

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

**BOUNCING BALL CO-OPERATIVE NURSERY SCHOOL  
REGISTRATION PACKAGE**

**PLEASE DIRECT ALL QUESTIONS ON REGISTRATION TO THE REGISTRAR  
Wendy Colthart at 812-0495 or by email at bouncingballnurseryschool@gmail.com**

**Dear Parent/Guardian:**

We are pleased that you are interested in having your child attend Bouncing Ball Co-Operative Nursery School. The following are some points set out in the By-Laws of the school that you should consider before registering your child.

**WHAT IS A CO-OPERATIVE DAY 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 assist at the school each month under the supervision of a qualified ECE teacher – we refer to these as “duty days” and families who do duty days are called participating members. Each year there are also a small number of non-duty spots available for families unable to participate in duty. The afternoon program does not involve duty days. 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 either a nut-free snack or apple juice for all children, as per the schedule. Children in the afternoon program must bring their own snack.

**IMPORTANT:**

- Please keep pages 1-3 of this package for future reference.
- Your child's name must be filled in at the top of each page where indicated as these pages will be separated and filed accordingly.
- Please note that the Health Form and Preschool Immunization History form, along with a photocopy of your child's immunization record, **MUST** be returned with the registration package. Your child will not be permitted to attend school until these forms have been submitted.
- Duty parents **MUST** submit a completed criminal reference check (CRC), including vulnerable sector screening and a photocopy of their up to date immunization record before being allowed to complete a duty day. It is suggested that you submit your request for these forms in early August in order to ensure that you have them back for the start of the school year.

**PROGRAM STRUCTURE**

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

## **BOUNCING BALL CO-OPERATIVE NURSERY SCHOOL REGISTRATION PACKAGE**

The Bouncing Ball Co-Operative Nursery School is licensed to enroll a total of 64 preschoolers, including up to 8 children with special needs. Classes consist of up to 20 students in the morning sessions ( 9:15 a.m. to 11:30 a.m), and up to 12 students in the afternoon session (1:00 p.m. to 3:15 p.m.). Our classes operate from the basement of St. James United Church, Victoria Street West, Innisfil (Stroud), which is fully equipped and regularly inspected.

The school year begins the day after Labour Day in September and continues until the third week of June. A Year Plan of Action will be supplied laying out all the important dates.

For the morning program, children must be 2 ½ years of age the day they start.

For the afternoon program, children must be between 3-5 years of age.

Bouncing Ball Co-Operative Day Nursery School is licensed by the Ministry of Community and Social Services.

### **PROGRAM DEVELOPMENT**

Programs are evaluated regularly to reflect changes within the Day Nursery Act and ideologies on Early Childhood Education. Once a month, a newsletter will be sent home informing you of topics of interest, including program themes, events and nursery school news. You are invited to contribute to these newsletters.

### **GOALS AND PHILOSOPHY OF 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.

The fundamental goal of the nursery school is to provide an environment that will develop and encourage the developmental and social needs of the preschool child. A preschool child is generally ego-centred. He or she relates to the world from their own needs alone. Because of this, our program is set up to help the child learn to share and co-operate with their peers. They do this through group play activities, circle activities, games and songs. Although many basic readiness skills and number and letter concepts are introduced in the morning program, our primary focus is not academic. The afternoon program does have a strong academic component, as it is designed to be an alternative/ complimentary program to Kindergarten.

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**ADMISSION AND DISCHARGE POLICY**

You will be notified by the end of May on your child's admission to Bouncing Ball. There will be an orientation for new students in June to familiarize your child with the classroom and teachers. 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.

A member may withdraw by giving one month's written notice of their intention 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 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.

Below is the schedule of fees for the year. All fees are to be paid upon registration by cheques dated as indicated.

**FEE SCHEDULE FOR 2010 - 2011**

<b>TITLE</b>	<b>AMOUNT</b>	<b>PURPOSE</b>
<b>Membership/Registration</b> (cheque dated July 1)	\$50.00	Insurance coverage, photocopies, newsletters, supplies, PCPC membership
<b>A.M. Participating Tuition/month</b> (dated August 1 to May 1, inclusive- August payment is June deposit)	\$90.00	Attendance on scheduled days
<b>A.M. Non-Participating Tuition/month</b> (dated August 1 to May 1, inclusive- August payment is June deposit)	\$125.00	Attendance on scheduled days
<b>P.M. Non-Participating Tuition/month</b> (dated August 1 to May 1, inclusive- August payment is June deposit)	\$100.00	Attendance on scheduled days
<b>Duty Day Deposit</b> (cheque dated July 1)	\$35.00	Emergency payment for missed duty day; once used, a new cheque will be required. Deposit will be returned at the end of the school year.
<b>Meeting Attendance Deposit</b> (cheque dated July 1)	\$30.00	\$10 refunded for each general meeting attended (3 meetings in all)

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 on one cheque dated July 1.

