

REGISTRATION INSTRUCTIONS

RIVERSIDE PARK NURSERY SCHOOL

3191 Riverside Drive, Ottawa, ON, K1V 8N8 (613) 738-0305

email: rpns@rogers.com

www.rpns.net

1. Please feel free to ask questions – we are here to help!
2. Please complete all the following forms:
 - a) **Registration Form** (in duplicate)
 - b) **Child's Background Information** Information which you supply should be updated when you come to the school for your first visit in September. (For example: toileting information, address, telephone...)
 - c) **Volunteer Choice Form** See description of duties for each position in the Parent Handbook and feel free to ask any questions that you may have.
 - d) **Immunization Form** This form must be complete and submitted before your child's first visit. Attach two copies of your child's immunization record. This is a requirement from the City of Ottawa Health Department.

Read and sign,

- e) **Legal Waiver Form**
 - f) **Walks Permission Form**
 - g) **Teacher Assistant Responsibilities Form**
 - h) **Sick Children Procedure Form**
 - i) **News Media and Website Permission Form**
3. **Police Records Check** You are required to provide us with a Police Records Check in order to fulfill your role as Duty Parent/Teacher's Assistant. **Records Checks are processed in approximately 6 to 8 weeks. (Record checks can be expedited but at the cost for the parent).*
 - 1) Submit an application at your neighbourhood police station in person.
 - Complete form: *Police Records Check for Service with the Vulnerable Sector.*
 - Bring TWO pieces of identification with your name, photograph, signature, and birth date. Only the types of ID mentioned on the Police Record Check form are accepted by the Ottawa Police.
 - In order for the \$15 volunteer fee to be waived, submit the attached letter with your application.
 - 2) Please bring your clearance form to the Director once you receive it in the mail. A photocopy will be taken of it and the original returned to you.

For locations and further information, please visit the Ottawa Police Services website:
http://www.ottawapolice.ca/en/serving_ottawa/support_units/fees_recordcheck.cfm

4. Fees

- ❑ \$50.00 non-refundable Registration Fee (payable the day you're registering your child).
- ❑ A non-refundable, non-pro-rated supply/fundraising fee, dated **September 1st**, of **\$125** (Activities Fee) for the first child and **\$50** for the second child. No charge for any additional children. (required at registration)
- ❑ 10 post-dated cheques, dated the 15th of each month, beginning August 15th and ending May 15th (required at registration).

MONTHLY FEE SCHEDULES - PRESCHOOL

2-Day Program (Tues., Thurs.)	\$ 150.00
3-Day Program (Mon., Wed., Fri.)	\$ 205.00
5-Day Program (Mon.to Fri.)	\$ 340.00

MONTHLY FEE SCHEDULES - TODDLER

2-Day Program (Tues., Thurs.)	\$ 175.00
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- ❑ All cheques payable to **RPNS**. *Please print the child's name on the memo portion of cheque.*

5. Age Groupings

- **Toddlers- 18 months to 30 months**
- **Junior Preschool- 2 ½ to 3 years**
- **Senior Preschool- 3 years to 4+ years**

“Chronological age” and “developmental age” can be quite different for some children. Kindly speak to the Director if you feel that your child requires the programming of a different age group.

Please note: In August you will be receiving a welcome package indicating your child's start date. On your first day at the nursery school, you will be asked to read and sign the *Behaviour Management Policy*, *Playground Safety Policy* and *Anaphylaxis Policy*. **Parents are required to attend an Orientation Night as well as a Parent Duty Day Workshop.**

REGISTRATION FORM

RIVERSIDE PARK NURSERY SCHOOL

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www.rpns.net email: rpns@rogers.com

PLEASE PRINT CLEARLY

Child's Full Name: _____
(Underline name used) (Surname)

Date of Birth (mm/dd/yy): _____ Gender: M _____ F _____

Home phone number: _____ E-mail address: _____

Address: _____
(Street) (City) (Postal Code)

Mother's Name: _____ Occupation: _____ Bus. Phone: _____ Cell Phone: _____

Father's Name: _____ Occupation: _____ Bus. Phone: _____ Cell Phone: _____

Alternate Adult (in case of emergency):

Name: _____ Phone: _____ Rel'n. to child: _____

Address: _____
(Street) (City) (Postal Code)

Alternate Transportation:

Name: _____ Phone: _____ Rel'n. to child: _____

Address: _____
(Street) (City) (Postal Code)

Doctor's Name: _____ Doctor's Phone Number: _____

Does your child have any diagnosed allergies or food restrictions? _____

If yes, please specify: _____

I, _____ give permission for my child's allergies/food restrictions to be posted in the nursery school.

