



NEW HAMBURG & AREA CO-OPERATIVE PRESCHOOL

3433 Huron Road, New Hamburg, Ontario N3A 3C4

Tel: 226-972-5073

Teacher: Mrs. Holly McCurdy

Dear Family,

Thank you for your interest in enrollment in New Hamburg & Area Co-operative Preschool for the 2024/2025 year.

New Hamburg & Area Co-operative Preschool provides a unique opportunity for children and families to learn and grow together in a co-operative environment. We take pride in building solid foundations for lifelong learning while nurturing self-esteem and relationships.

Your first month's tuition is required along with this registration form to hold your child's spot in one of our classes. This is per spot so it increases if you are enrolling more than one child or one child in two classes. If you withdraw after June 1st this tuition is non-refundable.

Completed Registration forms and may be dropped off at the Preschool during the classroom hours indicated in the chart below. You may also contact our registrar to arrange an alternative drop off time.

Classes Available:

Classes	Time	Ages	Class Size	Cost/Month
Monday, Wednesday AM	9:00AM – 12:00PM	2 – 5 years	Maximum 16 students	\$96 per month (fee has been reduced by 52.75% due to CWELCC funding)
Tuesday, Thursday AM	9:00AM – 12:00PM			

The following is a listing of important registration dates:

Registration Opens:

Current Families: Friday March 1, 2024 (priority until March 10th only)

Alumni Families: Wednesday March 20, 2024 (priority until March 31st only)

New Families: Monday April 1, 2024

For more information about New Hamburg & Area Co-op Preschool, please visit our website:

www.newhamburgpreschool.com

Should you have any questions or comments while completing your Registration documents, please contact our Registrar: registrar.nhp@gmail.com

*Please add this email to your safe sender list to ensure you don't miss emails

New Hamburg & Area Co-operative Preschool Registration Package

Registration Checklist: *(print pages 3-7 of this document and deliver to Preschool during school hours or contact Registrar for alternate drop-off)*

- Online Registration with OneList Waterloo Region:
<https://regionofwaterloo.onehsn.com/Account/Register>
- Registration Form
- Membership Agreement
- Fundraising Policy Statement
- Administration of Over-the-Counter Topical Products Permission Form
- Payment Schedule for Fees and Tuition + Associated Payments
 - 1st month's tuition fee with registration form
 - Fundraising Fee
 - Tuition Fees
- Region of Waterloo Public Health Form A
- Child's Immunization Record (2 copies)

Office Use Only:

Date Received: _____	Received By: _____	<input type="checkbox"/> etransfer	<input type="checkbox"/> Cheque
Class: _____	Participation Level: _____		

New Hamburg & Area Co-operative Preschool Registration Form

Child's Name (First, Last): _____

Child's Preferred Name (if applicable): _____

Gender Male Female

Date of Birth (YYYY/MM/DD): _____

Full Mailing Address where child resides: _____

Email address (for preschool-related correspondence): _____

This registration form is for a:

Current Family Alumni Family New Family

Please indicate your preferred class:

Monday, Wednesday AM Tuesday, Thursday AM

Would you consider the other morning class if your first choice is not available?

Yes No

Would you like to enroll your child in both classes? Yes

Participating Membership: Parents may choose to participate by serving on the board of directors or helping on a specified committee. Committee members commit to approximately 2 hours per month of assigned duties. Committees may include but not limited to general cleaning, fundraising, laundry and property maintenance. Participating Membership is strongly encouraged. Families choosing to not participate will be subject to a \$50 per month opt-out fee.

