



Mailing Address: 46 Hogarth Ave. Toronto ON, M4K 1K1  
 Phone: 416-465-3865 www.creativepreschool.ca

Located at Eastern Commerce Collegiate 16 Phin Ave. M4J 3T2 2010 - 2011

**To Register, please do the following:**

- 1) Completely fill out, sign and deliver these forms with fees. If mailing, send to 46 Hogarth Ave. M4K 1K1.
  - Application (now)
  - Child Record (now)
  
- 2) Deliver these forms when your child begins:
  - Child Medical/Emergency (now)
  - Adult Medical
  - Family Agreement
  - Fee Agreement
  - Photographic Consent
  - Approved Police Reference Check for Parent Participation
  - CPS will provide the form for you to mail to Toronto Police Services with a certified cheque or money order for \$16.95 to perform a Police Reference Check.
  
- 3) Cheques:
  - a) For SUMMER: To confirm your registration, submit \$94 (\$75 for second child) which will pay for your first 3 days of attendance, dated for deposit when you submit your form. Lunches will be paid in July /August: \$16/day or \$48/wk and \$13/day or \$39/week for a sibling
  - b) For FALL, submit an \$80 registration fee dated the day of mailing. (\$40 registration fee for second child) Registration Fee is non-refundable
  - c) For FALL, submit a cheque in the amount of September tuition fees paid in advance, dated for deposit on June 18, 2010. If your plans change, notify us before June 18th and your cheque will not be deposited.

**In July and/or September 2010:**

*Participating Adult and Child Medical Forms Must Be Complete with all Immunization Dates before your child is allowed to attend the school as per our licensing requirements. We must enforce this without exception. Adult medical forms must be complete as you are here as a staff member on participation days.*

1. Make sure we have all forms on your first day:
  - \*If we already have your child's medical on file, this will need to be updated by the first day and throughout the year after additional immunizations or changes in medical status.*
2. In the Summer, please pay the balance of July on one cheque and August (new fiscal year) on a second cheque.
3. In September you will need to pay the Annual Family Administration Fee of \$40 on your first day.
4. In September, bring post-dated tuition fee cheques dated the first of each month, September through May. Your cheque in September will pay for your June 2011 fees in advance as you will already have paid for September 2010 in advance when you registered your child.

**Below, Fall Fees have been averaged monthly:**

3 Hour Program is the monthly tuition for the Morning or Afternoon without lunch or extended hours  
 4 ½ hour Program includes the 1 ½ hour lunch program  
 6 hour Program includes the 1 ½ hour lunch and 1 ½ hour extended hours

Program	Morning or Afternoon	Tues/Thur	Mon/Wed/Fri	5 days/wk
3 Hr	8:30 to 11:30 or 1:00 to 4:00	\$251/mo, \$201 sib	\$378/mo, \$302 sib	\$597/mo, \$477 sib
4 ½ Hr	8:30 to 1:00 or 11:30 to 4:00	\$343/mo, \$255 sib	\$511/mo, \$380 sib	\$766/mo, \$609 sib
6 Hr	8:30 to 2:30 or 11:30 to 5:30	\$451/mo, \$340 sib	\$666/mo, \$502 sib	\$1029/mo, \$816 sib
After School Club	3:30 to 5:30	\$123/mo, \$100 sib	\$177/mo, \$144 sib	\$301/mo, \$244 sib
After School Club	3:30 to 6:00	\$154/mo, \$123 sib	\$222/mo, \$177 sib	\$376/mo, \$301 sib

*11:30 JK/SK escort to CPS may be arranged. 3:30 Holy Name bus and Wilkinson Walkover are available for Aft.Sch.Club*



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### Application Form

2010

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Address \_\_\_\_\_ Postal code \_\_\_\_\_

Birth (dd/mm/yyyy) \_\_\_\_\_ Phone \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

#### Summer Program 2010:

Tues/Wed/Thur Mornings 8:30 to 11:30 @ \$94/wk (Sibling @ \$75/wk)

Children 2 1/2 to 3 1/2 for Preschool and JK/SK 3 1/2 to 5 1/2 years old for Young Explorers

Our summer program will strictly be a three days per week program on Tue/Wed/Thur mornings, 8:30 to 11:30, with an optional lunch program 11:30 to 1:30. We have two groups in the summer: Preschool and Young Explorers (YXP) for children going into JK or SK in the fall. **There is a two week minimum to attend.**

