



REGISTRATION FORM

School year starting September _____(year)

Print, complete and mail registration package to Peggy Brewin Cooperative Preschool (details on page 7)

Child's Name (First, Last) Please use the name you want used in class:

Gender: M F

Date of Birth (dd/mm/yyyy):

Please note: In order to register for Peggy Brewin Cooperative Preschool, your child must be 3 years old by December 31st, and be toilet trained.

SCHOOL PROGRAM

Please indicate which program and days of the week you are interested in.

Note that the program and the days of the week will remain constant throughout the school year.

Morning Program (8:30am – 12:00pm)

Extended Program (8:30am – 1:30pm)

Monday

Tuesday

Wednesday

Thursday

Friday

Tuition is detailed in the table below. Students must register for a minimum of 2 days / week, and tuition is calculated per month.

# Days / Week Registered	Morning Program (8:30am – 12:00pm)	Extended Program (8:30am – 1:30pm)
2	\$190/ month	\$260/ month
3	\$285 / month	\$390/ month
4	\$380 / month	\$520/ month
5	\$475/ month	\$650/ month

DROP-INS

We understand that during the school year, you may need some flexibility in your schedule. To accommodate this when possible, drop-in days are available at Peggy Brewin. These are days outside of your child's regular registered school days. Or you can extend the morning program - children who are usually picked up at 12:00pm may extend their day to 1:30pm. A minimum of 24 hours notice is required to confirm with Teacher Deb whether space is available. Please contact Teacher Deb by email to reserve a drop-in space, and to inquire about pricing: deb.mantil@gmail.com

TAX CREDIT

Families of children registered at Peggy Brewin Cooperative Preschool are usually eligible for the **Refundable Tax Credit for Child-Care Expenses from the Québec Government.**

Please see the following websites for more information:

<http://collections.banq.qc.ca/ark:/52327/bs1766944>

<https://www.revenuquebec.ca/en/citizens/tax-credits/tax-credit-for-childcare-expenses/claiming-the-tax-credit/>

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian #1:

Name:

Address:

Telephone:

Home:

Work:

Cell:

Email:

Preferred Contact Method: (please fill out all that apply):

Email

Phone (indicate number to call)

Text (indicate number to text)

Parent/Guardian #2:

Name:

Address:

Telephone:

Home:

Work:

Cell:

Email:

Preferred Contact Method: (please fill out all that apply):

Email

Phone (indicate number to call)

Text (indicate number to text)

Please indicate the name of the parent/guardian to be used for the official tax receipt:

ALTERNATE EMERGENCY CONTACTS (preferably someone who lives near the school)

Emergency Contact #1:

Name:

Relationship to child:

Home Telephone:

Work Telephone:

Cell:

Emergency Contact #2:

Name:

Relationship to child:

Home Telephone:

Work Telephone:

Cell:

PARENT PARTICIPATION

Peggy Brewin is a cooperative preschool, and parents are involved in the running and success of the school in the follow ways:

- Parent Helper Days: Parents take turns helping in the classroom on parent helper days, and in this way are able to participate in their child's first school experience.

- Fundraising: Peggy Brewin relies on fundraising efforts by parent volunteers to keep the program available for our community. Parents are required to serve on at least one fundraising committee.

All parents are encouraged to get involved with the running of the school, to express ideas they might have for its improvement, and to share any special talents they might like to contribute.

I understand that I am responsible for (a) acting as a parent helper on duty days, (b) serving on at least one fundraising committee, and (c) helping with the other fundraisers.

Yes, I understand.

I have questions about parent participation and would like a Peggy Brewin representative to contact me.

Specify preferred method of contact:

CHILD'S HEALTH INFORMATION

Child's Doctor:

Telephone Number:

Child's Québec Health Insurance Card Number:

Expiration Date:

Does your child have a health condition that might require action in school (allergy, seizure, diabetes, drug reaction, bee sting reaction, etc.)?

Yes

No

If yes, please provide details:

Does your child have any significant fear(s) that the school should be aware of?

Do you, as a parent/guardian, have any significant concerns?

My child is up to date with their vaccinations:

Yes

No

PARENTAL CONSENT FOR EMERGENCY TREATMENT

Signature:

Date:

WAIVER

I, _____, hereby agree that I will not take legal action due to accident/injury arising out of _____'s participation in Peggy Brewin Cooperative Preschool activities.