Do you plan to partially participate by helping on a committee? Yes No

Are you interested in learning more about serving on our Board? Yes No

Office Use Only:
Date of Admission:

Date of Withdrawal:

Class: M/W T/Th

Child's Name (First, Last): _____ **Gender** Male Female

Date of Birth (YYYY/MM/DD): _____

Full Mailing Address where child resides: _____

Parent/ Guardian Information

Name: _____ Preferred Phone #: _____
Address: _____ Alt Phone Number: _____

Parent/ Guardian Information

Name: _____ Preferred Phone #: _____
Address: _____ Alt Phone Number: _____

Do both parents reside with child? Yes No
May the child be released to both parents? Yes No
Are there any custody arrangements or concerns that you wish to share? _____

Emergency Contact Information (if parents cannot be reached)

Name: _____ Preferred Phone #: _____
Address: _____ Alt Phone Number: _____
Can the child be released to this person? Yes No

Please list additional names of the people the child may be released to: _____

Health & Medical Information

Does the child have allergies? Yes No If child has allergies or food sensitivities,
please describe: _____

Is there additional medical information you would like to share? _____

Child' History of Communicable Diseases or Conditions Requiring Medical Attention: _____

Does the child have any siblings? Yes No

If yes, please indicate names and ages: _____

Has your child experienced a similar group setting with other children? Yes No

If so, where? _____

What language(s) is/are spoken at home? _____

Any concerns regarding your child's emotional or social development of which you feel the teacher should be aware? _____

Do you expect your child to have any difficulties adjusting to preschool? Yes No

If yes, please explain: _____

Does your child have any particular fears (e.g. Halloween masks, thunder, etc.)? Yes No

If yes, please explain: _____

Which holiday celebrations does your family celebrate (Christmas, Halloween, Hanukkah, etc.)? _____

Any additional information you would like the teacher to know about your child? _____

Membership Agreement

I/we understand that **New Hamburg & Area Co-operative Preschool** is an organization whose successful operation depends on the participation and sharing of responsibilities by all members. I/we agree:

- To submit registration documents by the due date given on the front of the registration package;
- To submit the first month's tuition upon registration, Fundraising fee and to submit post-dated cheques (or e-transfers) for tuition.
- To ensure my/our child's medical records are in accordance with the guidelines set out by the Public Health Unit;
- To become familiar with school policies and the content of the Parent Handbook;
- The preschool is unable to offer tuition refunds or make up lost days due to school closures (i.e. snow days, teacher illness, etc.).
- To attend mandatory General meeting(s) or send a designate if I/we are unable to attend;

In addition to the above, as a Participating Family, I/we agree:

- To FULLY participate on assigned committees, or on the Board of Directors to fulfil outlined duties.

I/we hereby give consent for the following:

- For our child to be taken on supervised field trips, provided that I/we are informed of each trip in advance;
- If at any time an accident or sudden illness occurs and medical treatment is necessary, this may be given. That any expense incurred for such treatment is my/our responsibility

I/we hereby release **New Hamburg & Area Co-operative Preschool**., its employees and agents, members and classroom participating parents from any legal actions arising from an accident, contraction of illness or loss of personal property.

I/we will not hold any person(s) in attendance at **New Hamburg & Area Co-operative Preschool** responsible in case of accident, contraction of illness or loss of property.

I/we accept to fulfill my/our duties as a parent/legal guardian of child attending **New Hamburg & Area Co-operative Preschool**, and give my/our consent to the items listed above.

Child's Name: _____

Parent/Legal Guardian's Name: _____ Signature: _____ Date: _____

Parent/Legal Guardian's Name: _____ Signature: _____ Date: _____

I/we hereby give consent to print my/our name, phone number and email address on the **New Hamburg & Area Co-operative Preschool** membership class list. This information will be used only for the purposes of contacting my family regarding school business Yes No _____(initials)

I/we hereby give **New Hamburg & Area Co-operative Preschool** permission to take and use images of my/our child for classroom purposes. Yes No _____(initials)

I/we hereby give **New Hamburg & Area Co-operative Preschool** permission to take and use images of my/our child for marketing (newspaper, media, Facebook, Twitter, website) purposes. Names will not accompany any images in media or social media. Yes No _____(initials)

Fundraising Policy Statement

New Hamburg & Area Co-operative Preschool is a co-operative preschool. We are a non-profit organization of parents who work together for the purpose of maintaining a preschool for our children. Through parent participation and fundraising, we can provide excellent programming for our children while keeping tuition fees lower than many for-profit preschools.

