

DUFFERIN / ST. CLAIR BEARS NURSERY SCHOOL
Application 2011

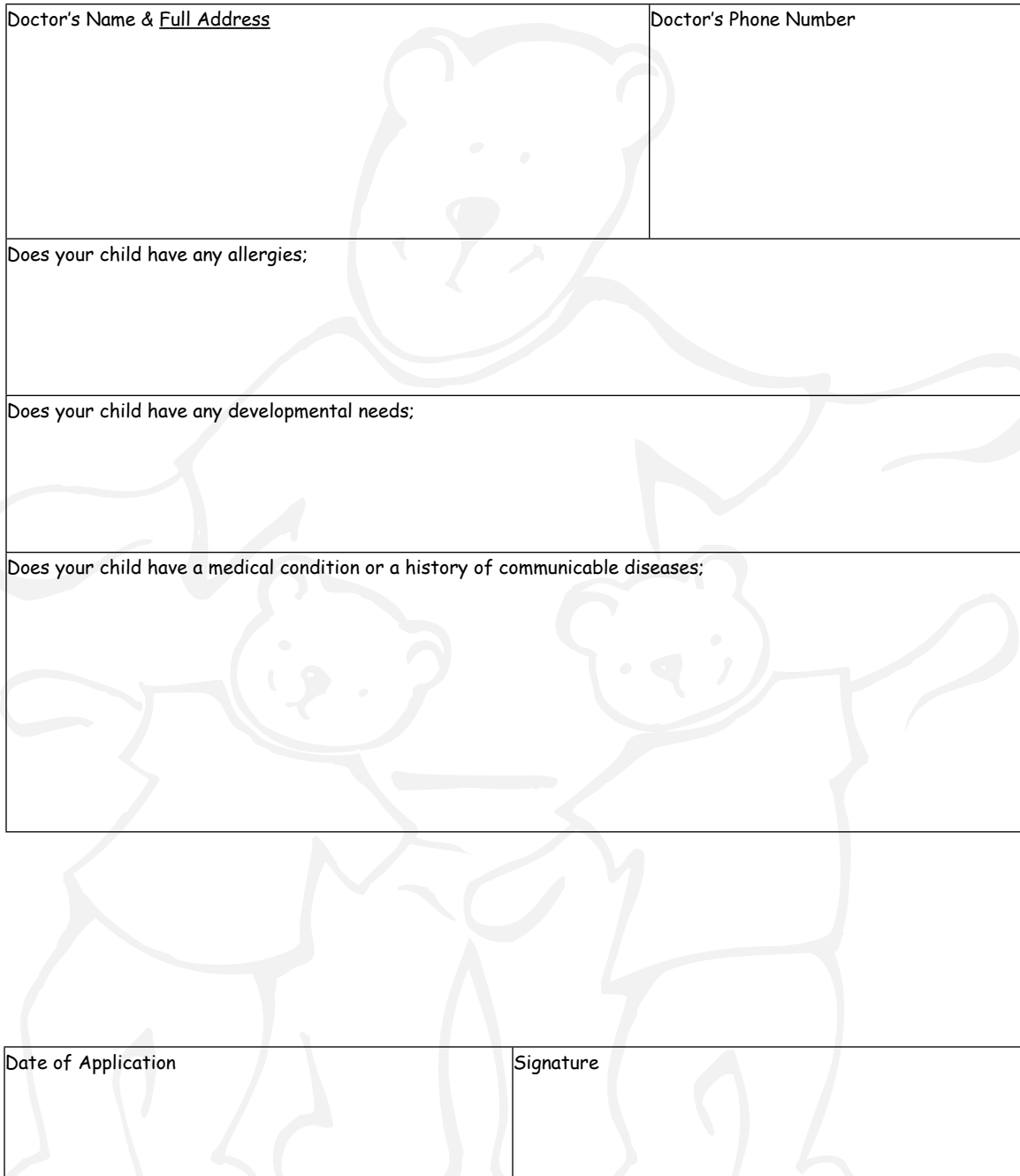
Date of admission -		
Date of withdrawal-		
Child's Last Name	First Name	Date of Birth (day, month, year)
Child's Place of Birth	Lauguage(s) spoken	Siblings
Mother's Last Name	Mother's First Name	Email Address
Mother's Home Address (including postal code)		Mother's Home Phone
Mother's Business Phone	Name & Address of Mother's Employer	Mother's Cell Phone
Father's Last Name	Father's First Name	Email Address
Father's Home Address (including postal code)		Father's Home Phone
Father's Business Phone	Name & Address of Father's Employer	Father's Cell Phone

