email:</b>	<b>Email:</b>

**Joint custody** (please circle):                      **Yes**    **No**

*Note: If only one parent has custody of the child, we require a copy of the custody order*

Names of person(s) to whom the child may be released	Relationship to child:

**Emergency Contact Information**

Parents will always be contacted first. But in the event parents cannot be reached, an emergency contact will be called. **Please note:** One contact must live close to the school in the event the child must be picked up. If you do not provide one, you will be contacted by the Registrar to arrange for one (i.e., another parent at the school).

Emergency Contact #1	Emergency Contact #2
<p><b>Name:</b></p> <p><b>Daytime Address:</b></p> <p><b>Daytime Phone:</b></p> <p><b>Cell Phone:</b></p> <p><b>Relationship:</b></p>	<p><b>Name:</b></p> <p><b>Daytime Address:</b></p> <p><b>Daytime Phone:</b></p> <p><b>Cell Phone:</b></p> <p><b>Relationship:</b></p>

Parent Signatures	
Parent/Guardian 1: _____	Date: _____
Parent/Guardian 2: _____	Date: _____



#### 4. Child's Health Information & Learning Profile

Child Health Information
<p>Child's Name: _____</p> <p>Child's Health Card Number: _____</p>
<p>Doctor's Name: _____</p> <p>Doctor's Address: _____</p> <p>Doctor's Phone #: _____</p>

Health & Medical Information			
<b>Allergies</b>	<input type="checkbox"/> FOOD <input type="checkbox"/> ENVIRONMENTAL <input type="checkbox"/> DRUG	EPI-PEN	Yes  No
If yes, please specify:			
<b>Does your child have any of the following:</b>	<b>Please circle one</b>	<b>Please provide details where appropriate</b>	
• Dietary Restrictions?	Y N		
• Medical Conditions?	Y N		
• Signs of ill health?	Y N		
• Special needs?	Y N		
• Fine or gross motor concerns?	Y N		
<b>Has your child ever...</b>	<b>Please circle one</b>	<b>Please provide details where appropriate</b>	
• Been treated for a serious condition?	Y N		

<ul style="list-style-type: none"> <li>• Had a communicable disease (i.e., chicken pox, measles)</li> </ul>	<p style="text-align: center;">Y   N</p>	
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Learning Profile		
Please answer the following	Please circle one	Please provide details where appropriate
<ul style="list-style-type: none"> <li>• Does your child speak?</li> </ul>	<p style="text-align: center;">Y   N</p>	
<ul style="list-style-type: none"> <li>• Is English their first language?</li> </ul>	<p style="text-align: center;">Y   N</p>	
<ul style="list-style-type: none"> <li>• Does your child have any communication difficulties?</li> </ul>	<p style="text-align: center;">Y   N</p>	
<ul style="list-style-type: none"> <li>• Does your child have any hearing or vision difficulties?</li> </ul>	<p style="text-align: center;">Y   N</p>	
<ul style="list-style-type: none"> <li>• Is your child toilet trained?</li> </ul>	<p style="text-align: center;">Y   N</p>	
<ul style="list-style-type: none"> <li>• Has your child attended a drop-in centre?</li> </ul>	<p style="text-align: center;">Y   N</p>	
<ul style="list-style-type: none"> <li>• Is your child able to sit for snack and/or circle time?</li> </ul>	<p style="text-align: center;">Y   N</p>	

## 5. Consent Form

Please review the following items and provide your consent as appropriate.

