

Returning Student Registration Form

Registration Checklist

Please print these registration documents.

All forms should be completed in <u>full</u>.

The following list includes all documentation to be completed and received with your registration forms, before your child will be enrolled. Failure to complete and return all necessary information will result in you forfeiting your child's spot in the preschool.

1.	Complete Registration Forms (below)
2.	Photocopy of child's Birth Certificate (not required for returning 4's)
3.	Photocopy of child's Official Immunization Records (not required for returning 4's)
4.	Complete Parent Job Choices (below)
5.	Non-refundable registration fee (\$100) and Security deposit (One month's fees). If the school year is completed, this deposit will be used towards the June fees. If withdrawal occurs before the end of the year, this deposit will be refunded as long as one calendar month's notice is given in writing on the FIRST day of the month. If we do not receive one full month's notice, your deposit will not be refunded. Write one cheque of \$205 for 3yr olds, and \$255 for 4yr olds (dated April 1, 2015)
6.	 Tuition Payment Options: a. One cheque for the year dated Sept 1, 2015 (3yr olds = \$945 and 4yr olds = \$1395) b. Two cheques One for Sept-Jan classes dated Sept 1, 2015: 3yr olds = \$525, 4yr olds = \$775 One for Feb-May classes dated Feb 1, 2016: 3yr olds = \$420, 4yr olds = \$620 c. Nine monthly cheques (Sept-May) 3yr olds = \$105 and 4yr olds \$155 All cheques to be dated the 1st of every month from September 1, 2015 to May 1, 2016
7.	\$40 refundable meeting deposit and \$30 cleaning fee for mandatory attendance at general parent meetings (Reimbursed in June as long as you have attended all general meetings (Sept, Oct., Nov., Feb., April, and May). Exceptions will be made for up to 2 absences per year in case of emergencies) Please write one cheque for \$70 to cover both these fees (dated Sept 1, 2015)

All cheques should be made payable to **BRENTWOOD NURSERY SCHOOL SOCIETY**.

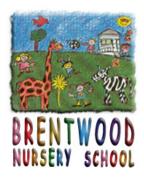
The fees for the 2015/16 school year will be:

- > \$105 per month for 3 year old class
- > \$155 per month for 4 year old class

Thank you,

Brentwood Nursery School Society

Registrar I



REGISTRATION FORM 4-YR-OLD PROGRAM FOR RETURNING STUDENTS

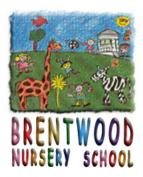
				<u>✓</u>
4 Year Old	AM	9:15am to 11:45am	Tuesday, Wednesday, Friday	
	PM	12:45pm to 3:15pm	Monday, Wednesday, Thursday	
Students who cor year old program	-	e three year old program will	automatically be forwarded to the sam	e time slot for the four

Requests for changes will be considered on a first come, first served basis. Names will be added to the waitlist in

CHILD'S NAME:

order that the completed registration documents are received by the Registrar.

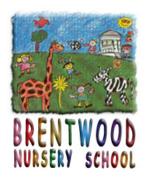
New four year old families will then fill the remaining positions, again, in such order that they are received.



Returning Student Information

Child's Name:		Birthdate:	
Sex:	M 🗅 F 🗅		
Parent's Name:			
Address:			
City:		Postal Code:	
Home Phone:		Cell Phone:	
Work Phone:		Place of Employment:	
Email:		Occupation:	
Language Spoken at home:			
Parent's Name:			
Address:			
City:		Postal Code:	
Home Phone:		Cell Phone:	
Work Phone:		Place of Employment:	
Email:		Occupation:	
Language Spoken at home:			
If you and your spous How has the child rea		or divorced, what is the living arrangement	for your child?

