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	$450/ month
3	$600/ month
4	$750/ month
5	$900/ 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 INFOMATION

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

SCHOOL EMAIL:
peggybrewinpreschool@gmail.com

WEBSITE:
www.peggybrewin.com

TO BE COMPLETED BY REGISTRAR

REGISTRATION FEE PAID ☐ *SEPTEMBER TUITION PAID* ☐

REGISTRAR: _____ ***TELEPHONE*** _____