ALTERNATE CONTACTS:

1. Name	Home Phone	Cell Phone
Address		Relationship to child
2. Name	Home Phone	Cell Phone
Address		Relationship to child
3. Name	Home Phone	Cell Phone
Address		Relationship to child

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Doctor's Name & <u>Full Address</u>	Doctor's Phone Number
Does your child have any allergies;	
Does your child have any developmental needs;	
Does your child have a medical condition or a history of communicable diseases;	
Date of Application	Signature



PARENTS' CONTRACT

I understand and agree to follow through with all the procedures and regulations stated in the Dufferin / St.Clair Parent Handbook including;

- The Parent's Participation description (page 8)
- The Registration, Admission, Holidays, Fees, and Fine procedures (page 12- 13)
- The Policy details (page 14-19)

I have read the attached documents, understand their contents and will comply with the guidelines stated.

Signature of Parent/Guardian

Signature of Supervisor

Date

Date

INFORMATION CONFIDENTIALITY

A requirement under the Municipal Freedom of Information and Protection of Privacy Act (1989), is that personal information shall not be disclosed to any person other than the individual to whom the information relates (or the parent if the individual is under the age of 18) unless prior consent is obtained for that disclosure. While the Nursery School is not required under the Act to do so we believe it is prudent for all child-care operations to voluntarily follow the Act's requirements.

I hereby give consent to the staff of the Dufferin/St. Clair Bears Nursery School and Regal Road Public School/St. Bruno's Catholic School to communicate with each other regarding information which relates to the physical, emotional and social development of my child.

I understand that any written communication will be kept in my child's file in their school and the Nursery and may be viewed by myself or the staff of the Dufferin/St. Clair Bears Nursery Co-op or Regal Road Public School/St. Bruno's Catholic School at any time. I further understand that this waiver applies for the 200___/200___ school year. This consent is valid to June 200___.

Signature of Parent/Guardian

Signature of Supervisor

LATE PICK-UP POLICY/WAIVER

In the event of a late pick-up, the procedures are as follows:

1. Attempts will be made to contact parents.
2. Attempts will be made to contact Alternate Contacts.
3. A designated Board Member will be called in.

A serious occurrence occurs when a 2-hour period has been surpassed and the above steps have been unsuccessful. The following procedures will be followed:

4. When a 2-hour period has lapsed, the Children's Aid Society (CAS) will be contacted to pick up the child.
5. The Ministry of Community and Social Services (MCSS) will be contacted to report a Serious Occurrence.

Signature of Parent/Guardian

Signature of Supervisor



RELEASE FORM

My child, _____ is allowed to be released at the end of
the school session with the following persons:

1. _____
2. _____
3. _____
4. _____

Signature of Parent/Guardian

Signature of Supervisor

MEDICAL AUTHORIZATION

TO: Any and all physicians and/or hospitals

FROM: _____
(Parents/Guardian's Name(s))

RE: _____
(Child's Name)

Should any need arise for the provision of medical or hospital treatment of my/our child _____, born _____,

I/we the undersigned _____
Parent(s)/guardian(s) of the said child hereby authorize and direct you to accept the DUFFERIN/ST. CLAIR BEARS NURSERY SCHOOL, exercising temporary custody of my/our child, As if such consent had been given to you by me/both of us, and for so doing this shall be your good sufficient and absolute authority.

Signature of Parent/Guardian

Signature of Supervisor