~A charge of \$10.00 will be levied for each/any NSF cheque(s).

\*Although it appears tuition fees have gone up, the balance between tuition and fundraising fees has been adjusted to enable registering families to take advantage of tax deductions offered for tuition. We have removed the fundraising fee option and will instead run a few FUNdraising events (emphasis on FUN) throughout the year that will focus on building a sense of community among the families involved in the nursery school.



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Has your child ever been in the Infant Development Program?

Is your child currently in or on a wait list for speech therapy?

How did you hear about Bouncing Ball Nursery School?

- Friend  Family Member       Flyer       Ad in newspaper/parks & rec. guide  
 Internet       Referred by someone – If you wish, please specify who: \_\_\_\_\_  
 Other – please specify \_\_\_\_\_

**The school MUST be notified if someone other than a household member is to be picking up your child.**

Other members of the household and/or those allowed to take your child from the school premises:

	<u>Name</u>	<u>Relationship to child</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

**\*\*\*\*\*IMPORTANT\*\*\*\*\***

**For the safety of your child, PLEASE inform us if there is a person NOT allowed to take your child from the school premises.**

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For office use only:

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

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

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

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**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:**

**CRIMINAL REFERENCE CHECK**

**Completing and returning a Criminal Reference Check (CRC) prior to my first duty day.**

Effective March 1, 1985, a CRC including a Vulnerable Sector Check must be completed by all participating members in the school (duty parents). These are kept confidential and are valid for 2 years. Forms are available from the Registrar. The CRC may be applied and paid for through local Police Services. CRCs are to be returned to the school in a sealed envelope marked "Confidential" – Attention: Registrar.

**DUTY DAYS**

**Assisting the school staff on the days scheduled for me/us and if unable to attend, arranging for a trade of shifts using the class phone list.** If unable to make arrangements, I will notify the Duty Roster Director, at which time the \$35 duty day deposit will be forfeited and another duty day deposit cheque will be required.

**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 (and a wonderfully social meet and greet potluck)
3. June GM = Elections for next year's executive

\*BBNS hosts a guest speaker in April. Members are encouraged to take advantage of this free and informative evening.

**COMMITTEES**

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

**FINANCES**

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

**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. If a member withdraws within 3 weeks of enrollment the registration fee shall be refunded provided there is a replacement student, otherwise it is forfeited. After March 1 of the current school year, all tuition fees are to be forfeited if a child is withdrawn.

**BY-LAWS**

**Abiding by the by-laws of the school.** No person shall become a member until his/her application for membership has been approved by the Directors. 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.

Having read and understood the By-Laws and rules of Bouncing Ball Co-Operative Nursery School:

**I/We agree to abide by the agreement outlined above.**

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

\_\_\_\_\_  
Date

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**FINANCIAL AGREEMENT**

1. Please check the sessions you require:

Tues./Thurs. a.m. ( 2 1/2 - 5 years)

Tues./Thurs. p.m. (3 – 5 years)

Wed./Fri. a.m. (2 1/2 – 5 years)

2. A membership and registration fee of \$50.00, cheque made payable to Bouncing Ball Nursery School, dated July 1 is required at the time of registration. These fees are non-refundable after July 31 preceding the current school year.
3. A \$35.00 duty day deposit is required with your registration package. This cheque should be dated July 1.
4. 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 1.
5. Monthly tuition fee of (circle one, see p.3) \$90 / \$125 / \$100 is due with the registration package. Please include post-dated cheques for the 1st of each month, dated August 1 to May 1 inclusive, for each child. (August payment is June deposit).
6. Write your child's session(s) on the front of each cheque for processing purposes, (e.g. T/T a.m.)
7. In the case of an NSF cheque being returned, a \$10.00 fee will be charged to the member.

**PLEASE NOTE:**

We suggest your child start at the beginning of a month, as you are responsible for the entire month's fees, whether or not your child attends the complete month.