Area	Description	Consent	Initial
<b>Community Excursions</b>	I consent to allow my child to participate in nearby excursions under teacher supervision (i.e., mailbox, nature walk). <i>*Advance notice will be given.</i>	Y N	
<b>Field Trips</b>	Please take note of the following: <ul style="list-style-type: none"> <li>• Extra fees may apply</li> <li>• Most trips require 1 adult per child</li> <li>• Notification of trips will be sent out in advance, which must be signed by a guardian</li> <li>• For insurance reasons, siblings may not be permitted on certain trips</li> </ul>	Y N	
<b>Audio-Visual Recordings &amp; Photographs</b>	I agree to permit NTCNS and its staff to take and produce photographs, films, videos and any other audio/visual reproductions of myself and/or a member of my family. I further consent to NTCNS using photographs and recordings of my child in the following ways:	Y N	
	<ul style="list-style-type: none"> <li>• For administrative and safety purposes such as updating child's file, coat hook and birthday wall</li> </ul>	Y N	
	<ul style="list-style-type: none"> <li>• For classroom activities and bulletin board displays</li> </ul>	Y N	
	<ul style="list-style-type: none"> <li>• For class/group photos and yearbooks. These are distributed to other NTCNS families.</li> </ul>	Y N	
	<ul style="list-style-type: none"> <li>• Via NTCNS website and social media (i.e., Facebook, Instagram)</li> </ul>	Y N	
	<ul style="list-style-type: none"> <li>• For participation in the school's Hi Mama app (separate consent form also required)</li> </ul>	Y N	
<b>Emergency Medical</b>	I give permission for the staff at the New Toronto Co-operative Nursery School to act as a kind and judicious parent. Should it become necessary for my child to have medical care, I hereby give the staff permission to use their best judgment in obtaining professional medical attention for my child. I agree to accept financial responsibility in excess of the benefits allowed by provincial health plans. I understand that in the event of illness or accident I will be notified as soon as possible.	Y N	



<p><b>Release, Indemnity, Agreement &amp; Declaration</b></p>	<p>I do hereby represent that all statements made by me on the application form are correct.</p> <p>In the event that I cannot be reached at a time of illness or accident, or if the emergency is such that time does not permit such contact, the New Toronto Co-operative Nursery School is hereby authorized to contact the physician named on the Registration Form. If the named physician cannot be reached, permission is hereby granted for the school to call a licensed physician of its selection.</p> <p>I also realize that young children, even under close supervision, will have occasional accidents. Therefore, I hereby release, indemnify and hold the New Toronto Co-operative Nursery School, its agents and employees, harmless from any and all claims, damages or other liabilities for injuries to my child.</p> <p>In addition, I acknowledge that the requirement for each member of the Board of Directors to complete a Criminal Reference Check is a requirement of the Ontario Ministry of Community and Social Services and is completed through the services of the Toronto Police Service ("Police"). I understand that the screening information provided by the Police is not foolproof; false information given by an applicant or legal name changes will result in information not being provided. I hereby release, indemnify and hold the New Toronto Co-operative Nursery School, its agents and employees, harmless from any all claims, damages or other liabilities for injuries which may occur to my child by someone who has successfully completed a Criminal Reference check.</p>	<p>Y N</p>	
<p><b>Freedom of Information &amp; Protection of Privacy Act</b> <i>Each staff, student and volunteer in a licensed childcare centre must complete this form.</i></p>	<p>This is to advise you that the Ministry of Education has collected information about you under the legal authority of The Child Care and Early Years Act (CCEYA) for the purposes of administering the Ontario Government's Child Care Program. In administering and enforcing the <i>Child Care and Early Years Act, 2014</i> (CCEYA), Ministry of Education inspectors, program advisors and the director under the CCEYA may collect and review personal information about staff employed by a licensed childcare centre under the authority of s. 30, 31, 67(1) and 69(1) of the CCEYA and s. 53, 54, 55, 56 and 57 of O. Reg. 137/15 under the CCEYA to ensure that the licensed childcare centre is complying with the CCEYA and O. Reg. 137/15.</p> <p>Your personal information may be provided by your employer in connection with an application for approval of a Supervisor, or a person to take the place of a Registered Early Childhood Educator, if applicable.</p> <p>Questions concerning the direct or indirect collection of personal information may be addressed to the:</p> <p>Child Care Quality Assurance and Licensing Branch Early Learning Division, Ministry of Education 900 Bay Street, 24th floor, Mowat Block Toronto, ON, M7A 1L2, 416-314-8373</p>	<p>Y N</p>	

