

**Dear Parent/Guardian:**

We are pleased that you are interested in having your child attend Bouncing Ball Co-op Nursery School. The following is some information about our school to consider before registering your child.

**Program statement for Bouncing Ball Co-op Nursery School**

Bouncing Ball is a co-operative nursery school. A co-op program allows the parents to participate in their child's preschool experience by spending time each month in the classroom.

Bouncing Ball Co-op strives to deliver positive and stimulating learning experiences in a safe environment that enhances a child's social, intellectual, physical, and emotional development. This enhancement happens throughout a child's daily routine, which encompasses a balance of indoor and outdoor play, as well as active play, quiet time, and snack times.

Play is the cornerstone of our curriculum – understood to be essential to the healthy social and cognitive development of children. Through play experiences and guidance by specially trained staff, the children are exposed to situations that will stimulate:

- communication and social skills through child-child and adult-child interactions;
- fine motor development;
- gross motor development through physical activity and outdoor play;
- self-esteem and decision-making capabilities;
- curiosity;
- initiative; and
- independence

When this approach to learning takes place along with teacher's understanding of child development, each child's learning and individual development is supported and as a result, the child's competence, capacity and potential are maximized. We know that children flourish in all areas of development when they are in supportive, caring and responsive relationships with adults whose focus is on the health, safety, nutrition and well being of all children. This is the foundation of our quality childcare.

Children are encouraged, but not forced, to participate in all activities. We strive to provide a program that offers services to children, their families and the community, that encompasses the research and legislation in Ontario's three major early learning documents: How Does Learning Happen? The Early Learning for Every Child Today (ELECT) and Think, Feel, Act Lessons from Research about Young Children.

Bouncing Ball Co-op Nursery School is a centre of inclusion. We believe that every child deserves to be treated with dignity, respect and equality. We honour and respect all children's beliefs, culture, language and experiences acquired from their family and community.

It is also the duty of the centre to ensure that any child with special needs is given the opportunity to excel and flourish physically, socially, mentally and emotionally.

Bouncing Ball Co-op is open to all support services and aids in the community to train our staff, contribute to individual program plans or work in the program as additional support in the classroom. Our staff will work cooperatively in a professional partnership with all services in place for the well being of the child. Service coordination meetings are required to successfully setup goals and discuss what the best interest of the child and their family is.

It is important to the success of our program to have positive and responsive interactions among the children, parents and our staff. We encourage engagement and open communication with parents about our program and their children at daily drop-off and pick-up times, as well as with weekly program plans, monthly newsletter and calendars, parent/teacher meetings and yearly surveys.

Documentation and photographs can be found in the classroom sharing the interests/projects determined by the children. Parents can use this tool for involvement by bringing in resources, such as books, pictures, costumes or music, which are relevant to the programming in the room at that time.

Bouncing Ball Co-op believes capturing and documenting our practice is a form of reinforcement of the learning process for educators, family and children.

**Strategy**

Our strategies to achieve our program statement are guided by the work done on Ontario's Pedagogy for the Early Years ("How Does Learning Happen").

We understand that learning and development happens within the context of relationships among children, families, educators, and their environments.

FOUNDATIONS	GOALS FOR CHILDREN	EXPECTATIONS FOR PROGRAMS
Belonging	Every child has a sense of belonging when he or she is connected to others and contributes to their world	Early childhood programs cultivate authentic, caring relationships and connections to create a sense of belonging among and between children, adults, and the world around them
Well-being	Every child is developing a sense of self, health, and well-being	Early childhood programs nurture a child's healthy development and support their growing sense of self, as well as self-regulation skills
Engagement	Every child is an active and engaged learner who explores the world with body, mind and senses	Early childhood programs provide environments and experiences to engage children in active, creative, and meaningful exploration and play to develop skills such as problem solving, creative thinking and innovating
Expression or communication	Every child is a capable communicator who expresses himself or herself in many ways	Early childhood programs foster communication and expression in all forms including creativity, problem solving, mathematical behaviours and language development

We understand that for children to grow and flourish, the four following foundational conditions need to exist: Belonging, Well-Being, Engagement, and Expression.

These foundations are a vision for the future potential of all children and a view of what they should experience each and every day. These four foundations apply regardless of age, ability, culture, language, geography, or setting. They are aligned with the Kindergarten program. They are conditions that children naturally seek for themselves.