Please mark choices: Preschool \_\_\_\_\_ Young Explorers \_\_\_\_\_  
Weeks: July 6 \_\_\_\_\_ July 13 \_\_\_\_\_ July 20 \_\_\_\_\_ July 27 \_\_\_\_\_ Aug 3 \_\_\_\_\_ Aug 10 \_\_\_\_\_

Summer Lunch 11:30 to 1:30:

no \_\_\_\_\_ yes \_\_\_\_\_ Regular \$16/day (\$48/wk) Sibling \$13/day (\$39/wk)

**School Year Program:** As a part time program, our licensing allows a child to attend up to a maximum of 6 hours each day. We offer a Morning or Afternoon Preschool program for children 2 1/2 to 4 years and Afternoon Young Explorers for children 3 1/2 to 6 years. We also offer an After School Club for JK through Grade 3 at the end of the school day at 3:30.

#### PRESCHOOL 2 1/2 - 4 Y.O.

Please mark your choices:

___ 3 Hr Morning Preschool: 8:30 to 11:30	MWF _____	Tue/Thu _____	5 days _____
___ 4 1/2 Hr Morning preschool: 8:30 to 1:00	MWF _____	Tue/Thu _____	5 days _____
___ 6 Hr Morning Preschool: 8:30 to 2:30	MWF _____	Tue/Thu _____	5 days _____
___ 3 Hr Afternoon Preschool 1:00 to 4:00	MWF _____	Tue/Thu _____	5 days _____
___ 4 1/2 Hr Afternoon Preschool 11:30 to 4:00	MWF _____	Tue/Thu _____	5 days _____
___ 6 Hr Afternoon Preschool 11:30 to 5:30	MWF _____	Tue/Thu _____	5 days _____

The Afternoon Preschool Program will operate with a minimum of 10 children

#### KINDERGARTEN 3 1/2 TO 6 Y.O.

Please mark your choices:

___ 3 Hr Afternoon Program 1:00 to 4:00	MWF _____	Tue/Thu _____	5 days _____
___ 4 1/2 Hr Afternoon Program 11:30 to 4:00	MWF _____	Tue/Thu _____	5 days _____
___ 6 Hr Afternoon Program 11:30 to 5:30	MWF _____	Tue/Thu _____	5 days _____

\_\_\_ I need to arrange Escort from morning kindergarten to CPS lunch and YXP program: Yes \_\_\_\_\_ No \_\_\_\_\_  
Pick Up time: \_\_\_\_\_ (circle) *Holy Name, Wilkinson, Pape, Frankland, Withrow,*  
*Other* \_\_\_\_\_

**AFTER SCHOOL CLUB: JK TO GRADE** 3:30 to 5:30 or 6:00 Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_  
(circle time)

I need 3:30 Escort from Wilkinson to After School Club: Yes \_\_\_\_\_ No \_\_\_\_\_  
Days: Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_

**Parent Participation Options:** Families regularly contribute one adult to participate as a staff team member which allows more involved activities with a one to five adult to child ratio. You may pay a fee in lieu of participating and provide a monthly box of crackers or 500 g of cheese for snack. I choose to: \_\_\_\_\_ participate once every 3 or 4 weeks, OR \_\_\_\_\_ pay a Non-Participation fee of \$55/mo which pays for our lunch staff person to do your participation day.



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(Please fill out completely)

Child Record

2010

Last Name First Name Sex (M/F)

Language Other Language

Birth: (dd/mm/yyyy) Phone

Health Card Version Expiration

Address Postal code

Main intersection License Plate #

JK/SK school (for YXP children) Teacher:

E-mail May we email you updates? Yes No

(please print clearly)

Include my child's name, phone, days attending, Preschool or YXP on list for other families? Yes No

(This list is used for exchanging participation days, arranging play dates, parties and general getting in touch with each other.)

Parent/Guardian Home Phone

Address Cell Phone

(if different from child)

Bus. Address Work Phone

Parent/Guardian Home Phone

Address Cell Phone

(if different from child)

Bus. Address Work Phone

If possible, please put my child in the same class as:

Doctor Phone

Doctor's address Postal code

Authorized people who may pick up child in case of illness or when parent is unavailable:

Name Phone

Address Relationship

Name Phone

Address Relationship

Does this child have any other medical issues that we should know about? Yes No

(this form also travels with your child outdoors for play, fire drills or emergency evacuation, more detailed info may be recorded on child's medical/emergency form)

Permission Form for administering special health care, medication and/or Epi-pen needs to be filled out if applicable.