**I UNDERSTAND AND AGREE WITH THE ABOVE STATEMENTS.**

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

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

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**CONSENT FORM**

In consideration of the benefits expected to be derived from the admission of our child/ward to the Bouncing Ball Co-Op Nursery School (Stroud) Inc., I/We hereby give consent for the above named child to be taken on supervised field trips, provided that I/We are informed of each trip in advance. I/We further covenant and agree in consideration our child/ward being allowed to participate in the nursery school program to indemnify and save harmless the teachers in charge and persons who may transport my child/ward---provided such person is a volunteer, unpaid driver—from any claims or demands that may be made by my child/ward arising out of any accident or other happenings.

**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.

IN WITNESS WHEREOF, I/we have hereunto set hands and seals.

AT \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_  
*Town/City Date Month, Year*

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

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

**Emergency contact:**

If the parent/guardian cannot be reached, please contact:

Emergency contact name (other than parents): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home phone number for contact: \_\_\_\_\_

Cell/work number for contact: \_\_\_\_\_

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

## **BOUNCING BALL CO-OPERATIVE NURSERY SCHOOL REGISTRATION PACKAGE**

- Behaviour management policies shall be included in the nursery school booklet and presented to each new member in September.
- The policies shall be reviewed, updated and changes made if it seems necessary by the membership.
- Each new member shall be briefed regarding disciplinary measures before commencement of duty days. Compliance evaluations of staff and parent volunteers will take place twice during the school year.
- Children shall be disciplined in a positive manner at a level that is appropriate to their actions and their age.
- Self-discipline will be promoted so that children can learn to manage their own behaviour.

Unacceptable behaviours include: lack of respect for self, lack of respect for others, lack of respect for equipment.

### **SPANKING AND OTHER FORMS OF CORPORAL PUNISHMENT ARE NOT PERMITTED!!**

Withdrawal of the child from the group to sit quietly on a chair for a few minutes will be the extreme form of punishment (minutes=age, e.g. 3 years, 3 minutes) This is used as the last resort after the teacher has tried a more positive method, to which the child has not responded.

### **Guidelines for Parents Regarding Behaviour Management**

1. Be pleasant and calm,
2. Speak directly and distinctly to the child
3. Give simple, concise directions
4. Do not bribe or compare one child to another
5. When expressing disapproval, tell the child what the appropriate or expected behaviour is (“no hitting, you need to tell Sarah that you are using that doll”)
6. Never degrade or humiliate
7. Suggest a substitute action (“you may throw this beanbag but not the blocks”)
8. Do not make an example of the child
9. A child should not be reprimanded in front of his peers
10. Encourage turn-taking
11. Physical punishment is not permitted
12. Commend good behaviour

**\*IF IN DOUBT, ASK A TEACHER!!**

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**BEHAVIOUR MANAGEMENT POLICIES AND PROCEDURES (p. 2 of 2)**

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**THE OPERATOR SHALL NOT PERMIT:**

1. Corporal punishment of a child by an adult or another child/group of children.
2. Deliberate harsh or degrading measures to be used on a child that would humiliate or undermine a child's self-respect.
3. Deprivation of a child's basic needs including food, shelter, clothing or bedding.
4. An exit to be locked for the purpose of confining a child.
5. The use of a locked or lockable room or structure to confine a child who has been withdrawn from the other children.

**Contravention of Behaviour Management Policy:**

**1. First Offence: Verbal Warning**

Staff Member/Parent will be given a verbal warning about the contravention of the behaviour management policy. The behaviour management policy of the school will be reviewed with the individual and documentation of this verbal warning will be signed by both parties and kept on file.

**2. Second Offence: Written Warning**

Staff Member/Parent will be given a written warning about the contravention of the behaviour management policy. The behaviour management policy of the school will be reviewed with the individual. The seriousness of a second warning will be stressed, along with advisement that any subsequent infractions will lead to immediate dismissal. This written warning will be signed by both parties and kept on file.

**3. Third Offence: Dismissal**

In the event of a third contravention of the behaviour management policy, the staff member/parent will be dismissed. In the case of a parent volunteer, the parent will no longer be permitted to perform duty days, and non-duty fees may apply. The child/children of this parent will be permitted to remain in the program at the discretion of the Executive. Written documentation of the infraction will be read and signed by both parties. Documentation of the dismissal will be kept on file.