Each family is responsible for fundraising a minimum of \$100.00 per child (for each class the child is in) per year for the school.

Through active participation in fundraising events throughout the school year, you will have the opportunity to earn back the \$100.00 fundraising fee.

When a fundraising event is presented, you have the option to participate. If you choose to participate, a percentage of what you earned for **New Hamburg & Area Co-operative Preschool** will be tracked and added to your personal total. If you choose not to participate in a particular fundraiser, no money is earned towards your personal total. It is up to you to decide on the level of participation in fundraising events. In May, we will tally the numbers and issue refunds for the amount you have earned back. Year-end tax receipts for tuition will be given at the end of the school term.

Should you withdraw from **New Hamburg & Area Co-operative Preschool**, (following the Withdrawal Policy procedure, as described in the Parent Handbook), the \$100.00 fee is partially refunded, pro-rated to \$10 month. You will be refunded the amount you have earned back through your participation in fundraising activities up to your date of withdrawal.

I/we have read and understand the Fundraising Fee policy of **New Hamburg & Area Co-operative Preschool**

Child's Name: _____

Parent/Legal Guardian's Name: _____ Signature: _____ Date: _____

Parent/Legal Guardian's Name: _____ Signature: _____ Date: _____

Administration of Over-the-Counter Topical Products

It may be necessary to administer certain over-the-counter topical products to children while they are in attendance at preschool. With the exception of hand sanitizer, these products must be supplied by the parents. Products must be in original packaging and be clearly labelled with the child's name. If you wish to have a product applied to your child, you will need to inform the teacher at drop-off time. The product will be kept in a location inaccessible to children and returned home at the end of the day.

I give permission for the staff at **New Hamburg & Area Co-operative Preschool** to apply the following products to my child when necessary.

Child's Name: _____

- | | |
|---|--|
| <input type="checkbox"/> hand sanitizer (supplied by preschool) | <input type="checkbox"/> insect repellent (supplied by parent) |
| <input type="checkbox"/> lip balm (supplied by parent) | <input type="checkbox"/> diaper cream (supplied by parent) |

Parent/Legal Guardian's Name: _____ Signature: _____ Date: _____

Payment Schedule for Fees and Tuition

** Please fill out and return with your cheques attached**

2024-2025 Monthly Tuition Fees	
\$96.00 (base fee)	*fee has been reduced by Canada Wide Early Learning and Child Care Plan (CWELCC)

Child's Name (First, Last): _____

Parent/ Guardian Name: _____

Parent/Guardian Phone #: _____ **Parent/Guardian Email:** _____

Fee	Amount	Cheque Number	E-transfer preferred
First month's tuition fee- (per spot, per child, non-refundable after June 1st). Fee due upon submission of registration forms.	\$96.00		
Fundraising Fee- (Some or all of this fee can be refunded depending on participation in fundraising activities). Due Sept 1st	\$100.00		
Non-Participating Opt-Out Fee- (only for families choosing to not participate in committees/ board). Due Sept 1st.	\$50.00 per month or \$500 one-time payment		
Tuition Fees: Option 1- Monthly Fee Payment			
September fee (paid with registration)			
October fee (dated October 1, 2024)	\$96.00		
November fee (dated November 1, 2024)	\$96.00		
December fee (dated December 1, 2024)	\$96.00		
January fee (dated January 1, 2025)	\$96.00		
February fee (dated February 1, 2025)	\$96.00		
March fee (dated March 1, 2025)	\$96.00		
April fee (dated April 1, 2025)	\$96.00		
May fee (dated May 1, 2025)	\$96.00		
June fee (dated June 1, 2025)	\$96.00		
Tuition Fees: Option 2- Two Payments			
Four months of tuition (dated October 1, 2024)	\$384.00		
Five months of tuition (dated February 1, 2025)	\$480.00		
Tuition Fees: Option 3- One Payment			
9 months fees (dated October 1, 2024)	\$864.00		

Notes:

- To complete your registration and hold your child's spot, cheques or an e-transfer for all fees are required
- A service charge will apply for any returned cheques
- Tax receipts will be issued in December and June
- Please send etransfers to treasurernewhamburgpreschool@gmail.com using the password nhacp24
- Please make all cheques payable to New Hamburg & Area Preschool. E-transfers also accepted. We do not accept cash payments.



