



PEGGY BREWIN

ÉCOLE COOPÉRATIVE PRÉSCOLAIRE
COOPERATIVE PRESCHOOL

REGISTRATION FORM

Print, complete and mail registration package to **Peggy Brewin Cooperative Preschool** (details on page 4)

School year starting September _____(year)

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

Gender: ☐ He/Him ☐ She/Her ☐ They/Them

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.

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

TUITION

Students must register for a **minimum of 2 days / week**.

Tuition costs are calculated per year and **divided into 10 equal payments** each month from Sept to June.

The school day **begins at 8:30am** and **ends at 12:30pm**.

# DAYS / WEEK Registered	PROGRAM COST (8:30am – 12:30pm)
2	\$350/ month
3	\$500/ month
4	\$650/ month
5	\$800/ 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. 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 for more information:

<https://www.revenuquebec.ca/en/online-services/forms-and-publications/current-details/tpz-1029-8-f-v/>

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian #1:

Name:	
Address:	
Telephone Home:	Work:
Cell:	Email:

Parent/Guardian #2:

Name:	
Address:	
Telephone Home:	Work:
Cell:	Email:

Please indicate the name of the parent/guardian who would like to receive the school **email communications**:

Name of the parent/guardian to be used for the **official tax receipt**: _____

PARENT PARTICIPATION

Peggy Brewin is a cooperative preschool, and parents are involved in the running and success of the school in the following 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.
(*When there are 9 or more children, a parent helper is required.)
- **Fundraising:** Peggy Brewin relies on fundraising efforts by parent volunteers to keep the program available for our community. Parents are required to serve on the Fundraising Committee **Or** may choose to opt in for the *Buyout* instead.

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. For families who cannot participate in fundraising (planning or volunteering time), there is a *Buyout* option that will be discussed at the parent meeting in early Fall.

I understand that I am responsible for:

- (a) acting as a parent helper on helper days,
- (b) serving on the Fundraising Committee **Or** opting in for the *Buyout* option
- (c) if you choose the Fundraising Committee, you contribute to all the Fundraising events, which may involve weekend time.

☐ Yes, I understand.

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

Specify preferred method of contact: _____

ADDITIONAL INFO

Tell me a little bit about your child. (shy, outgoing, 1st experience away from home....)

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?

WAIVER

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

Guardian Signature: _____

Date: _____

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 5-6 of this document)
- **Non-refundable Registration Fee of \$200** (e-transfer to peggybrewinpreschool@gmail.com)
- September's tuition (pay by E-transfer **prior to July 1st**) *

Mail your Registration Package to:

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

September **tuition can be refunded only upon cancellation **prior to July 1st**. Please note that we accept e-transfers for tuition payments during the school year. Details will be provided at the Parent Information Session (AGM) held in the early Fall.*

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

SCHOOL CONTACT INFORMATION

MAILING ADDRESS:

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

EDUCATOR & REGISTRAR

deb.mantil@gmail.com

WEBSITE:

www.peggybrewin.com

SCHOOL EMAIL:

peggybrewinpreschool@gmail.com

TO BE COMPLETED BY REGISTRAR

REGISTRATION FEE PAID ☐ SEPTEMBER TUITION PAID ☐

REGISTRAR: _____ **TELEPHONE** _____

PEGGY BREWIN POLICIES AND PROCEDURES

Please initial the following policies and 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 December 31st and be toilet trained. ____ (INITIAL)
2. **Timeliness Policy:** Class starts at 8:30am 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. Doors open at 8:20am to help your child to be ready for our 8:30am start. ____ (INITIAL)
3. **Bad Weather Policy:** By 6:00am, a designated parent and Teacher Deb will make the decision if school will be cancelled, 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 buses are running, but it's still not deemed safe by Peggy Brewin. If there's bad weather forecasted, please remember to check your email 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, an infection or contagious illness (or any events that have occurred that may account for a change in behaviour and / or mood of your child.) If ill, please only return after being symptom-free for 48hours. ____ (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: \$40 for 8:30am-12:30pm. ____ (INITIAL)
7. **Parent Participation:** Parents are responsible for (a) acting as parent helper on the helper days you sign up for (if you are unable to attend, it is your responsibility to make a switch with another parent); (b) helping with general tidying (sweep, wipe placemats, tables and chairs); and (c) serving on the Fundraising Committee or opting for the Fundraising Buyout. ____ (INITIAL)

<2 **Helping Parent Policy:** When there are 9 or more children in a class, a helping parent is required to be e l i p t i v 3 l i p t m r k t e v i r x. ____ (INITIAL)

=2 **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 **July 1st** of that school year, September tuition will be refunded in full.
____ (INITIAL)

542**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)

552**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.

562**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)

572**Guardian Consent:** Peggy Brewin Cooperative Preschool requires that all children are registered in our preschool with full knowledge and consent of all legal guardians. ____ (INITIAL)

582**Pick-Up Procedure:** Children will only be released into the care of parents or guardians listed below. In the event of any last minute pick-up changes please advise the teacher in writing or via email.

____ Relationship with child: _____

____ Relationship with child: _____

____ Relationship with child: _____

____ Relationship with child: _____