

CAMP REGISTRATION FORM

Please complete online all sections of the form, print, sign and return to the school

Please indicate: Returning Student Sibling of TNSK student Sibling of Alumni New Applicant

If a new applicant, where did you hear about our program? _____

<input type="checkbox"/> Session 1 <input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4	<input type="checkbox"/> Session 5 <input type="checkbox"/> Session 6 <input type="checkbox"/> Session 7 <input type="checkbox"/> Session 8	<p><u>NURSERY SESSION OPTIONS</u></p> <p>Half Day Full Day</p> <hr/> <p><u>KINDERGARTEN SESSION OPTIONS</u></p> <p>Half Day Full Day</p>
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Child's Name: _____ Known as (if different): _____

Address: _____ City: _____

Postal Code: _____ Home Tel. # _____ Date of Birth (d/m/y):- ____/____/____

Email: 1. _____ 2.(optional) _____

Toilet Trained: Yes No Female Male

Previously attended school at: _____ Languages spoken: _____

Mother's Name: _____ Father's Name: _____

Cell Tel. #: _____ Cell Tel. #: _____

Occupation: _____ Occupation: _____

Company Name: _____ Company Name: _____

Business Address: _____ Business Address: _____

City: _____ City: _____

Business Tel. # _____ Business Tel. # _____

Sibling(s) Name _____ Date of Birth (d/m/y) ____/____/____

Sibling(s) Name _____ Date of Birth (d/m/y) ____/____/____

Alternate Caregiver's Name: _____

Family information we should be sensitive to? _____

Please list any special needs which may interfere with child's full participation or require special attention:

MEDICAL INFORMATION:

Child's Doctor _____ Tel: _____

Address _____ City _____

Child's Health Card Number: _____ Version: _____

Medication Restrictions/Allergies: Yes No Anaphylactic: Yes No
Specify: _____

Food Restrictions/Allergies: Yes No Anaphylactic: Yes No
Specify: _____

Physical Disability: Yes No
Specify: _____

PICK-UP AUTHORIZATION

Name(s) of Person(s) authorized to pick up my child:

EMERGENCY CONTACTS In case of emergency, if parents cannot be reached, please contact:

(1)Name: _____ Phone: _____ Cell: _____

Address: _____ Relationship: _____

(2)Name: _____ Phone: _____ Cell: _____

Address: _____ Relationship: _____

This is to certify that I permit Thornhill Nursery School & Kindergarten to seek medical treatment for my child should they be unable to reach me.

(Parent signature)

(date)



Thornhill Nursery School & Kindergarten



PARENT ACKNOWLEDGEMENT FORM

Child's Full Name: _____

I understand that the Thornhill Nursery School & Kindergarten is a non-profit preschool where parents and teachers work together to enrich the school experience for the children. I agree to abide by the following terms and regulations:

- A registration fee of \$100.00 for **first-time applicants**, together with a **currently dated** deposit cheque for one month's tuition is required upon receipt of application. **Please note that both of these payments/deposits are non-refundable.** The deposit payment of one month's fees will be applied to the June tuition only for the year of enrolment. Cheques should be made out to **Thornhill Nursery School.**
- A completed pre-authorized payment plan form (Rotessa) allowing debits from your account from September 1 through May 1 (for each year of enrolment) must be submitted with this application, with a void cheque attached (for new students only).
- Fees documented in the covering letter may be increased by a maximum 3% if deemed necessary to avoid a deficit situation.
- All necessary administrative forms must be submitted to the office prior to the commencement of the school year.
- A child may be withdrawn from the program by providing written notice, **with the forfeiture of the deposit and applicable registration fee.** Throughout the year, any paid tuition is **non-refundable.** All **unapplied** payments will cease upon withdrawal.
- **Fees will not be refunded** for temporary illness or extended vacation as the school's expenses continue at the same level even when some children are absent.
- All the rules and regulations, as outlined in the Parent's Handbook, must be followed.

I hereby acknowledge and agree to the terms of membership outlined above and give permission for my child to participate fully in the Thornhill Nursery School & Kindergarten experience.

Parent Signature

Date



Thornhill Nursery School & Kindergarten



SPECIAL EVENTS & MULTIMEDIA CONSENT FORM

Name of child: _____

There are occasions when the children may leave the school area to go on a nature walk in the surrounding neighbourhood or to take an excursion to the adjacent park areas, under the supervision of Thornhill Nursery School & Kindergarten personnel.

YES, I give permission for my child to participate in special events under the supervision of Thornhill Nursery School & Kindergarten personnel.

NO, I do not give permission for my child to participate in special events under the supervision of Thornhill Nursery School & Kindergarten personnel.

During the course of the school year, we like to take pictures of the children engaging in a variety of different activities in the classrooms, playground and during our special events. These pictures are then put together in a special presentation for our year-end graduation ceremony and a “DVD yearbook” reminder of your child’s year at Thornhill Nursery School & Kindergarten is created.

These pictures will not be used for any other purpose and kept in-house only.

In order to include your child in our “yearbook” presentation, your permission is required.

YES, I give permission to the Thornhill Nursery School & Kindergarten to include my child’s images in the year end presentation.

NO, I do not give permission to the Thornhill Nursery School & Kindergarten to include my child’s images in the year end presentation.

During the course of the school year, we like to take pictures of the children doing different activities for our Facebook and Instagram accounts.

YES, I give permission for my child’s face to be posted on our Facebook and Instagram accounts.