Please reference our Parent Handbook to view the strategies that we have adopted to create these conditions.

### **What is a co-operative (Co-op) Nursery School?**

It is a non-profit organization administered and maintained by its members. Becoming a member of a co-operative school involves parent participation, which includes active involvement in all phases of the program. Parents of the children in the morning program may assist at the school each month under the supervision of a qualified Registered ECE teacher – we refer to these as — ‘duty days’ and families who do duty days are called participating parents. Each year there are also non-duty spots available for families unable to participate in duty. Registration for the programs are on a first come first served basis. Registration will be approved and communicated to the family by end of June based upon registration numbers and licensing requirements. One person from every member family, participating or non-participating – is required to serve on a committee and must attend all general meetings.

Duty parents are required to complete a criminal reference check (CRC) and hand in a copy of their up to date immunization record. Children not enrolled in the school (i.e. siblings) MAY NOT be brought to school on duty days (as dictated by insurance and licensing). Members who are on duty must arrive by 9:00 a.m. in order to set up and must remain until everything is put away and the children have been picked up. For families with more than one child enrolled, or with children enrolled for four sessions per week, please note that the number of duty days assigned is PER CHILD (i.e. a parent with two children will do double the number of duty days as a parent with one). Duty parents are required to supply a nut-free snack for all children, on their designated duty day. They are responsible for assisting the teachers in the classroom with all children enrolled.

If the Supervisor/teachers finds that a duty parent's child is not coping with their parent volunteering, (i.e. cries when the parents leaves the room and/or gives attention to other children), or is not completing their duty days requirements, then the nursery school reserves the right to adjust the parent to a non-duty parent role and the parent will be responsible to pay the Non-duty parent rate.

Throughout the year the Nursery School plans a number of field trips (approx. 4) that parents are required to drive their child to, and stay for the interim. If you and your child wish to participate then a criminal reference check must be completed. On field trip days there is no class. \*It is suggested that you submit your request for the Criminal Reference forms in early August in order to ensure that you have them back for the start of the school year.

### **Our Teachers**

Our teachers have created a welcoming and enjoyable classroom environment for your child to discover. They bring to the school over 30+ years of experience combined. Their nurturing and caring ways provide an excellent first school experience and learning environment. Their knowledge of child development allows the program to be customized to the individual child and helps in preparation for elementary school.

**Program Structure**

Bouncing Ball offers a 2 -morning or 3 -morning program for children 2.4 years of age to 5. Morning program hours are from 9:15-11:45 a.m.

- ✓ Morning classes consist of up to 20 children with 3 teachers.
- ✓ parent volunteers, (referred to as duty parents) may assist in the classroom

Our classes operate from the basement of St. James United Church, 2230 Victoria Street West, Innisfil (Stroud), which is fully equipped and regularly inspected.

The school year begins the day after Labor Day in September and continues until the third week of June. The school will be closed for 2 weeks over the Christmas holidays as well as for a week for March Break. A Year Plan of Action will be supplied laying out all the important dates.

Bouncing Ball Co-Operative Day Nursery School is licensed by the Ministry of Education, and inspected by the County of Simcoe, Innisfil Fire Department and Simcoe Muskoka District Health Unit.

**Registration process, waitlist and withdrawal policy**

To register please complete the attached registration package. If you have any questions regarding the school, the registration process or fees, please contact the Registrar/Book keeper at [bouncingballnurseryschool@gmail.com](mailto:bouncingballnurseryschool@gmail.com).

You will be notified by the end of June on your child's admission to Bouncing Ball. There will be an orientation for new students to familiarize your child with the classroom and teachers in August. If you are unable to attend, a visitation day may be arranged as requested to familiarize you and your child with the Nursery school surroundings.

When inquiring about the School you may request your child's name be added to the waitlist. The date you contact us will be noted, along with your first name, phone number/email address and child's birth date. There is no fee/commitment to do this. It is also helpful to know whether you are interested in a participating/non participating position. Duty spots are on a first come first served basis, with the first 8 completed and returned registration packages being guaranteed a duty spot. For the health, safety and dynamics of the classroom the Nursery School may accept up to 3 children with special needs in each group. When spaces become available families on the wait list will be notified by telephone/email in sequential order of when they contacted us, providing that their child meet the age criteria to attend.