List Siblings as well as expected siblings and their ag	ges:	
Sibling's Name:		Age:
Sibling's Name:		Age:
Are there any other members of the household?		
If so, list name, age and relationship		
Name:	Age:	Relationship:
Name:	Age:	Relationship
Emergency Information		
Person's (other than parents) authorized to pick up y	our child:	
Name:	Re	elationship to child:
Name:	Re	elationship to child:
Person's not authorized to pick up your child?		YESNO
Name:	Re	elationship to child:
Name:	Re	elationship to child:
Person's (other than parents) to be notified in case of	f emergen	ncy:
Name:	Те	elephone:
Name:	Те	elephone:
Child's Physician:	Те	elephone:
Child's Dentist	Те	elephone:
Emergency Hospital Preference:	_	
Care Card Personal Health Number:	_	
Medical Alert Information:	_	



PERMISSION & CONSENT FORMS

Permission for Preschool Excursions	
The children may be taking planned excursions du	uring the school year. Parents will be notified in advance of any
excursions. I hereby give my permission for Brent	twood Nursery School Society to take my child,
	, on planned outings in a volunteer parent
vehicle.	
Parent's Signature:	Date:
<u> </u>	
Permission for Emergency Medical Aid in case	of Accident or Illness
I hereby give Brentwood Nursery School Society	permission to call a physician or an ambulance in the case of an
accident or the illness of my child,	, when I
cannot be immediately reached.	
Parent's Signature:	Date:
<u> </u>	
Permission for Picture Taking	
I hereby give my permission to Brentwood Nurser	y School Society to have pictures taken of my child,
	, for class photos and during class activities.
Parent's Signature:	Date:
Permission for Photos Posted on our Website	
I hereby give my permission to Brentwood Nurser	y School Society to have classroom pictures of my child,
	to be posted on the Preschool's website.
Parent's Signature:	Date:
Permission for Email Communication	
	y School Society to communicate with me via email for information uses updates and announcements. I understand that at any point I future and/or alumni distribution lists
	Tatal 5 and 51 diamin distribution note.
Parent's Signature:	Date:

BRENTWOOD NURSERY SCHOOL

PARENT JOB PREFERENCES

Brentwood Nursery School is a Parent Participation Preschool. The operation of the school relies on parents fulfilling these jobs. Please see the website for information on Parent Participation and the detailed job descriptions (http://brentwoodpreschool.com) under General Info and Registration.

- Please choose 8 jobs you would be interested in filling
- Choose at least 2 jobs in each category
- Please list jobs in order of preference. #1-most preferred; #8-preferred but not as much as #1

Please Note: Executives meet the first Tuesday of every month.

General Meetings for all parents are held the third Tuesday of select months.

We will make every effort to ensure you are given a job of preference.

Please be aware that jobs will be filled to accommodate school needs and you must be prepared to fulfill any job that you are assigned. Should no job be checked, a job will be assigned to you.

Please note: family members of teachers are not permitted to select nor be on the Executive Committee.

Parent's Name______Class_____

Parent JOBS : Please list preferred jobs below

1. ______Most Preferred

2. ______

3. _____

4. _____

5. _____

6. _____

8. Preferred but not as much as #1

PARENT JOBS LIST

Category 1 – Administration, Finance & Registration

Executive Positions

Co-Presidents (2)

Vice Presidents (2)

Secretary (1)

Treasurer Accounting (1)

Treasurer Assistant 1 (1)

Treasurer Assistant 2 (1)

Registrar 1 - Registration Packages (1)

Registrar 2 - Waitlist (1)

Class Representatives (4)

Non-Executive Positions

Grant Coordinators (2)

Treasurer Assistant 3 (1)

Category 2 - Parent Meetings and Communications

General Meeting/Parent Education Coordinator (1)

Host/Hostess (4)

Web Administrator (1)

Year End Picnic Coordinator (5)

Category 3 - Facilities and Classroom Support

Supplies & Equipment (1)

Scholastic Books and Mail (1)

Play Dough (2)

Library Parent (1)

Handy Person Coordinator (1)

Handy Persons & Yard Maintenance (7)

Laundry & Sewing (2)

Christmas Bureau Coordinator (1)

Floors, Carpets, Blinds & Windows (4)