Brothers/Sisters Birth (dd/mm/yyyy)

Birth (dd/mm/yyyy)

Birth (dd/mm/yyyy)

Birth (dd/mm/yyyy)

How did you find out about our school? Flyer Sign Website Word/mouth Other

Please mark if interested in parent board or committee work:

Board Fundraising Marketing Parent/School Website Other

Office will fill in below

Fall Reg. Fee \$80 sibling \$40 with this form. Sept. Tuition dated June 18, 2010

Summer \$94 deposit sibling \$75 Family \$40 Admin. Fee due Sept.

Starting Date Discharge Date

Date Received Confirmation Letter



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Child's Medical/Emergency Form 2010

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Sex (M/F) \_\_\_\_\_  
Address \_\_\_\_\_ Postal code \_\_\_\_\_  
Birth (dd/mm/yyyy) \_\_\_\_\_ Birth Order \_\_\_\_\_  
Health Number \_\_\_\_\_ Version \_\_\_\_\_ Expiration \_\_\_\_\_  
Phone \_\_\_\_\_  
Doctor \_\_\_\_\_ Dr's Phone \_\_\_\_\_  
Doctor's Address \_\_\_\_\_ Postal code \_\_\_\_\_

Your doctor does not need to sign this form if you have a record of the immunization dates.

We must have complete dates

Immunizations:		Day	Month	Year	
DPT Polio, Hib	(2 mos)	_____	_____	_____	DPT: Diphtheria, Pertussis, Tetanus
DPT Polio, Hib	(4 mos)	_____	_____	_____	Hib: Haemophilus B
DPT Polio, Hib	(6 mos)	_____	_____	_____	
MMR	(After 1st birthday)	_____	_____	_____	MMR: Measles, mumps, rubella
DPT Polio, Hib	(18 mos)	_____	_____	_____	
DPT Polio, MMR	(4-6 years)	_____	_____	_____	
Chicken Pox		_____	_____	_____	
Other:		_____	_____	_____	
Other:		_____	_____	_____	
Other:		_____	_____	_____	

Communicable diseases: (mark yes or no whether the child has had the illness)

chicken pox \_\_\_\_\_ roseola \_\_\_\_\_ scarlet fever \_\_\_\_\_ measles \_\_\_\_\_ mumps \_\_\_\_\_ rubella \_\_\_\_\_  
hand, foot, mouth \_\_\_\_\_ whooping cough \_\_\_\_\_ fifth disease \_\_\_\_\_ other \_\_\_\_\_

Cultural or life style food restrictions: \_\_\_\_\_

Does this child have any other medical issues that we should know about? Yes \_\_\_\_\_ No \_\_\_\_\_

Specify \_\_\_\_\_

Allergy \_\_\_\_\_ possible \_\_\_\_\_ mild \_\_\_\_\_ moderate \_\_\_\_\_ severe \_\_\_\_\_ epi-pen \_\_\_\_\_ avoid \_\_\_\_\_  
Allergy \_\_\_\_\_ possible \_\_\_\_\_ mild \_\_\_\_\_ moderate \_\_\_\_\_ severe \_\_\_\_\_ epi-pen \_\_\_\_\_ avoid \_\_\_\_\_  
Allergy \_\_\_\_\_ possible \_\_\_\_\_ mild \_\_\_\_\_ moderate \_\_\_\_\_ severe \_\_\_\_\_ epi-pen \_\_\_\_\_ avoid \_\_\_\_\_  
Allergy \_\_\_\_\_ possible \_\_\_\_\_ mild \_\_\_\_\_ moderate \_\_\_\_\_ severe \_\_\_\_\_ epi-pen \_\_\_\_\_ avoid \_\_\_\_\_

Has child seen an allergist? \_\_\_\_\_

Asthma (details) \_\_\_\_\_

Ear infections? Yes \_\_\_\_\_ No \_\_\_\_\_ Ear tubes? \_\_\_\_\_ Assessed for speech delay? Yes \_\_\_\_\_ No \_\_\_\_\_

Speech therapy? Yes \_\_\_\_\_ No \_\_\_\_\_ Premature delivery? Yes \_\_\_\_\_ No \_\_\_\_\_

Taking medications? Specify: \_\_\_\_\_

In case of an emergency, I authorize staff members of The Creative Preschool of East Toronto to take my child \_\_\_\_\_ for emergency medical treatment.