Does your child have any identified special needs? Is your child waiting for an assessment to identify special needs.

If so, please elaborate:

Please indicate the program/number of days that you would like your child to attend.

PRESCHOOL

2-morning
(Tues., Thurs.)
9:00-11:30 am
\$150

3-morning
(Mon., Wed., Fri.)
9:00-11:30 am
\$205

5-morning
(Mon.-Fri.)
9:00-11:30 am
\$340

3-morning French Introduction
(Mon., Wed., Fri.) 9:00-11:30 am \$205

OR **2-morning French Introduction**
(Tues., Thurs.) 9:00-11:30 am \$150

TODDLER

2-morning (Tues., Thurs.)
9:00-11:30 am \$175

I understand I am a member of a Cooperative Nursery School. I have read the Riverside Park Nursery School Handbook (online www.rpns.net) and I understand the school's policies and procedures.

Signature of parent(s) / guardian(s): _____

Date: _____ (mm/dd/yy)

FOR OFFICE USE ONLY

Admission Date (mm/dd/yy): _____
Discharge Date (mm/dd/yy): _____

CHILD'S BACKGROUND INFORMATION

~ PRESCHOOL ~

RIVERSIDE PARK NURSERY SCHOOL

3191 Riverside Drive, Ottawa, ON, K1V 8N8 (613) 738-0305

www.rpns.net

Dear Parents,

The information you give us on this sheet will help us in responding to your child's interests and needs. It will be used only by the staff and is confidential. Please use the back of the sheet for more information, if necessary.

Thank you,
The Staff

Child's name: _____

1. What are your child's favourite interests?

2. Are there any other children or relatives in your home? (names, ages):

3. Briefly describe your child's language development, including any concerns:

4. Please describe any behavioural concerns you might have regarding your child (biting, tantrums, aggression, separation anxiety or fears): _____

5. Please describe any circumstances that you feel we should know about to help us better understand your child (premature birth, adoption, death, divorce, single parent, recently moved, new baby, etc.): _____

6. Describe your child's toileting routine: _____

7. Do you celebrate any special holidays or festivals that you could share with the children to enhance our multicultural program? Please specify: _____

8. Other concerns (Example: physical development, cognitive development, socialization, self-help): _____

Please share any problems or concerns with us regarding your child that develops during the year. Contact your child's teacher or the Director to set up a meeting.

LEGAL WAIVER FORM

RIVERSIDE PARK NURSERY SCHOOL

3191 Riverside Drive, Ottawa, ON, K1V 8N8 (613) 738-0305
www.rpns.net

I have read the information given in the Riverside Park Nursery School Handbook regarding my responsibilities and duties, and accept them as a member of this Cooperative Nursery School.

Names of parent(s) / guardian(s): _____
please print

Signature(s): _____

Date (mm/dd/yy): _____

WAIVER

The undersigned are the legal parent(s) or guardian(s) of

_____ (“The child”)

While the child is in the care of the school, I/we hereby hold the **Riverside Park Nursery School** (“The School”), its employees and/or agents, free of any liability whatsoever with respect to the health and safety of the child arising from or out of any incident or accident, which may occur on the school premises.

I further understand that the school program includes outdoor play activities. I hereby give my permission for the child to participate throughout the school year in those outdoor play activities, which are scheduled by the school.

Date (mm/dd/yy): _____

Signatures of parent(s) / guardian(s):

WALKS PERMISSION FORM

RIVERSIDE PARK NURSERY SCHOOL

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www.rpns.net

WALKS AND SHORT TRIPS

I, _____, hereby give permission for my child
_____, to leave the school building accompanied by
his/her teacher on brief field trips/nature walks. These will only take place in the Church
grounds, the parking lot perimeter, or the park at the lower back corner of the parking lot.

Examples: Ambulance, Police Cruiser and School Bus Visits.

Signature: _____

Date: _____
(mm/dd/yy)

TEACHER ASSISTANT RESPONSIBILITIES

~ PRESCHOOL ~

RIVERSIDE PARK NURSERY SCHOOL

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As the Teacher Assistant in my child's class, I understand that I must make arrangements to have alternate care for any other siblings, and that I must be at school, with my child ready to help **by 9:00 am through 11:45 am.**

I understand that licensing regulations regarding ratios of adults to children require my presence in the class and outdoors with the children between 9:00 a.m. and 11:30 a.m. and that any time I must be out of the room must be kept to a minimum, i.e. toileting children, doing dishes, etc.

