



**Incomplete applications will be returned for completion. Please use this check list to ensure your application is complete.**

- Yearly membership fee paid (\$30.00)
- May fees paid (\$111.00 for the M/W/F; \$74.00 for the T/Th)  
(these fees should be combined on one cheque or E-Transfer - MWF - \$141. / T/Th - \$104.)
- Fee payments:  
8 post-dated cheques for monthly fees September - April (8 - \$111 for M/W/F; 8-\$74 for Tu/Th) to be submitted at time of registration  
OR  
monthly E-Transfer payments starting September 1 - April 1 (please send to kidsplace\_treasurer@hotmail.com)  
OR  
Monthly direct withdrawal payments starting September 1- April 1
- Signed parental permission Release form
- Signed Media Release form
- Completed alternate pick up list

**Please Remember:**

- ✓ Child must be 3 before end of December, and potty-trained.
- ✓ Processing application can take at least a week, i.e. you cannot drop off your application and expect your child to start the same day.
- ✓ Only parent/legal guardian can register a child.
- ✓ If applying after September 1, put registration fee as well as the starting month and May fees all on one cheque.
- ✓ Subsidy for nursery school is available through the Manitoba Family Services and Labour Child Care Subsidy Program **for families that qualify**. Parents/guardians must apply for subsidy on their own behalf. Call the subsidy program or visit the website for more information ((204) 945-8195 or Website: [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare)).
- ✓ If applying for subsidy, the \$30 registration fee is **NOT** covered by the Subsidy Program and must be submitted with the completed registration forms.

**KIDSPLACE NURSERY SCHOOL CO-OP INC.**  
**CHILD INFORMATION RECORDS**

(Please print, blue or black ink only)

\*Mon/Wed/Fri a.m.

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

Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

D.O.B \_\_\_\_\_

Day/Month/Year

Manitoba Health # \_\_\_\_\_ Personal I.D# \_\_\_\_\_

(6 digit)

(9 digit)

**[A] CUSTODIAL PARENT(S)/GUARDIAN INFORMATION**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Place of Employment or School \_\_\_\_\_

Address \_\_\_\_\_ Work/School phone \_\_\_\_\_

E-Mail address \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Place of Employment or School \_\_\_\_\_

Address \_\_\_\_\_ Work/School phone \_\_\_\_\_

E-Mail address \_\_\_\_\_

**[B] EMERGENCY CONTACTS (in case parents/guardian cannot be reached. Persons designated as emergency contact will be automatically given pick up privileges.)**

#1 Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

#2 Name \_\_\_\_\_ Relationships to Child \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Is there anyone who cannot legally pick up your child? \_\_\_\_\_

(Copy of court order required)

**PLEASE INFORM US IMMEDIATELY OF ANY CHANGES TO THE INFORMATION PROVIDED ABOVE AND/OR TO CHILD CUSTODY. Your child will only be released to custodial parent(s), emergency contacts or alternate pick up person(s). Please inform teachers of any changes.**

**MEDICAL INFORMATION**

Known Allergies (medications, food, etc.) \_\_\_\_\_

\_\_\_\_\_

Other Medical Concerns (please indicate) \_\_\_\_\_

Name of Physician/Clinic \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

DATE: \_\_\_\_\_

**GENERAL INFORMATION ABOUT YOUR CHILD**

Other children in your household:

Name	Age	Date of Birth			Relations hip to child
		Year	Month	Day	

How does your child react to new situations? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child been in a childcare facility/nursery school before? \_\_\_\_\_

If yes, which one did they previously attend? \_\_\_\_\_

Other than mom/dad and siblings, is there anyone else that lives in your household? \_\_\_\_\_

\_\_\_\_\_

Are there any other specific concerns regarding your child that the school should be aware of (ie. fears, likes/dislikes)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the common terms your child uses when needing to use the bathroom?

\_\_\_\_\_

**YOUR CHILD MUST BE TOILET TRAINED BY SEPTEMBER.**

**PARENTAL INVOLVEMENT**

Does either parent have any special talents, jobs that would be of interest to the children or access to items or services that may help the school (i.e. artistry, carpentry, photocopy, paper products, etc.)? If so, in what area would you be willing to donate your time or resources should the need arise?

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Would you consider serving on the Board of Directors of the nursery school?

The Board meets approximately once a month to discuss and decide on matters to keep our nursery school running smoothly. There are a variety of positions that include minimal to more substantial involvement but all members work together. Please let us know if you are interested in more information.

Yes       No

Do you have any fundraising ideas that could be considered for next year?

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**Registration fee, postdated tuition cheques/e-transfer of registration fee plus May fees, and parental agreement must accompany this application for registration to be complete and secure a spot for your child in our program.**

**KIDSPLACE NURSERY SCHOOL CO-OP INC.**  
**PARENT/GUARDIAN AGREEMENT**  
**3-DAY PROGRAM**

1. I agree that as a member of Kidsplace Nursery School Co-op Inc., **I will contribute to the program by volunteering in the classroom, completing a mini-job (making play dough, taking home laundry,) or helping with fundraisers, or becoming a member of the Board of Directors.**
2. Tuition fees and the annual grant received from the Manitoba government cover the costs of staff salaries and other operating costs. Kidsplace Nursery School will organize fundraisers throughout the school year to supplement our program. Participation in our fundraisers is strongly encouraged to ensure that a quality program can be provided to our students. As an alternative, monetary donations of any amount are greatly appreciated and tax receipts can be provided.
3. Membership (\$30.00 per year per family) entitles me to voting privileges at the AGM and to participate in elections for the nursery school board of directors.