**ANY USE OF CORPORAL PUNISHMENT WILL RESULT IN IMMEDIATE DISMISSAL.**

By signing this form, I agree that I have read and understood the Behaviour Management Policies and Procedures of Bouncing Ball Co-Operative Nursery School.

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

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

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

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

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**PLAYGROUND POLICY**

The children will participate in an outdoor play session each day, weather permitting. Child-staff ratios must be maintained at all times on the playground. All children who come to school must go outside with

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the group. Please send LABELLED clothing, which is appropriate to the weather and is free of loose strings or fastenings.

The playground will be inspected daily, monthly, seasonally and yearly to ensure that all equipment and enclosures are in safe working order.

By signing this form, I agree that I have read and understood the Playground Policy of Bouncing Ball Co-operative Nursery School.

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

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

**PHOTO RELEASE POLICY (Optional)**

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

- To copyright the same in Bouncing Ball Nursery School's name or any other name that Bouncing Ball Nursery School may choose.
- To re-use, publish and re-publish the same in whole or in part, individually or in conjunction with other photographs in any medium and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion and advertising and trade.
- To use my child(ren)'s given name(s) in connection therewith if Bouncing Ball Nursery School should choose.

I hereby release and discharge Bouncing Ball Nursery School from any and all claims and demands arising out of, or in connection with, the use of the photographs of my child(ren) including any and all claims for libel.

This authorization and release shall also ensure to the benefit of the legal representatives, licensees and assigns of Bouncing Ball Nursery School.

I am over the age of eighteen and am the legal guardian of the child(ren) in photographs. I have read the foregoing and fully understand the contents thereof.

\_\_\_\_\_  
*1. Name of Child*

\_\_\_\_\_  
*2. Name of Child*

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

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

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

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

**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**

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**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, coffee, snack 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.

**Telephone:** Call appointed number of parents in your child's class to remind them of upcoming General Meetings and to communicate school closures or other emergency information.

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

Parent's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Child is enrolled in which session(s)?:     T/T am                       W/F am                       T/Tpm

**First Committee Choice** \_\_\_\_\_  
(eg: telephone)

**Second Committee Choice** \_\_\_\_\_  
(eg: social)

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

\_\_\_\_\_

**THIS COMPLETED FORM MUST ACCOMPANY YOUR REGISTRATION PACKAGE**

\_\_\_\_\_

**HEALTH RECORD**

Child's Date of Birth: \_\_\_\_\_  
*dd/mm/yy*

Family Doctor: \_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Phone #*

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

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Address of Doctor: \_\_\_\_\_  
*Street address* *City* *Postal Code*

**HEALTH HISTORY:**

Communicable Diseases (check any the child has had):

- Chicken Pox       Measles       German Measles       Mumps       Whooping cough
- Other \_\_\_\_\_

**\*IMMUNIZATION INFORMATION FORM ON FOLLOWING PAGE MUST BE COMPLETED\* and submitted with a photocopy of your child's immunization record and a copy of all duty parents' immunization record(s) showing that the Diphtheria and Tetanus vaccinations are up to date (as per the requirements of The Day Nurseries Act. In most cases, this can be obtained from your family doctor if you don't have a copy yourself.)**

- **For parents who are choosing not to vaccinate their child(ren)**, the Health Department requires that registrants of Bouncing Ball Nursery School submit a signed, hand written note with their packages stating that immunizations "conflict with their convictions".
- If you are a duty parent with these same convictions, please provide a signed, hand written note indicating that you have not continued with your immunizations for the same reasons.
- Please note that the regulations are more stringent once your child reaches "big school", at which point you will need to provide a legally notarized affidavit.

Does your child have any known allergies?

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

Are there any special recommendations pertaining to the daily care of this child?

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

Is your child receiving any medications to be given at the Nursery School?

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

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

## BOUNCING BALL CO-OPERATIVE NURSERY SCHOOL REGISTRATION PACKAGE



Tel: 721-7520  
Toll free: 1-877-721-7520  
www.simcoemuskokahealth.org  
Your Health Connection

### Day Nursery Immunization History

#### FORM TO BE COMPLETED AT THE TIME OF REGISTRATION

Nursery School/Day Care operators are required by the *Day Nurseries Act, R.R.O. 1990 Reg. 262, s.33* to keep a record of immunization on each child enrolled in a program or the parent/guardians reason in writing as to why the child is not immunized. Please note that once your child attends school additional documentation is required under the *Immunization of School Pupils Act* if you choose not to immunize. Please contact the health unit to discuss your options.