Category 4 - Fundraising

Fundraising Assistant (1)

Alumni Coordinator / Social Media (1)

Silent Auction Coordinator (2)

Silent Auction Assistant (10)

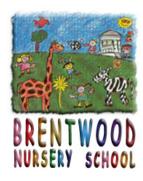
Fall Fundraiser Coordinator (1)

Fall Fundraiser Order Persons (4)

Spring Fundraiser Coordinator (1)

Spring Fundraiser Order Persons (4)

^{**} FYI: The Executive Team meet on the first Tuesday of each month



PARENT'S AGREEMENT FORM

1.	I, the undersigned, have read carefully the Parents' Manual of Brentwood Nursery School Society and agree to follow
2	its policies.
2.	I will conduct myself in an appropriate manner and I understand that inappropriate behaviour towards the teachers or other parents will not be tolerated. I understand in this occurrence, my enrollment in the school may be reviewed by the
	executive council and possibly terminated.
3.	On my participating days, I agree to arrive on time and stay for clean-up. I will not bring other children to the preschoo
٥.	If I cannot be present, I will trade duty days with another parent.
4.	I will not send my child to school if there is any question of illness, nor will I come myself if I am ill. If my child contract
т.	a communicable disease, I will notify the teacher immediately.
5.	I understand that, in the classroom, the teacher has overall responsibility for the program, teaching methods,
٠.	discipline, and health and safety measures.
6.	I will be prompt in bringing my child to and picking him/her up from preschool. I understand that car pools may be
•	arranged privately among the parents, but that the preschool does not accept responsibility for such transportation.
7.	I agree to have my child transported to and/or from the preschool for planned field trips provided that proper and
	adequate supervision is available.
8.	I authorize the teacher to send my child home accompanied by my emergency person if he/she appears ill, and in
	case of emergency, to call a qualified physician (my family doctor if possible).
9.	I will keep the teacher informed of any event or change of routine at home, which might affect my child's behaviour.
10.	If I have any questions about my child, or the preschool program, I will direct them to the teacher. I will direct any
	queries or suggestions about the administration of the preschool to the Executive Committee.
11.	If it becomes necessary to withdraw my child from the preschool I will give one month's notice in writing to the
	Enrollment Person (Registrar I) or my one month's dues in lieu of notice. Withdrawal for the month of June will not be
	accepted.
12.	
	of assigned jobs are mandatory for continued enrollment. If I do not fulfill my parent job, my child will face immediate
	withdrawal from the school.
13.	I will present proof of my child's current immunization (optional) and birth certificate. These documents are to be
	submitted with my registration form.
14.	In case of injury to my child while in the care, custody or control of the preschool, I hereby waive all claims against the
	preschool in excess of general liability insurance carried by the preschool (\$2,000,000 as of June 2004). In case of an
4 =	emergency, my child will be taken to the nearest hospital and attended to by the physician on duty.
15.	I understand that I am expected to attend a minimum of four General Meetings throughout the school year. My depos
	to guarantee my attendance will be refunded in June if this request is met (Required General Meetings occur in September,
16	October, November, February, April and May) I understand that a charge of \$25 will be charged for NSF cheques and that I am obligated to pay the school my
10.	outstanding balance within 10 days of being notified. If I fail to do so I understand that the school reserves the right to
	terminate enrollment.
17	I understand that fundraising is an integral part of the operating budget for the preschool and (check one):
.,.	 I agree to participate
	 I have included a donation cheque in the amount of \$200 in lieu of fundraising
18.	NB If I fail to complete the mandatory fundraisers after agreeing to participate, I am obligated to donate \$100 to the preschool
	for each fundraiser not completed.
19.	I will expect that my status in the preschool will be reviewed by the Executive Committee if I am delinquent in any of
	the above commitments.
	This Parent Agreement must be signed before my child will be allowed to begin school.
_	Political Manager
Ρ;	arents Name: Date:
	hild's Name:
	hild's Name: Class: ———————————————————————————————————