One month's written notice, at the beginning of any month is required to withdraw from the program. Unless proper notice is given regarding withdrawal, the co-op is entitled to withhold one month's fees from the date of withdrawal. After March 1st of the current school year tuition fees are to be forfeited if the child is withdrawn.

A member may be removed from the co-op by a majority vote of the Directors for failure to fulfill membership requirements. And if, for any reason, the nursery school is unable to adequately provide an environment that suitably meets the need of a child enrolled in the program, the Directors maintain the right to request that an alternative educational setting is found for the child.

### **The Fees**

Below is the schedule of fees for the year. All fees are to be paid upon registration by post dated cheques dated the first of the month. Those paying via electronic money transfer (EMT) are required to pay the registration fee and deposits by July 1<sup>st</sup>. Members are responsible for paying the relevant monthly tuition before the start of each month.

### **Deposit**

1. A deposit equal to one month's tuition is due at the time of registration to the program (dated July 1<sup>st</sup>). It will be applied to the tuition for June 2020. Should you withdraw your child before the end of the school year, it will be used toward your last month of tuition.

### **Registration fee**

2. A \$50 registration fee is to be paid for each student by July 1<sup>st</sup> or at the time of registration. These fees are non-refundable after July 31 preceding the current school year. This covers insurance fees, administration costs and photocopying.

### **Meeting Attendance Deposit**

3. A \$30.00 meeting attendance deposit is required with your registration package. At the end of each General Meeting attended, you will receive a \$10.00 refund, (3 General Meetings scheduled per school year). This cheque should be dated July 1st.

### **Duty Day Deposit**

4. For parents that wish to participate in duty days, a \$45 deposit is held in trust. The money will be returned to you provided you complete the required number of duty days.

Monthly Tuition Rates	Non- Duty Parent	Duty Parent
2 days a week Tues./Thurs or Wed./Fri.	\$172.00	\$127.00
3 days a week, Mon./Tues./Thurs or Mon./Wed./Fri.	\$240.00	\$195.00 **Duty days to be completed on Thursdays or Fridays

5. Please make cheques payable to **Bouncing Ball Nursery School** and write your child's session(s) on the front of each cheque (e.g. T/T a.m.) Please feel free to combine the Registration Fee, Meeting Attendance Deposit and Duty Day Deposit, if applicable, and pay the total amount by July 1st.
6. A charge of \$25.00 will be levied for each/any NSF cheque(s).
7. For families wishing to pay by email transfer, please make Bouncing Ball an e-transfer recipient with your bank. Once your registration is confirmed, the e-mail address for payments is **bouncingballschool@live.com**. Please include your child's name and class in the email message. As with cheques E-transfers will be due on the first of each month from Aug 1 – May 1. Please note any additional fees charged by your bank to use e-transfer will be your responsibility.
8. Should you register after the beginning of the school year, you are responsible for providing all fees (registration fee, monthly deposit, remaining meeting attendance deposit/duty day deposit) upon registration, along with post dated tuition cheques.
9. Bouncing Ball Cooperative Nursery School reserves the right to ask for post-dated cheques in the event that EMTs or cash submissions are not received in a timely manner.
10. Those with delinquent accounts of thirty days may be asked to remove their child from the program

### **Registration Package Checklist**

#### **Don't forget to fully complete, sign and submit:**

- ✓ Please keep pages 1-7 of this package for future reference
- ✓ Registration Forms
- ✓ A copy of Immunization Record and Immunization Form must be returned with the registration package.
- ✓ All Required Cheques or notification of email transfer (Registration fee, months deposit, meeting attendance deposit, duty day deposit (if applicable) and tuition).
- ✓ Pick up a criminal reference check form from the teacher to take to your local police department.
- ✓ For parents wishing to participate in duty days: Copy of your immunization record before your first duty day

Child Care Centre Application for Enrolment  
Bouncing Ball Co-op Nursery School

**For Office Use Only**

Date of Admission:

Date of Discharge:

**2 Morning Options:** Tuesday/Thursday AM Wednesday/Friday AM**3 Morning Options:** Monday/Tuesday/Thursday AM Monday/Wednesday/Friday AM**Duty Parent:**Yes  No **Child Information**