**3 Day Program Membership**

I hereby enclose one current cheque (dated today) or an electronic transfer (E-Transfer) in the sum of \$141.00 covering the May (\$111.00) fee plus \$30.00 membership fee. Monthly fees will be paid in the form of (8) post-dated cheques of \$111.00, each dated the first of each month, monthly E-Transfers for the period of September through April inclusive or through automatic bank deposit for the period of September through April inclusive.

(For Children qualifying for the Manitoba Child Care Subsidy Program, the \$30 Registration fee is not covered by subsidy and is to be paid upon registration. Also, parents/guardians are responsible for payment of any days not covered by subsidy due to exceeding the allowable missed days of school.)

I understand that there is a service charge for any returned cheques (i.e. NSF). (Current rate charged by the bank). **In the event that two (2) NSF cheques have been returned to Kidsplace, all further tuition payment must be made by cash, money order or certified cheque.**

**Failure to ensure tuition fees are paid in full will result in the suspension of the child from Kidsplace Nursery School or withdrawal from the program.**

4. If withdrawal occurs prior to September 1, all cheques minus the \$30.00 membership fee will be returned. I understand that I am obligated to give one month's written notice if I withdraw my child after September 1 to have cheques returned. Fees for any partial month completed will not be returned.
5. For the \$30 registration fee, prepaid May fees and tuition paid from Sept-Dec., a receipt will be issued in January and for tuition paid in Jan. - April, a receipt will be issued in May.
6. Classes will be 2.5 hours in duration, either 9:15am - 11:45am or 12:50pm- 3:20pm
7. I understand that no refund is given for absent days, statutory holidays or for closing due to weather, or unforeseen circumstances.

8. In the event Kidsplace Nursery School Co-op Inc. deems it necessary for whatever reason to terminate my child from the program, the May deposit together with all remaining outstanding tuition fees, minus the \$30.00 membership fee will be returned to me.
9. I understand that a short, non-denominational statement of thanksgiving will be spoken prior to each snack time.
10. I understand that I am responsible for providing a nutritious snack for my child each day of his/her attendance. As per Child Daycare Office policy, no snacks containing nuts or nut products are permitted.
11. I understand that any photographs that I take of my child's classmates may not be posted on the Internet, i.e. Personal website, blog, or social networking website such as Facebook.
12. Kidsplace Nursery School Co-op Inc. will be responsible for my child only from the time my child is brought into the classroom until the time my child is picked up by an authorized person at the classroom.
13. I give permission for my child to take part in activities and outings planned and supervised by the Nursery School. I expect Kidsplace Nursery School Co-op Inc. to exercise due diligence including the provision of required supervision.
14. I understand that there will be field trips for my child during the school year. For each field trip, I will be provided advance notice of the nature and scope of said field trips and will be required to sign a permission slip prior to my child's participation. I hereby give Kidsplace Nursery School Co-op Inc. full release of any responsibility for accidents or mishaps which may occur while my child is participating on any Kidsplace field trips, which will be adequately supervised.
15. I understand that I am required to transport my child to and from field trips unless other arrangements for transportation are provided by Kidsplace. I understand that I am to accompany and help supervise my child on field trips unless otherwise indicated by Kidsplace. If I am unable to accompany my child on a field trip I am to notify Kidsplace prior to the trip as to the person I designate to accompany my child in my place.
16. I understand that the staff, officers, agents and volunteers of Kidsplace Nursery School Co-op Inc. will exercise due diligence in performing their duties, beyond which they cannot be responsible for any loss or damage arising from accidents or theft of belongings of the participants, or for any accident or injury suffered by the participant.
17. I have read this carefully and I agree to the terms set out above and to the operating policies of Kidsplace Nursery School Co-op Inc. (a copy of which will be provided to me) and agree to be bound by them.

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Signature

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Witness

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Name (please print)

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Date

**KIDSPLACE NURSERY SCHOOL CO-OP INC.**

245 Sutton Ave.  
Winnipeg, Manitoba  
R2G 0T1  
Phone: 661-1325

This information is required for our registration forms as per Child Daycare Office policies and regulations.

Child's full name: \_\_\_\_\_

Manitoba Health # \_\_\_\_\_ (6 digit)      Child's Personal I.D# \_\_\_\_\_ (9 digit)

Please make a list of **ALL** individuals who might **POSSIBLY** be picking up your child in the event that the custodial parents/guardians are unable to pick him/her up.

<u>Person's Name</u>	<u>Relationship to Child</u>	<u>Phone #s</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Please list your name and the **full name, address and phone number** of your place of employment:

Mother/Guardian: \_\_\_\_\_  
\_\_\_\_\_

Father/Guardian: \_\_\_\_\_  
\_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_

Ph: \_\_\_\_\_  
Cell: \_\_\_\_\_

Ph: \_\_\_\_\_  
Cell: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENTAL PERMISSION RELEASE FORM

**Yes    No**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Kidsplace Nursery School has permission to post my child's first name and allergies (if any) on a class list within the classroom.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Kidsplace Nursery School has permission to take and use photographs (and video) of my child for use in class activities, displays, craft projects and class books. If permission is not granted my child may be excluded from related class activities or projects.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Kidsplace Nursery School has permission for my child to be part of the class picture taken by a professional photographer. If permission is not granted my child will be excluded from picture taking during this event.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Kidsplace Nursery School has permission to use photographs of my child in promotional material, or media sources such as a community newspaper.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that by having my child attend class parties, Christmas concert and /or End of the Year Celebration my child may or may not be included in pictures taken by other children's family members for personal use. These pictures are not to be posted on social sites such as Facebook etc. in accordance with the Kidsplace Nursery School Code of Conduct. |

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**Signature**

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**Date**

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**Name (please print)**