NO, I do not give permission for my child’s face to be posted on our Facebook Instagram accounts.

This authorization is valid for the duration of my child’s enrollment at Thornhill Nursery School & Kindergarten.

Parent’s Signature

Date



Thornhill Nursery School & Kindergarten



ANAPHYLACTIC FOOD ALLERGIES

An anaphylactic reaction is an allergic reaction so severe it can cause death. Nuts and peanuts are common triggers for anaphylaxis. As we have children registered in our programs with these allergies, nuts and peanuts are not permitted at our school.

If your child eats a peanut butter or other such product prior to entering the school, please ensure that his/her hands are thoroughly washed and his/her teeth brushed. A peanut/nut allergy can be so severe that even touching or inhaling a trace amount may trigger a life-threatening reaction.

When selecting a snack for your child, please read the labels carefully. Some products may state “may contain nuts or nut products”. These items may not be consumed at the school and they will be either returned to you unopened or removed completely to ensure the safety of all the children.

For birthday treats, you may bring in items that are store bought and do not state “may contain nuts or nut products”. If it is bought from a bakery, that bakery must claim to be completely peanut/nut free in order for us to serve the item.

If you would like a list of known safe products, please consult your child’s teacher or check in the office on the bulletin board.

I AGREE TO FOLLOW THE NUT/PEANUT FREE POLICY AS STATED ABOVE.

Child’s Name: _____

Parent’s Signature

Date



Thornhill Nursery School & Kindergarten



140 Brooke Street, Thornhill, Ontario L4J 1Y9 Tel: (905) 889-4543

IMMUNIZATION RECORD

Under the Day Nurseries Act, Section 33, in order to attend Ontario Child Care Facilities, children must have proof of immunization against diphtheria, pertussis (whooping cough), tetanus, polio, haemophilus b, and measles, mumps and rubella. Immunization against measles, mumps and rubella must have been given after the 1st birthday.

Family Name:- _____ Child's Name:- _____

Mother's Name:- _____ Father's Name:- _____

Birth Date:- _____ Health Card #: _____ Sex: _____

Address:- _____

City:- _____ Postal Code _____ Home Tel. #: _____

Mother's Work #: _____ Father's Work #: _____

Child has had: Chicken Pox Mumps Rubella Measles

Other _____ My child has had NONE of the above communicable diseases: None

Dates Vaccines Given (yy/mm/dd)	Diphtheria	Pertussis (Whooping Cough)	Tetanus	Polio	Hib* (Haemophilus influenza type b)	Pneumo conjugate	Measles, Mumps & Rubella	Men C conjugate	Varicella	Prennar	Hepatitis B	Rotavirus

Contact the Immunization Team at 1-877-794-1880 if:-

- This child needs an exemption from immunization against any disease listed for medical, religious or conscience reasons, or
- This child does not have an immunization record, or
- You have any questions about this form

CHILDREN MUST BE ADEQUATELY IMMUNIZED IN ORDER TO ATTEND A CHILD CARE FACILITY

Parent Signature

Date



AUTHORIZATION TO ADMINISTER OVER-THE-COUNTER PRODUCTS

Name of Child: _____ Room: _____

I authorize Thornhill Nursery School & Kindergarten to administer the following over-the-counter products to _____ as needed.

- Hand Sanitizer (provided by TNS&K) Hand Soap (provided by TNS&K)

If desired, families have the option of providing their own over-the-counter products as follows:

- Sunscreen Moisturizing Skin Lotion Lip Balm
 Insect repellent Diaper Cream Hand Sanitizer
 Hand Soap
 Other _____

All items provided by families must be in the original container and clearly labelled with your child's name.

Storage instructions:

Frequency of Application:

Parent Signature

Date

How Rotessa Works

Thornhill Nursery School & Kindergarten is proud to partner with Rotessa to offer our customers an easy way to set up a short term installment plan through automatic withdrawals. Rotessa is not a financing company, they do not offer loans. Rotessa simply provides our business the service of processing and managing short term payment plans.

Customer Information

Name	_____	Customer ID	_____
Address	_____		
City	_____	Province	_____
Postal Code	_____	Phone	_____
Email	_____		

Payment Terms and Fees

Total Outstanding (inc fees)	\$	_____
Number of Installments		_____
Amount per Installment	\$	_____
Frequency of Installments	weekly . bi-weekly . monthly	_____
First Payment Date		_____

Terms and Conditions

I/we authorize **Thornhill Nursery School & Kindergarten** to debit funds from my/our account based on payment terms stated. I understand that all transactions are processed and managed by Rotessa Inc and I expressly waive any legislative or regulatory requirement for pre-notification of the amount to be withdrawn from my account. A debit may be drawn from my/our account on or after the due date as agreed upon. Transaction dates that fall on a weekend or holiday will be processed the next business day. You will be assessed a missed payment fee of \$25 if a payment withdrawal is declined.

This authority will remain in effect until **Thornhill Nursery School & Kindergarten** has received notification from me/us of its change or termination. Such notification must be received at least ten (10) business days before the next debit is scheduled. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca. I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

You affirm that any information given is true and complete and that no information has been withheld. The privacy of your personal information is important to us. We will protect your privacy and safeguard your personal information according to the requirements of The Personal Information Protection and Electronics Documents Act. Rotessa reserves the right to provide information about the borrower to the credit bureaus and other credit grantors as permitted by law.

Please provide a void cheque

Authorized Signature(s)

Date
