

Gan Nitzanim Nursery Registration

2018/2019

Registration for the **2018/2019** year of Gan Nitzanim has begun. In order to enrol your child, please read the following information and submit the form along with the cheques required to your child's teacher.

The tuition fee for the coming school year **2018/2019** is \$1220 per month for all ages an eight hour day program (8:30.a.m – 4:30.p.m.). Your child will be enrolled for no less than the eight hour program, as collecting your child early disrupts the work process and causes the child to miss taught material. Friday hours will be 8:30 a.m. – 4:00 p.m. and 8:30 a.m. – 2:00 p.m. during the winter months due to Shabbat.

Upon acceptance of a new child's spot in Gan Nitzanim, a non-refundable registration fee of \$200 per child is required. In the event that your child is withdrawn, the school will not refund this registration fee.

In addition to the \$200 registration fee cheque (new children only), please submit 12 post-dated cheques for \$1220 dated the first of each month beginning with September 1, 2018. The cheques should be made out to **GAN NITZANIM CHILD CARE CENTRE INC.** All this, as well as the form at the bottom of this page should be handed in to your child's teacher no later than **Monday, February 26, 2018**. Please put it in an envelope with your child's full name on it.

Along with your registration form please submit an updated copy of your child's immunization record from his or her pediatrician.

Any child whose application form is not handed in by the deadline, will be considered withdrawn from Gan Nitzanim for the coming school year, and his/her spot will be taken by new students. Space is limited.

Thank you for your co-operation,

Gan Nitzanim Administration

Child's full name: _____

Date of Birth: (MM/DD/YY): _____

Mother's name: _____ **Father's name:** _____

Home #: _____ cell: _____ cell: _____

I agree to submit twelve cheques of \$1220 (made out to “Gan Nitzanim Child Care Centre Inc.”) for my child's enrolment at Gan Nitzanim for the twelve month, eight hour day program.

Parent's Signature: _____ **Date:** _____

Comments:

Gan Nitzanim Pre-School Registration Fee & Hours

Upon acceptance of a spot in Gan Nitzanim, a registration fee of \$200, should be submitted. This payment is non refundable. The fee for 8:30-4:30 (8:30-4:00 Fridays) is \$_____ per month.

I agree to submit 12 post dated cheques in the amount of \$_____ upon my child's first day of attendance, starting from September 1st until August 1st.

I agree to submit a payment of \$_____ in cash or cash cheque for the additional weekly sports & music programs. This fee also includes our Chanukah, Purim, & Pesach celebrations/shows/field trips.

Please put all cheques in a sealed envelope with your child's first and last name.

_____ Parent / Guardian _____ Date

_____ Supervisor _____ Date

Application Form

Child's Name (First) _____ Last _____

Address _____ City _____ Postal Code _____

Home Telephones _____ Birth Date _____

Father/Guardian Name _____

Occupation _____ Place of Employment _____

Business Telephone _____ Cell Phone _____

Address _____ City _____ Postal Code _____

Email _____

Mother/Guardian Name _____

Occupation _____ Place of Employment _____

Business Telephone _____ Cell Phone _____

Address _____ City _____ Postal Code _____

Email _____

Child Lives with (Circle Appropriate): Both Parents Mother only Father only Other

If other please specify: _____

Emergency Contact Name _____ Telephone(s) _____

Address _____

Doctor's Name and Address _____

Doctor's Telephone _____ Child's Health Card Number _____

Emergency Medical Attention

I hereby grant permission for the Supervisor to take whatever steps may be necessary to obtain medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact you through any of the people listed on the emergency form.
3. Attempt to contact a physician.

If we cannot contact you or your child's physician, we will do any or all of the following:

1. Call an ambulance.
2. Have the child taken to the hospital in the company of a staff member.

Signature of Parent or Guardian _____

For: (Child's name) _____

Permission to engage in child care activities

I hereby grant permission for my child to use all of the play equipment and participate in all the activities of the Pre-School.

I hereby grant permission for my child to leave the Pre-School under supervision of a staff member for neighbourhood walks or for any scheduled field trips.

Signature of Parent or Guardian _____

For: (Child's name) _____

Permission for photographing and posting children in newspaper articles/television productions

I hereby grant permission for my child be photographed/video recorded in all the activities of the Pre-School.

I hereby grant permission for Gan Nitzanim to use these photographs of my child for the purpose of promoting Gan Nitzanim Child Care Centre Inc. This includes newspaper articles and ads, television productions and school related internet ads.

Signature of Parent or Guardian _____

For: (Child's name) _____

Child Schooling Information

Name and address to which income tax receipt should be sent:

School presently attending: _____

Who the child may be release to: _____

I have read and fully understand the parent handbook. I agree to abide by the policies and procedures set out in the handbook.

Name (printed): _____ Signature: _____ Date: _____

Office use only

Admission Date _____ Application accepted by _____

Date application submitted/date of admission _____ Withdrawal/discharge date: _____

Comments: _____

Gan Nitzanim's new fee schedule and hours effective September 1, 2015.

Emergency Information

Immunization Record

(Please transfer information from the child's original card or attach a copy)

Date: (YYYY/MM/DD)	Diphtheria	Pertussis	Tetanus	Polio – IPV	Polio - OPV	Hib	Pnemo conjugate	Measles	Mumps	Rubella	Men-C conjugate	varicella	Hepatitis B	Given By: (Physician and Tel no.)

Does your child have:

A condition or behaviour that would require special attention, medication, or a special diet?

Written instructions, signed by a parent of the child concerning any special requirements in respect of diet, rest or exercise.

Parent Signature _____

Date: _____

Allergies (food, medication etc?)

My child has had the following childhood diseases:

Child's previous history of communicable diseases (These may include Chickenpox, Diarrhea, Hepatitis A and B, Measles, Meningitis, Mumps, Pertussis, Rubella, Candidiasis, Conjunctivitis, Coxsackie A16, Fifth Disease, Pinworms, Scabies, and Streptococcal Infections):

If applicable, statement from a parent or legally qualified medical practitioner as to why the child should not be immunized in the case of a child who is not in attendance at a school within the meaning of the Education Act:

Any Symptoms indicative of ill health

Instructions written and signed by a parent of the child for any medical treatment or drug or medication (inhalers or EpiPen only) that is to be administered during the hours the child is receiving care. Must include:

Description of child's allergy: _____

Descriptions of signs of reactions: _____

Things child must avoid: _____

Required dosage for the child: _____

Instructions for administration of medication: _____

Signature: _____ Date: _____

** Any child with severe allergies must have the Anaphylaxis Emergency Plan submitted with the enrolment package.

Emergency Information Card

Students Name: _____

D.O.B: _____

Address: _____

Home Phone: _____

Email: _____

Mother's Name: _____

Occupation: _____

Employer: _____

Work Phone: _____

Cell phone: _____

Father's Name: _____

Occupation: _____

Employer: _____

Work Phone: _____

Cell phone: _____

Emergency Contact

Name: _____

Home Phone: _____

Address: _____

Cell Phone: _____

Relationship to Child: _____

Work Phone: _____

Child's Physician _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Health Card Number: _____

I hereby consent for my child to be transported to hospital in case of emergency, and consent to emergency treatment until the time of my arrival at the hospital. I understand that every effort will be made to contact me if such an emergency takes place.

Signature: _____

Date: _____