(full name of child)

Date: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

If I am unavailable, in an emergency you may release my child to:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship to child \_\_\_\_\_

This form must be complete before your child attends our school as per our licensing requirements. This record must be updated when your child has new immunizations or changes in medical status.



Adult Medical Form (participating parents)

2010

Adult's Name: \_\_\_\_\_

Child: Last Name \_\_\_\_\_ First name \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Postal: \_\_\_\_\_

Phone: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

Doctor: \_\_\_\_\_

Dr's. Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Dr's. Phone: \_\_\_\_\_

*Your doctor does not need to sign this form if you have a record of the immunization dates.*

Do you currently have or are you a carrier of any communicable disease?

No \_\_\_\_\_ Yes \_\_\_\_\_ Please Specify: \_\_\_\_\_

*We are required to have dates for the following immunizations or diseases. If you don't know the dates you must see your doctor in order to complete this form.*

Immunizations: \*Polio/Tetanus (every 10 years) Year \_\_\_\_\_ within last 10 years.

Give dates: \*Tuberculosis (most recent negative skin test or negative chest x-ray) Year \_\_\_\_\_

Childhood diseases (boosters usually relate to employment, pregnancy, school or travel:

	Have you had it?	Date of last booster:
*Measles	No _____ Yes _____	(dd/mm/yyyy) _____
*Mumps	No _____ Yes _____	(dd/mm/yyyy) _____
*Rubella	No _____ Yes _____	(dd/mm/yyyy) _____
Chicken Pox	No _____ Yes _____	(dd/mm/yyyy) _____
Pertussis	No _____ Yes _____	(dd/mm/yyyy) _____

If applicable:

Currently pregnant \_\_\_\_\_ or nursing \_\_\_\_\_ and immunizations are not recommended until \_\_\_\_\_.

Date: \_\_\_\_\_ Form filled out by: \_\_\_\_\_

*This form must be complete before your child attends our school as per our licensing requirements.*

*Participating Parents are here as staff and must be immunized in that capacity.*

*\*If you don't know your dates, then you need to see your doctor and **have your immunizations updated before your child may attend.** If both parents are participating, both must have dates.*



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### Family Agreement with The Creative Preschool 2010/11

I agree to participate in The Creative Preschool according to the policies and routines outlined in the Parent Handbook and summarized below. I understand that both the Child and Adult Medical Forms must be up to date and complete before my child may attend the school as per licensing requirements.

#### Parent Participation Obligation:

I understand that The Creative Preschool is a parent participation co-operative program and that I will provide one adult from my family to participate approximately once every 3 to 4 weeks depending on how many days per week my child attends the school. **I understand that I must submit an approved Police Reference Check in order to volunteer in the classroom. The form for this will be prepared by CPS for me to complete and for me to mail in to Toronto Police Services with a certified cheque or money order for \$16.95.** I will contribute to snack on my helping day. If I am unable to fulfill my participation obligation, I have the option of paying a Non-Participation Fee of \$55 per month plus a monthly snack for the program my child attends. This fee goes toward paying a lunch staff person to take my place.

#### Behaviour Management:

I agree to participate as a helping adult according to the policies outlined in the Parent Handbook. I agree that no adult, parent or teacher will abuse any individual in any way: verbally, physically or emotionally.

#### Playground Policy and Procedures:

I agree to provide supervision outdoors according to the Playground Policies and Procedures included in the Parent Handbook.

#### Holidays:

The school closes for all statutory holidays and closes the end of the third week in December and near the end of the fourth week in June. The school will open in January the same day as the public schools. The school also closes during the public school's March Break for one week.

#### Intergenerational Program:

I understand that my child may be participating in intergenerational activities with seniors or secondary students and that these students and older adults will have been screened and approved for participating with the children.

#### Responsibility:

- Children become the school's responsibility when they enter the classroom and are acknowledged by staff. The children remain the school's responsibility until they leave the designated pick-up area with an authorized adult after a verbal acknowledgement has taken place between the staff and the authorized adult.
- Carpools are arranged by the parents and are the responsibility of the parents.
- The Creative Preschool is not responsible for lost or stolen property.
- Vehicles parked on property adjacent to the school are not the responsibility of the school. A parking tag must be visible on your dashboard when using the Eastern Lot.

