

Northern Heights Co-operative Preschool Registration Form and Membership Agreement

Please print. All fields must be filled and/or checked off unless the field is marked optional.
Registration is not complete until NHCP has received all your cheques and confirmed your registration by e-mail.

STUDENT			
Last name		First name	Birth date (MM/DD/YY) / / Sex <input type="checkbox"/> M <input type="checkbox"/> F
Home address		Home phone ()	
Health issues (e.g. allergies, medication)		Saskatchewan health number	
Hair colour	Eye colour	Distinguishing marks (e.g. birth marks, scars)	
Enrolling for session(s): <input type="checkbox"/> Session A: Monday & Wednesday 9:15 am to 11:30 am <input type="checkbox"/> Session B: Tuesday & Thursday 9:15 am to 11:30 am <input type="checkbox"/> Sessions A and B			

PARENT/GUARDIAN 1	
Last name	First name
Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	
Home address <input type="checkbox"/> Same as student	Home phone <input type="checkbox"/> Same as student ()
E-mail address required for regular correspondence	Cell phone ()

Parent/guardian 2 is optional. Parent/guardian 2 does not have voting rights unless an extra \$1 membership fee is paid.

PARENT/GUARDIAN 2	
Last name	First name
Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	
Home address <input type="checkbox"/> Same as student	Home phone <input type="checkbox"/> Same as student ()
E-mail address <input type="checkbox"/> Same as parent 1	Cell phone <input type="checkbox"/> Same as parent 1 ()

EMERGENCY CONTACT IF NEITHER PARENT CAN BE REACHED	
Last name	First name
Home phone ()	
Relationship to student	Cell phone ()

Optional: ☐ I would like the teacher to accompany my child to the bathroom

Parent/Guardian 1 signature

Date

Agreement made between Northern Heights Co-operative Preschool (NHCP) and the below mentioned. I wish to enroll my child in NHCP, and I, the undersigned, understand and agree to the following conditions:

The membership, excursions/supplies, first month, and last month fees are not refundable. The 8 monthly-fee cheques for other months are not returnable and other months' fees are not refundable unless I provide 30 calendar days' written notice to withdraw my child from NHCP and I withdraw my child from NHCP, in which case monthly-fee cheques that are dated more than 30 calendar days after the written notice was received by the Board will be returned to me. If I do not provide 30 calendar days' written notice, I will forfeit the following month's fees.

If I do not participate in any fundraising between Sept. 2018 and Dec. 2018 inclusive, NHCP will cash my fundraising cheque dated for Dec. 31, 2018. If I do not participate in any fundraising between Jan. 2019 and May 2019 inclusive, NHCP will cash my fundraising cheque dated for May 31, 2019.

I will reimburse a Non-Sufficient Funds (NSF) cheque within 14 calendar days in cash. I will also reimburse the NSF fee charged to NHCP. If I do not reimburse an NSF cheque/fee, my child may be required to withdraw.

I will ensure my child brings to preschool a pair of indoor-only shoes, a change of clothes (including pants, socks, underwear, and shirt), and a snack. I will ensure that my child does not bring food with nuts to preschool.

I am responsible for bringing my child to the classroom. I am responsible for picking up my child on time at the end of each class. For these purposes, I will enter/exit Brownell School via the front entrance. I will not leave or pick up my child at any Brownell School entrance; I will escort my child to and from the classroom. If I cannot do so, I will ensure that another adult will escort my child to and from the classroom. If I cannot pick up my child, I will inform the teacher of the name of the adult who will pick up my child.

I will not send my child to preschool if he/she is ill. I will not come to the classroom if I am ill. I will inform the teacher if my child has or may have any communicable diseases (e.g. head lice, chicken pox).

If my child becomes ill/injured while in class or on an excursion, the teacher will notify me, the other parent/guardian, or the emergency contact. I, the other parent/guardian, or the emergency contact may be required to pick up my child immediately. If the teacher believes urgent medical care for my child is needed, I give permission for my child to be taken to the nearest emergency service by ambulance. I will be responsible for the ambulance fee.

NHCP follows the same school holidays and same procedures for emergency closures (e.g. extreme weather, broken water pipes) as Brownell School. Holidays, emergency closures, and classes/excursions cancelled at the teacher's discretion do not entitle me to any refunds.

NHCP is covered by an insurance policy that encompasses both the school premises and excursions. The insurance policy does not cover regular car pools. NHCP cannot make or suggest car pool arrangements.

I will serve NHCP in some capacity, which could be joining the Board of Directors, supervising excursions, fundraising, and/or helping in the class. Additionally, I agree to take part in at least 1 of the 2 toy washes.

NHCP will offer me \$10 for each month in which I (or a family member over 16 years old) helped in at least 1 full class or supervised at least 1 full excursion. This amount is payable at the end of the school year to me only. I (or the family member) will not bring any children other than my registered child. The teacher may refuse my help if I do not give 14 calendar days' notice, if someone else is already helping on the same day, or for any reason approved by the Board. None of this prevents me from visiting the class at any time. NHCP does not offer any funds for visiting the class.

The Board of Directors reserves the right:

- to require me to accompany my child in class, if he/she needs additional supervision.
- to require me to withdraw my child, if he/she is considered unsuitable or if I do not comply with the conditions above.
- to cancel a session due to low enrollment, in which case cheques/fees for months during which no classes for that session are held will be returned/refunded to me.
- to terminate my membership.

I hereby apply for membership in the NHCP and on becoming a member I agree to be bound and abide by the conditions above and by the bylaws of the co-operative.