Signature:

Date:

SCHOOL CONTACT INFORMATION

MAILING ADDRESS:

Peggy Brewin Cooperative Preschool
P.O. Box 575
Wakefield, QC
J0X 3G0

LOCATION:

Wakefield Centre
38 Valley Drive
Wakefield, QC
J0X 3G0

Website: www.peggybrewin.com

Email: peggybrewinpreschool@gmail.com

Phone: 819-230-6972

REGISTRATION & PAYMENT INFORMATION

To complete your registration and secure your child's place in the program, please prepare and mail your *Registration Package*, which must include the following:

- This Registration Form
- Policies & Procedures (pages 8-9 of this document)
- Non-refundable Registration Fee of \$50 (cheque dated with current date)*
- September's tuition (cheque post-dated to September 1st)*

Mail your Registration Package to:

Peggy Brewin Cooperative Preschool
P.O. Box 575
Wakefield, QC
J0X 3G0

*These payments must be made by cheque. Please make them out to: **Peggy Brewin Cooperative Preschool**

September tuition can be refunded only upon cancellation **prior to August 15th.**

If you have any questions, please do not hesitate to contact us: peggybrewinpreschool@gmail.com

TO BE COMPLETED BY REGISTRAR

Registration fee paid ____ Sept tuition paid ____ Full year's tuition cheques received ____

REGISTRAR: _____ **Telephone:** _____



PEGGY BREWIN POLICIES AND PROCEDURES

Please initial the following policies & procedures to indicate that you understand and agree to follow them:

1. **Minimum Age Requirement Policy:** In order to register for Peggy Brewin, children must turn 3 years old by January 31st and be toilet trained. ____ (INITIAL)
2. **Timeliness Policy:** Class starts at 8:30am sharp with a welcome song. It is imperative to be on time, for the sake of your own child being able to settle into a routine in the school, and so as not to disrupt the planned activities and the other children. Children should be at school and ready to begin their day (outdoor clothes removed, backpacks unpacked, bathroom break completed) prior to 8:30am start time. ____ (INITIAL)
3. **Bad Weather Policy:** By 6:00am, a designated parent and Teacher Deb will make the decision if school will be cancelled, loosely based on the WQSB recommendations. Once the decision has been made, parents will be notified via text / email / phone call from Teacher Deb. Please note: there may be times when busses are running, but it's still not deemed safe by Peggy Brewin. If there's bad weather forecasted, please remember to check your phone before coming in case school has been cancelled. ____ (INITIAL)
4. **Sick Teacher Policy:** When Teacher Deb is sick she will let the President of the Executive Committee know before 7:00am. The President will then communicate with all PB families that school has been cancelled for the day via text or phone call. ____ (INITIAL)
5. **Sick Child Policy:** Your child should be kept home if they have any of the following symptoms: pain, fever, sore throat, headache, infected skin or eyes, nausea or vomiting, difficulty breathing, wheezing, or persistent cough, diarrhea, runny nose or cough accompanied by low energy. Please also let the teacher know in the morning if your child has had a fever, been up late the night before, is out of rhythm, or of any events that have occurred that may account for a change in behaviour and / or mood of your child. ____ (INITIAL)
6. **Change Days Policy:** Part-time children are not allowed to switch their days of the week or do a "make-up" day if they miss one of their scheduled days. While we have space, they are invited to attend the extra day(s) for the following price, based on a first come, first served basis: \$25 for 8:30am-12:00pm; \$30 for 8:30am – 1:30pm. ____ (INITIAL)
7. **Parent Participation:** Parents are responsible for (a) acting as parent helper on duty days; (b) helping with cleaning and other classroom needs; (c) serving on at least one fundraising committee; and (d) helping with other fundraising initiatives. ____ (INITIAL)

8. **Helping Parent Policy:** When there are 9 or more children in a class, a helping parent is required to be on duty. ____ (INITIAL)
9. **Cancellation Policy:** Written notice of withdrawal submitted to the registrar is required one month in advance of the child's last day in attendance. Tuition for that month is non-refundable, however tuition paid beyond the one month period will be refunded. In the case of un-enrollment prior to August 15th of that school year, September tuition will be refunded in full. ____ (INITIAL)
10. **Vacation / Sick Days:** If your child is away due to illness or vacation, you are still expected to pay full tuition for those missed days. ____ (INITIAL)
11. **Photo Permission:** Photos may be taken at various times in the classroom, and at events, to use on our website or in-school related printed materials. If you choose to give permission, we will not give photographs or information to ANY other person or organization for any other use. ____ (INITIAL)
- I give permission to Peggy Brewin Cooperative Preschool to use my child's photograph for these purposes.
- I DO NOT give permission to Peggy Brewin Cooperative Preschool to use my child's photograph.
12. **Cell Phone Policy:** Cellphone use is not permitted while parents are in the classroom helping with children. No texting or phone calls are to be made during classroom time (only in emergencies). ____ (INITIAL)