By signing this agreement, I acknowledge that I have read, understand, and I am in agreement with its provisions.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## 6. Membership Agreement

As a member of NTCNS, I agree to participate fully in the following activities of the co-operative:

AREA	DESCRIPTION	INITIAL
<b>Parent Job</b>	I understand that NTCNS is able to offer low monthly fees because the parents oversee all aspects of the running of the school. I recognize that I will be assigned one specific job, and that I will perform this job with commitment and timeliness.	
<b>Fundraising</b>	I understand that as a non-profit organization, the school depends on fundraising. I agree to participate in fundraising initiatives and to help out with events, even if I'm not on the Fundraising Team. <ul style="list-style-type: none"> <li>• Participation in the October Pumpkin Patch event;</li> <li>• Participation in the annual Spring auction. All members are expected to solicit auction items and/or gift certificates totaling \$250, as well as sell tickets to the event.</li> </ul>	
<b>Toy Cleaning</b>	I recognize that I will come to the school once during the school year on my own time to clean and disinfect toys.	
<b>Manual</b>	I agree to read the NTCNS Membership Manual and abide by the formal policies therein.	
<b>Sick Policy</b>	I understand that my child must be symptom-free for 24 hours before returning him/her to school. If my child becomes ill while at school, it is my responsibility to pick up my child or arrange for a contact person to come immediately. I will adhere to recommendations/guidelines as outlined by Toronto Public Health.	
<b>Meetings</b>	I recognize that I must attend General Meetings (held approx. every two months) and Board Meetings (if I am a member). I understand that my attendance is vital to the running of the school and that failure to attend will result in a fine.	
<b>Fees &amp; Fines</b>	I agree to pay all fees and any fines in a timely manner. I understand that I will be subject to the following penalties should I not fulfill my membership commitments: <ul style="list-style-type: none"> <li>• Late electronic transfer fee (1 week late): \$20</li> <li>• Late pick-up fee: \$20 for every 15 minutes after 12pm</li> <li>• Missed general meeting: \$20 deducted from the \$100 deposit</li> <li>• Missed board meeting: \$20</li> </ul>	
<b>Non-Performance</b>	I recognize that if I do not perform my membership duties, my family may be asked to withdraw, in accordance with the nursery school's by-laws.	
<b>Withdrawal</b>	I understand that once my child is registered, I may withdraw with <u>30 days' notice</u> given to the registrar by email, unless it has been decided that my child is unable to adjust to the program.	

<p><b>Parent &amp; Child Code of Conduct</b></p>	<p>The decision for suspension and/or withdrawal will be based on, but not limited to the following types of incidents:</p> <ul style="list-style-type: none"> <li>• Repeated physical acts against other children and/or staff (hitting, biting, or any other form of physical threat or assault).</li> <li>• Verbal attacks on other children and/or staff, including the use of threats, name calling, as well as repeated profane and degrading language.</li> <li>• Racial or other discriminatory incidents.</li> <li>• A child who leaves the school without permission and/or supervision.</li> <li>• Any verbal or physical abuse of staff by a child or child’s family member.</li> <li>• Any children/parent/guardian who acts in a manner which may jeopardize the safety of any person in the school.</li> </ul>	
<p><b>As a parent I agree to:</b></p>	<ul style="list-style-type: none"> <li>• Show respect for the teachers and any other adult in front of any child at all times, regardless of what I may think of their actions.</li> <li>• Whether speaking in public or private, I shall speak in a courteous and respectful manner.</li> <li>• Speak respectfully and with kindness and courtesy to other parents in front of students, especially when there is any disagreement.</li> <li>• Respect the strict privacy laws and policies of the school, and take pictures of <i>my child only</i> during functions and celebrations.</li> </ul>	