Child's Full Name \_\_\_\_\_

My child is registering for: Summer Program  School Year Program

Parent/Guardian \_\_\_\_\_ Relationship to child \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship to child \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*(To be signed by each parent or guardian, specifying relationship to child – mother, father, guardian.)*



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## Fee Agreement with The Creative Preschool 2010/11

2010/11 School Year September through June:  *check box if registering for this program*

I understand:

- The \$80 Registration Fee is non-refundable and non-applicable. The Registration fee for each additional child in a family is \$40.00.
- A cheque for September 2010 tuition fees dated for deposit on June 18, 2010, must accompany the Application and Registration Forms. This cheque will reserve my child's space in the Fall program and is non-refundable. The Creative Preschool will not deposit this cheque if I withdraw before June 18, 2010.
- On the first day of attendance in September, 2010, I will provide tuition fee cheques dated from September 1, 2010 to May 1, 2011. The September-dated cheque will pay for June 2011 fees in advance.
- On the first day of attendance I will also provide the Family Administration Fee of \$40 which includes the PCPC Parent Co-Op membership.
- If my child is using diapers, I will pay \$5.00 per month to the diaper fund monthly or as needed.
- In lieu of participating once every 3 to 4 weeks, I have the option of paying a non-participation fee of \$55/month plus a monthly snack for the program my child attends. This fee pays for a lunch staff person to take my place.
- Tuition fees are the responsibility of the parents or guardians and fees are based on an annual tuition divided into monthly payments, no matter if there may be more or fewer days each month.
- If my child is absent due to illness or family holidays, I am still responsible for fees maintaining my child's space in the school. Lunches are a monthly order and cannot be cancelled on a daily basis.
- If I choose to quarantine my child at home to limit the spread of an illness in a public health declared outbreak and the school remains operational, I am still responsible for tuition fees maintaining my child's space. Lunch fees will be refunded in this circumstance.
- I am responsible for the full term's tuition fees through June. If my child must leave the school prematurely, the school will make every effort to fill my child's space as soon as possible. If my child's space cannot be filled, I may make a written request to the Board of Directors who will decide if I am liable for the balance of fees. In most cases parents are responsible for 6 weeks' tuition from the time of notice.
- Although payment by cheque is preferred, I may pay in cash before the first of each month.
- There will be a \$25 fine for cheques that do not clear and a \$5 fee to cover the bank charge.
- Late fees of \$5.00 per each additional 15 minute period will be charged if I pick up my child after pick up time. A charge of \$5 per each 5 minutes or part there of after 5:30 p.m. or 6:00 pm at the end of After School Club.
- All late fees are to be paid at the time of the occurrence.

Summer Program  *check box if registering for this program*

I understand that a deposit of \$94.00 will go toward tuition fees for my child's first week in the summer program. The summer deposit for each additional sibling is \$75.00. I will submit payment of the balance of July fees and a separate cheque for August fees on the first day of attendance. Lunch fees will be included in the July and August cheques.

I understand that I am responsible for tuition fees covering the entire time for which I have registered my child in the summer program. As registered spaces are limited, summer tuition fees are non-refundable.

Child's Full Name: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship to child \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship to child \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*(To be signed by each parent or guardian, specifying relationship to child – mother, father, or guardian.)  
These signatures apply to the 2010/11 School Year September through June and/or the Summer Program as checked.*



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## Photographic Consent    2010 - 2011

*(Please circle Yes or No or cross out any use of a likeness of yourself or your child that you do not give permission for.)*

By signing below, I consent to having The Creative Preschool of East Toronto use the likeness of my Child ( Yes/No ) or myself ( Yes/No ) while participating in activities relating to the Creative Preschool.

\_\_\_\_\_  
(name of child)

The likeness may be used:

- in a group class photo (Yes/No)
- in a slide show for in house use (Yes/No)
- on The Creative Preschool Website (Yes/No )
- as a photo heading on group emails to parents ( Yes/No )
- in teacher training ( Yes/No )
- for research ( Yes/No )
- in a news story ( Yes/No )
- in a broadcast ( Yes/No ).

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)