I will make arrangements to have another adult, who has completed their *Police Record Check*, to fill in for me if I am unable to be present on my assigned Teacher Assistant day. I will make the changes with my Teacher Assistant Roster Coordinator, who will contact the Director with the changes.

I understand I will be required to toilet children. This may include the changing of diapers, helping children with their clothing and wiping if required. I may also be required to assist children change their clothes if their clothing becomes dirty or wet.

(please tear off and keep the top portion for your reference)

TEACHER ASSISTANT RESPONSIBILITIES FORM

I have read and agree to the *Teacher Assistant Responsibilities* as outlined above.

Child's Name: _____

Name of Parent/Guardian/Teacher Assistant _____
please print

Signature: _____

Date: _____
(mm/dd/yy)

SICK CHILDREN PROCEDURE

RIVERSIDE PARK NURSERY SCHOOL

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The *Ontario Day Nurseries Act*, published by the Ministry of the Attorney General under the Government of Ontario, states that every operator shall ensure that a daily observation is made of each child in attendance before the child begins to associate with other children in order to detect possible symptoms of ill health.

If a child appears to be ill on arrival at the school, teachers reserve the right to send the child home. We strongly recommend that parents prepare and arrange for emergency back-up childcare in anticipation of these situations. If your child is not well enough to participate fully in the program, he/she is probably not well enough to be at school. **Accommodations cannot be made for requests for children to not participate in outdoor play.**

In the best interest of your child and the other children at the Nursery School, he/she must be kept home when they exhibit any of the following symptoms:

- Severe runny nose or cough, wheezing or difficulty breathing, excessive lethargy.
- An oral fever of 38°C (100.4°F). Contact your physician immediately if 39°C (102°F).
- Undetermined rash. Your child must be seen by a physician to determine the nature of the rash before returning to nursery school.
- Vomiting, diarrhea or fever within the last 12 hours.

If a child becomes ill during school, the parent or alternate adult will be contacted to pick up the child. We ask parents to keep staff informed of all communicable diseases and any other signs and symptoms of illness that their child experiences. This information may need to be reported to the City's Health Department.

(please tear off and keep the top portion for your reference)

SICK CHILDREN PROCEDURE FORM

I have read and agree with the *Sick Children Procedure* as outlined above.

Child's Name: _____

Name of Parent/Guardian/ _____
please print

Signature: _____

Date: _____
(mm/dd/yy)

PICTURE/VIDEO PERMISSION FORM
RIVERSIDE PARK NURSERY SCHOOL
 3191 Riverside Drive, Ottawa, ON, ON, K1V 8N8 (613) 738-0305
 www.rpns.net

From time to time, we may take pictures of your child at play in the nursery school. It also may happen that we will receive visits from local news media, either newspaper or television. We ask your permission to use your child's image in either a newspaper article about the school or a video segment about the school. We would also like your permission to put your child's photograph or video image on the RPNS website. Your child's first name may be used in a newspaper article or in a television segment or in the RPNS website. We may also use photographs to hang up posters in the school.

The images will only be used for promoting the nursery school.

Child's Name: _____

Name of Parent/Guardian/ _____
 please print

Signature: _____

Date: _____
 (mm/dd/yy)

	Yes	No
Permission to release photograph for newspaper article.		
Permission to release video image for television news segment.		
Permission to post photograph or video image on RPNS website.		
Permission to release first name as part of newspaper article or television news segment.		
Permission to use photographs in posters at the school and in the nursery school's photo album.		

RIVERSIDE PARK NURSERY SCHOOL
3191 RIVERSIDE DRIVE
OTTAWA, ONTARIO
K1V 8N8
(613) 738-0305



Ottawa Police Service
P.O. Box 9634, Station "T"
Ottawa, Ontario
K1G 6H5
Attn: Background Clearance Section

To Whom It May Concern:

A Police Records Check for Service with the Vulnerable Sector is required to act as a volunteer duty parent at the Riverside Park Cooperative Nursery School.

_____ will take on this volunteer role during the 2009/2010 school year.

It is understood that the \$15 service fee for a *Police Records Check* will be waived for volunteers working with the "Vulnerable Sector".

Please do not hesitate to contact us if you have any questions.

Thank you for your assistance.

Sincerely,

Paulette Young
Director, Riverside Park Nursery School
3191 Riverside Drive
Ottawa, ON K1V 8N8
Non/Profit Member: 119120822RP001
Tel: (613) 738-0305
Email: rpns@rogers.com