Signature of Member(s): \_\_\_\_\_

Date: \_\_\_\_\_

## 7. Members' Confidentiality Agreement



**New Toronto Cooperative Nursery School**  
153 Lakeshore Drive, Etobicoke, Ontario M8V 2A1  
416-259-8776

### Confidentiality Agreement

The undersigned, a member of the New Toronto Co-operative Nursery School, hereby acknowledges to the Board of Directors of NTCNS, on behalf of all members of NTCNS, the confidential nature of any information about a member of NTCNS, and undertakes to the Board of Directors that any information which the undersigned may receive about a member of the NTCNS arising from volunteering at the school will be held in the strictest confidence by the undersigned and will not be divulged to third parties (other than members of the Board of Directors, Teachers at NTCNS if necessary) unless required by law or with the member's prior written permission.

Dated at Toronto, Ontario this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Name (printed): \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

## 8. Parent Job Sign-Up Sheet

Thank you for being a member of NTCNS! As part of your membership, each family is assigned a parent job. Please review the options below and be prepared to discuss your preferences at your interview at registration.

Description	Role Preference <i>(Outline preference 1-3)</i>
<p><b>Board – Duties and Responsibilities of all board members</b> 2-hour monthly board meetings, supporting school policies, promoting the school to keep full enrollment and to participate/support the main fundraising events.</p>	
<p><b>President</b> Chairs all meetings, prepares agenda, responsible for the overall operation of the school, manages all board jobs, attends registration night, attends any lawn bowling meetings and/or other official meetings, contracts, hiring committee and lease.</p>	
<p><b>Vice President/Secretary</b> Fill in for President, takes minutes at meetings and tracks attendance for missed meetings fines, PCPC rep, manages general membership jobs, attends open house, part of hiring committee, creates job postings, contact for snow, find supply teachers and official city business.</p>	
<p><b>Treasurer</b> Prepares annual budget, fees, fines, refunds, deposit cheques, provides floats, payroll and signing officer.</p>	
<p><b>Registrar</b> Registration packages, email enquiries, switching programs, waiting list, booking tours for the staff, attending open house and registration night, maintaining contact sheet and uploading contact list.</p>	
<p><b>Fundraising Co-Chairs (2)</b> Managing fundraising team, (managing permits, licenses, venues, annual budgets, accounting, invoices, marketing, promotion, flyer distribution and post-production).</p>	
<p><b>Public Relations</b> Creating publicity materials for events and school promotions, managing all social media and marketing, including website.</p>	
<p><b>Fundraising Team</b> Responsible for organizing, promoting, attending and working both the Fall and Spring events.</p>	

<p><b>Property Team</b></p> <p>Job 1 – Responsible for replenishing the outdoor playground with sand once a year. Snow shoveling on Monday and Thursday.</p> <p>Job 2 – Responsible for raking and bagging all leaves in the playground as well as putting it out on the curb before the last leaf pick-up date. Snow shoveling Tuesday and Friday.</p> <p>Job 3 – Laundry all year and snow shoveling on Wednesday.</p>	
<p>If a non-parent job spot become available, would you be interested in paying an extra \$50/month in lieu of volunteering?</p>	

## 9. HiMama Agreement



**Centre Name:** New Toronto Cooperative Nursery School

**Participation Agreement to email and publish my child's work, photographs or videos via HiMama**

To: Parent / Legal Guardian,

Please read this page carefully as it includes information about safety and security issues associated with privacy and behaviour.

In the interest of safety and security we require parent permission for the publishing of children's work, photographs or videos through a software program called HiMama (the "Program"). By signing this form you grant permission for us to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein.

Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission.

To learn more about the Program, please visit [www.himama.com](http://www.himama.com). Please complete, sign, and return this form to the center if you wish to participate. We encourage you to contact us if you have any questions.

I hereby acknowledge that I wish to voluntarily participate in the Program:

Child's name: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please complete the participation agreement for each parent/guardian of the child.*