

Handbook & Registration Form



Country Kids Preschool

Contact Info (during class)
Preschool Phone Number:
(306) 955-0886

Website: <http://www.scpc.ca/subpage.html>

Contact Info (after class)
Mrs. Lanovaz Phone Number:
(306) 652-0545

Email: lanovazjle@hotmail.com

Country Kids Cooperative Preschool

Cooperative Preschool Agreement

Agreement made between the "Country Kids Cooperative Preschool" and _____ . I wish to enroll my child and understand that I must abide by the following regulations if my child is accepted into the preschool:

1. I will act as a teacher assistant for each child I have enrolled and when my turn comes, if I am unable to work on any occasion, I will be responsible for finding an appropriate substitute. This person must be a parent of another child in the Preschool, or the person designated on the Registration Form. I understand that siblings may attend with me when I am acting as a teacher assistant as long as I am able to fulfill my duties, and that this will be at the discretion of the teacher.
2. I will assist with housekeeping duties at the Preschool as required.
3. I will pay the fees required as follows for each child enrolled:
 - a). There is a \$1.00 Co-op membership fee, which is only assessed once per family. It is non-refundable.
 - b). There is a \$25.00 registration fee each year. It is used to buy basic equipment and supplies prior to school starting, and is not refundable.
 - c). Tuition: 3 and 4 year olds; Monday, Wednesday & Friday. September and May must be paid in a cheque dated September 1st. May's tuition is not refundable. All other tuition is paid through post-dated cheques dated the 1st of each month.
4. I will write a letter to the Registrar if I wish to withdraw my child. Notice must be received by the Registrar one month prior to withdrawal in order to receive the following month's tuition back. This does not apply if my child is withdrawn for the last month of school. No refunds are made until written notice is received. The executive reserves the right to ask for the withdrawal of your child if he/she is considered unsuitable after a month's trial. No refunds of the tuition fees for the final month of the school year will be considered unless notice of withdrawal is received by December 31st of that year.
5. I agree to attend the Country Kids Cooperative Preschool meetings of parents.
6. I will assume responsibility for my child's safe conduct to and from school. Parents delivering children to the school are responsible for accompanying the child into the school, undressing and de-booting them and putting on their shoes. Parents should see that children are picked up promptly after each class.
7. I give consent for my child to receive any medical care necessary if I am unavailable in an emergency.
8. I realize that as a cooperative member, I will volunteer my time and effort as required by the preschool from time to time.
9. I will not send my child to school if he/she is ill, nor come myself if I am ill.
10. I waive all claims against the preschool, in excess of public liability insurance carried by the school, in case of injury to my child while in the care, custody or control of the school.
11. I will show proof of my South Corman Park Community Association Membership.

I hereby enroll my child and myself in the Country Kids Cooperative Preschool.

SIGNED: _____ DATE: _____

ADDRESS: _____ PHONE: _____

Country Kids Cooperative Preschool

Emergency Treatment Form

I, _____, hereby consent for my child,
(parent/guardian)

_____ to receive emergency medical
(child's full name)

treatment if deemed necessary by a qualified attending physician. I understand that every effort will be made to contact me on the occurrence of such an emergency.

Mother's Information:

Name: _____
Home#: _____
Cell#: _____
Work#: _____
Employer: _____
Email: _____
Address: _____

Father's Information:

Name: _____
Home#: _____
Cell#: _____
Work#: _____
Employer: _____
Email: _____
Address: _____

Family Doctor: _____ Phone: _____

Hospitalization #: _____ MSI # (optional): _____

Allergies or other medical concerns:

In the event of an emergency where I cannot be contacted, please notify the person named below (include the name and phone number of a responsible third party who is normally available during preschool hours).

Name: _____
Home#: _____
Cell#: _____
Work#: _____

Signature of parent or guardian

Date:

NOTE: A copy of this Emergency Treatment Form is to be kept on the preschool premises (so please re-write your contact info here again).

Country Kids Cooperative Preschool

Application for Membership

Date: _____

To: The Board of Directors

- a). I/we hereby apply for membership in the "Country Kids Cooperative Preschool", and the sum of \$1.00 is hereby paid as a membership fee.
- b). On becoming a member, I/we agree to be bound and to abide by the Bylaws of the Cooperative.
- c). Membership is on a family basis, however, only one member of the family may vote at membership meetings.

Last Name (s) First Name (s)

Address Postal Code

Phone Number

Signature (s)

Existing CKCP Member: yes / no (1)
(circle one)

(1) Do not complete CKCP Application for Membership form or submit \$1 if you currently hold a CKCP Membership.

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South Corman Park Community Association Membership

Membership Details

To become a member of CKCP, you must also have a SCPCA Membership. If you do not have a current SCPCA Membership, please contact the CKCP Registrar or call Cheryl Walker from SCPCA at (306) 955-5058 to apply. Please note that CKCP will honour other Community Association Memberships.

SCPCA Membership Expiry Date: _____

Other Community Association Membership Number: _____
(Briarwood, Brevoort Park, Silversprings, etc.)