<b>Full Legal Name:</b>	<b>Preferred Name:</b>
<b>Date of Birth (dd/mm/yyyy):</b>	<b>Age (years, months):</b>
<b>Home Address(es):</b>	
<b>Language(s) Spoken at Home:</b>	
<b>Other children in the family enrolled in the centre (list names, if applicable):</b>	

**Parent Information**

<b>Full Legal Name:</b>	<b>Preferred Name:</b>
<b>Relationship to Child:</b>	<b>Primary Phone Number:</b>
<b>Alternate Phone Number:</b>	<b>Email address(es):</b>
<b>Home Address:</b>	
<input type="checkbox"/> Same as Child	

<b>Full Legal Name:</b>	<b>Preferred Name:</b>
<b>Relationship to Child:</b>	<b>Primary Phone Number:</b>
<b>Alternate Phone Number:</b>	<b>Email address(es):</b>
<b>Home Address:</b>	
<input type="checkbox"/> Same as Child	

**Custody Arrangements (if applicable)**

Are there custody arrangements pertaining to legal right of access to your child? YES NO

If YES, please provide a copy of the appropriate legal documentation (e.g., court order).

Name(s) of custodial parent(s): \_\_\_\_\_

Name(s) of individuals prohibited from accessing/picking up your child: \_\_\_\_\_

**Emergency Contacts**

In the event of an emergency, if a parent cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Full Legal Name:	Full Legal Name:	Full Legal Name:
Preferred Name:	Preferred Name:	Preferred Name:
Relationship to Child:	Relationship to Child:	Relationship to Child:
Primary Phone Number:	Primary Phone Number:	Primary Phone Number:
Alternate Phone Number:	Alternate Phone Number:	Alternate Phone Number:
Home Address:	Home Address:	Home Address:
<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child

**Pick-Up Authorization**

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identify before the child will be released):

Full Legal Name	Relationship to Child	Primary Phone

**Additional Emergency Information**

Please provide any special medical or additional information about your child that could be helpful in an emergency (e.g., known medical conditions, skin conditions, vision/hearing difficulties):

### Health Information

If your child has had any history of communicable diseases (e.g., chicken pox, measles, mumps, whooping cough), please list them below:

Does your child have any medical need(s) that requires additional support (e.g., Diabetes)?  
YES NO If yes, please specify: \_\_\_\_\_

If yes, an individualized plan for children with medical needs must be developed between the parent and the child care centre prior to the child's first day of care.

### Allergy Information

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts or bee stings)?  
YES NO

If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the child care centre prior to the child's start date.

Does your child have any allergies that are not life-threatening (food or other substance [e.g., latex])?  
YES NO

If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

Does your child have any special dietary requirements or restrictions (e.g., vegetarian)?  
YES NO

If yes, please provide relevant details:

Family: Does your child have any siblings? No  Yes  Name(s)/Age(s):

\_\_\_\_\_

Other people in the household? No  Yes  Name(s)/Relationship:

\_\_\_\_\_

Special Experiences or Interests – i.e.: trips, events, animals, books, sports

\_\_\_\_\_

Special Family Traditions/Celebrations (what and when celebrated)

\_\_\_\_\_

Tell us a little bit about your child:

Emotional Behaviour
Characteristic behaviours (circle word(s) and/or add your own) Calm, excitable, easily angered, anxious, tearful, happy, cheerful, withdrawn, cautious, aggressive, negative fears
Social Behaviour
Characteristic behaviour (circle word(s) and/or add your own) Friendly, shy, quiet, outgoing, aggressive
Do you have any developmental concerns about your child?
Any other information that may be helpful in knowing your child (separation, divorce, new baby, Transgender, adopted child, recent loss, etc.)

Has your child ever been in the Infant Development Program? No  Yes

Is your child currently in or on a wait list for speech therapy? No  Yes

Is your child currently on the wait list for a Resource teacher? No  Yes

Are there any special recommendations pertaining to the daily care of this child? (e.g., prone to colds, frequent shoulder dislocation, etc.):

No Yes If yes, please specify: \_\_\_\_\_

**COMMITTEE FORM**

Please make a first and second choice of which committee you feel you would be best suited.

Every effort will be made to accommodate your first choice; however, committees will be filled on a first come first served basis. **Every parent (duty/non-duty) must be on a committee and must participate in committee activities.** You will be notified of your committee placement at the first General Meeting or shortly thereafter by the Head of the Committee.