Form
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REGION OF WATERLOO PUBLIC HEALTH

Immunization Information Form
for new registrants attending a child care centre in Waterloo Region

The Child Care and Early Years Act requires all infants and children attending a child care centre be fully immunized as recommended by the Medical Officer of Health. In Waterloo Region this includes: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella and Haemophilus Influenza type B.

Please complete this form and attach the appropriate immunization record to provide your child care centre and Region of Waterloo Public Health with this required information.

Child's Last Name: _____	Child's First Name: _____
Date of Birth: _____ Year / Month / Day	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____
Name of Parent/Guardian A: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	Name of Parent/Guardian B: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
Child's Primary Address: _____	
City: _____	Postal Code: _____
Home Phone: () _____	
Child Care Centre: _____	
School currently attending (if applicable): _____	
Please print the name of country where the immunization records are from: _____	

Immunization History

Please attach two (2) photocopies of your child's immunization record including all immunizations given since birth. One will be kept on file at the child care centre while the other will be sent to Public Health. Please ensure the dates of immunization are included. If your child was not born in Canada please attach a photocopy of their medical immunization history from their country of origin.

The chart on the reverse side of this page shows the full publicly funded routine immunization schedule for children (up to four to six years) in Ontario. Please review the chart to make sure your child is up-to-date according to the schedule. If you require assistance with reading the chart or your immunization record please speak with your health care provider (e.g. family doctor) or contact Region of Waterloo Public Health at 519-575-4400 ext. 13007.

Parent/Guardian Signature: _____ Date: _____

NOTICE OF PURPOSE – PERSONAL HEALTH INFORMATION

By completing this form you are consenting to the collection and use of your personal health information by Region of Waterloo Public Health to maintain the provincial immunization database. For further information please contact the Director of Central Resources at 519-575-4400.

Routine Publicly Funded Immunization Schedule

Vaccine	Age	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	4 Years	Grade 7	14 Years	24 Years	34 Years	65 Years
DTaP-IPV-Hib Diphtheria, Tetanus, Pertussis, Polio <i>Haemophilus influenzae</i> type b		■	■	■			■						
Tdap-IPV Tetanus, Diphtheria, Pertussis, Polio								■					
Pneu-C-13 Pneumococcal Conjugate 13		■	■		■								
Rot-1 Rotavirus		■	■										
Men-C-C Meningococcal Conjugate C					■ *								
MMR Measles, Mumps, Rubella					■ *								
Varicella Chickenpox						■							
MMRV Measles, Mumps, Rubella, Varicella								■					
Men-C-ACYW Meningococcal Conjugate ACYW-135									■ **				
HB Hepatitis B									■ **				
HPV-9 Human Papillomavirus									■ **				
Tdap Tetanus, Diphtheria, Pertussis										■	■		
Td Booster Tetanus, Diphtheria												■ Every 10 years	
HZ Herpes Zoster													■ Two dose
Pneu-P-23 Pneumococcal Polysaccharide 23													■
Influenza Seasonal flu				■ Every fall	■ Every fall	■ Every fall	■ Every fall	■ Every fall	■ Every fall	■ Every fall	■ Every fall	■ Every fall	■ Every fall

*Men-C-C and MMR vaccines must be given after the first birthday | **Men-C-ACYW-135, HB, and HPV are given in schools | Adapted from Ontario Ministry of Health and Long-Term Care (2022): [ontario.ca/page/vaccines](https://www.ontario.ca/page/vaccines) | Updated June 2022