**Please complete the following section and attach a photocopy of your child's immunization record.** A copy of this information will be given to and kept on file by the Simcoe Muskoka District Health Unit. Health unit staff will review immunization information on each child enrolled in a Nursery/Day Care program. If your child's immunization record is not complete you will be notified by the health unit.

**Immunization records are NOT automatically provided by your doctor. Please call the health unit when your child receives an immunization so that their electronic record can be updated.**

#### Student Information

Date: \_\_\_\_\_  
yyyy / mm / dd

Child's Surname:	
Given Name:	
Date of Birth:      yyyy / mm / dd	<input type="checkbox"/> M <input type="checkbox"/> F
Ontario Health Card Number:	
Parent / Guardian:	
Mailing Address:	
City:	Postal Code:
Phone (H):	Phone (W):
Current Preschool/Daycare:	
Previous Preschool/Daycare:	

**Please attach a photocopy  
of your child's Immunization  
Record**

Publicly Funded Routine Immunization Schedule for Ontario / Calendrier de vaccination systématique publique en Ontario											
	Diphtheria Diphtérie	Tetanus Tétanos	Pertussis Coqueluche	Polio Poliovirus	Heb Hépatite B	Haemophilus influenzae type b Hépatite B	Meningitis Méningite	Mumps Morbillons	Measles Rougeole	Whooping cough Coqueluche	Varicella Variole
2 mo.	✓	✓	✓	✓	✓	✓					
4 mo.	✓	✓	✓	✓	✓	✓					
6 mo.	✓	✓	✓	✓	✓	✓					
12 mo.	✓	✓	✓	✓	✓	✓					
15 mo.											
18 mo.	✓	✓	✓	✓	✓	✓					
4-6 yrs/ans	✓	✓	✓	✓	✓	✓					
12 yrs/ans											✓
14-18 yrs/ans	✓	✓	✓								
Every 10 yrs. Tous les 10 ans par la suite	✓	✓									

1. Must be after 1<sup>st</sup> birthday / Après le 1<sup>er</sup> anniversaire impérativement.  
 2. If/If recommended / Doit recommandé.  
 3. Hepatitis B immunization is based on two-dose schedule for Grade 7 Students (administered in schools). La vaccination contre l'hépatite B est basée sur une posologie de deux doses pour les élèves de 7<sup>e</sup> année (administrée dans les écoles).

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 *Day Nurseries Act R.R.O. 1990 Reg. 262, s.33*. 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

### ANAPHYLAXIS POLICY STATEMENT

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

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REGISTRATION PACKAGE**

Bouncing Ball Nursery School recognizes the potentially serious consequences of children with allergies. These allergies may include a condition known as anaphylaxis. Anaphylaxis is a severe, potentially life-threatening allergic reaction brought about by exposure to certain foods or other substances.

Exposure does not always involve ingestion; the smell or touch of certain foods can trigger a reaction as well. Peanuts and peanut by-products, such as peanut oil and peanut butter, are the most common allergens to trigger an anaphylactic reaction. Other foods such as strawberries, fish, shellfish, wheat and soy as well as non-food items such as latex and bee stings can also bring about a life-threatening reaction.

Bouncing Ball Nursery School does not claim to be, nor can it be deemed to be entirely free of foods and non-food items that may lead to a severe allergic or anaphylactic reaction. Bouncing Ball will make every reasonable effort to reduce the risk to children with severe allergies or anaphylaxis in accordance with this policy.

Bouncing Ball staff endeavours to create an environment that reduces that risk to severely allergic or anaphylactic children. This requires the co-operation and understanding of all members of Bouncing Ball, including staff, children and parents. We request that parents refrain from sending/bringing in peanut and nut products, as well as items that "may contain" peanuts/nuts.

**I have read and understand the Bouncing Ball Nursery School Anaphylaxis Policy.**

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

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

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**TELEPHONE NUMBER RELEASE POLICY**

By signing below, I give permission to have my child(ren)'s name, parent/guardian's name and phone number added to the school phone list, which will be handed out to each member's family.

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

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

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**ACKNOWLEDGEMENT OF UNDERSTANDING**

I hereby acknowledge that I have read this registration package and understand and submit all information to be correct to the best of my knowledge.

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

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