**Housekeeping:** Periodically assist with laundry and cleaning of classroom equipment as outlined by the Head of Housekeeping.

**Fundraising:** Assist with fundraising events as directed by the Head of Fundraising.

**Social:** Assist in the setting up of chairs, and clean up at the general meetings throughout the school year and to assist when needed for other school events as directed by the Head of Social.

**Advertising:** Assist the Head of Advertising in posting flyers at local area grocery stores, etc., when requested.

**First Committee Choice** \_\_\_\_\_  
(e.g.: housekeeping)

**Second Committee Choice** \_\_\_\_\_  
(e.g.: social)

Are there any other skills/services/hobbies that you feel that you could offer and be of benefit to the school? Please specify.

**MEMBERSHIP AGREEMENT**

I/We the Parents/Guardians understand that the Co-operative is an organization whose successful operation depends on the participation and sharing of responsibilities of all Co-operating families.

**I/We agree to participate by:**

**MEETINGS-** BBNS is a cooperative nursery school and relies heavily on the involvement of its members. There are 3 mandatory GM's (General Meeting) throughout the year at which your participation is expected:

1. August Orientation GM = to inform all members on what to expect for the upcoming school year
2. October Annual GM = to vote on the budget
3. June GM = Elections for next year's executive, to clean facility

**COMMITTEES-** Working on one committee and being responsible for the duties it entails. The committees are as follows: Fundraising, Housekeeping, Social, and Advertising.

**DUTY PARENTS-** Should you sign up to be a Duty parent you agree to assist the school staff on duty days. On your duty day, you will provide a store bought snack for the class that abides by the Canada Food Guide. Please review the duty day responsibilities in the parent handbook. If unable to attend a scheduled duty day, arrange for a trade of shift using the class phone/email list. If unable to make arrangements contact the school and they will notify the Duty Roster Director, to reschedule the day or forfeit the \$45 duty day deposit. Another duty day deposit cheque will then be required.

## **FINANCES**

**Paying the fees as outlined in the Fee Agreement.**

Please check the sessions you require and how you will be paying:

**2 Mornings per week:**

Tues./Thurs. a.m

Wed./Fri. a.m.

**3 Mornings per week:**

Mon./Tues./Thurs.

Mon./Wed./Fri.

**I would like to be a: Duty Parent:**

**Non-Duty Parent:**

Cheque

Electronic Money Transfer (EMT)

**FUNDRAISING-** BBNS is a non-profit organization. The fundraising events have been designed to bring members together to build a sense of community within our school and contribute to our operating budget.

**WITHDRAWAL**- Agreeing to give one month's written notice of intention to withdraw to the Registrar. Unless proper notice is given regarding withdrawal by a member the Co-Op is entitled to withhold one month's fees from the date of withdrawal. After March 1 of the current school year, all tuition fees are to be forfeited if a child is withdrawn.

**CONFIDENTIALITY** – Staff and board members work hard to do their best each day. Any concerns should always be brought to the attention of the supervisor or chair person of the board and not discussed in a public forum. It is important to Bouncing Ball Co-op Nursery that confidentiality of our staff, volunteers, families, and community partners is respected. See Procedures for Parent Issues and Concerns in parent agreement.

**TELEPHONE/EMAIL RELEASE**- I give permission to have my child(ren)'s name, parent/guardian's name and phone number/e-mail added to the school phone list. I understand that it will only be used for the purpose of communicating amongst other nursery School families to relay information about the school. It will not be shared with third parties.

- Yes  
 No

**PHOTO RELEASE**- During the course of each school year, the teachers at Bouncing Ball take photographs of the children during class time and school trips. These photos are sometimes used in school projects and graduation ceremonies and are sometimes shared in the classroom via small photo albums the students and duty parents can look at. These photos will also make up part of the school's archived documents.

With respect to the photographs taken of my child(ren) or in which he/she/they may be included with others, I hereby give Bouncing Ball Co-Op Nursery School the following permission:

- Share the photographs within our classroom with other registered students and their Families.  
 Share the photographs outside our classroom for purposes of marketing/advertising material and website content (*Please note that personal information – ages, names – is never shared*)

**MEDICAL CONSENT FORM**- I hereby give permission to have my child examined by a doctor as necessary, and if at any time due to an accident, sudden illness or emergency, medical treatment if necessary, this may be given. I as a parent/guardian will accept responsibility of any medical expense that result from injury or accident to my child during activities he/she participates with Bouncing Ball Nursery School.

**IN CASE OF EMERGENCY:**

1. Where the health and well being of my child/ward is involved.
2. Where medical advice has been such that further services are required, services which require the consent of the parent or guardian.

- 3. Where all attempts to contact the parent/guardian have failed or where due to the nature of the emergency there is insufficient time to contact such parent/guardian.

It shall be at the discretion of the TEACHER IN CHARGE of the group to take any emergency measures for the welfare and safety of my child/ward.

As the parent/guardian under the circumstances enumerated above, I/We hereby authorize the TEACHER IN CHARGE to secure such medical advice and services as may be deemed necessary for the health and safety of my/our child/ward. I/We agree to accept financial responsibility in excess of the benefits allowed by the Ontario Health Plan.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Signature of Witness*

**IMMUNIZATION RECORDS**- Please provide a copy of your child's immunization record (e.g., yellow card) to the centre prior to your child's first day of care.

If you have chosen not to immunize your child, a [Statement of Medical Exemption](#) form or a [Statement of Conscious or Religious Belief](#) form must be completed and provided to the centre. These forms are available on the Ministry of Education's website.

**BY-LAWS and PARENT HANDBOOK**- **Abiding by the by-laws and parent handbook of the school.** No person shall become a member until the Directors have approved his/her application for membership. The Directors may refuse any application without giving reason. A member may be removed from the Co-Op by a majority vote of the Directors for failure to fulfill membership requirements.

**ACKNOWLEDGEMENT OF UNDERSTANDING**

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS REGISTRATION PACKAGE. I AGREE TO ABIDE BY THE TERMS OUTLINED IN THE REGISTRATION PACKAGE AND PARENT MANUAL. THIS INFORMATION IS AVAILABLE ON OUR WEBSITE FOR YOU TO REFER TO.

TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION SUBMITTED IS CORRECT.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

## Child Care Immunization History

### Student Information

- Please attach a current copy of your child's immunization record
- Parent to complete the following form at the time of Child Care registration, and return to the Child Care facility to forward to the health unit

Child's Legal Surname	Other Surnames (if any)
Legal First Name	Preferred Name
Date of Birth    yyyy / mm / dd <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Ontario Health Card Number
Legal Parent / Guardian	Legal Parent / Guardian
Preferred Mailing Address	Alternate Mailing Address
City	City
Postal Code	Postal Code
Preferred Phone _____ (circle one) Home                      Cell                      Work	Preferred Phone _____ (circle one) Home                      Cell                      Work
Alternate _____ (circle one) Home                      Cell                      Work	Alternate _____ (circle one) Home                      Cell                      Work
Current Preschool / Child Care	
Previous Preschool / Child Care	

When your child receives their next immunization(s), provide this information to the Child Care Centre and call the health unit or complete the secure electronic form on our website at [www.simcoemuskokahealth.org/immsonline](http://www.simcoemuskokahealth.org/immsonline) to update their immunization record in our database. Immunization records and updates are NOT automatically provided by your doctor.

The Simcoe Muskoka District Health Unit is required by the *Child Care and Early Years Act, R.R.O. 2014 Reg. 137/15 s. 35* to collect and maintain up-to-date records of immunization for every child enrolled in a program. Children are to be immunized complete for their age in accordance with the current Publicly Funded Immunization Schedule for Ontario.

If you choose not to immunize your child, please contact the health unit for more information at 705-721-7520 or 1-877-721-7520 ext. 8807.

2015-09

This information is collected under the authority of the *Health Protection and Promotion Act R.S.O 1990 c.H.7., s.4* and the *Child Care and Early Years Act, R.R.O. 2014 Reg. 137/15s. 35*. The personal health information collected on this form will be used to maintain immunization records and to monitor the use of vaccines for public health purposes. Questions regarding the collection and use of personal health information should be directed to the Office of the Privacy Officer, Simcoe Muskoka District Health Unit, 15 Sperling Drive, Barrie ON L4M 6K9, 705-721-7520 or 1-877-721-7520.