



Est. in Petrolia in 1972

50 Years of excellent educational child care!

**Kiddies Korner Co-op Nursery School
Petrolia**

**REGISTRATION PACKAGE
2024 – 2025**

404 Princess Street (lower), Petrolia, Ontario, N0N 1R0

phone: 519-882-3009

website: kiddieskorner.ca

IMPORTANT EMAILS:

admin@kiddieskorner.ca

supervisorpetrolia@kiddieskorner.ca

accounting@kiddieskorner.ca

petroliaabsences@kiddieskorner.ca



Dear New and Returning Parents,

Welcome to Kiddies Korner Co-op Nursery School!

The new school year program will begin Tuesday, September 3rd and operate Monday to Friday 9:00 am to 3:00 pm. We have recently applied for a new license to operate 8 am to 4 pm, 12 months of the year. This license is pending approval from the Ministry of Education.

We are pleased to let you know that we are a part of the Canada Wide Early Learning Funding of \$10.00 per day which will come into full effect September 2025. Until then, parents will be offered reimbursements and discounted childcare rates. Our fees are outlined in the attached Financial Agreement. Please note that we submit invoices at the beginning of each month. Absences/sick days/holidays or inclement weather will NOT be refunded as you are paying for the commitment of the "space" that your child holds.

A **completed registration package** is required to secure your child's space at Kiddies Korner Co-op Nursery School program for the 2024-2025 school year. Please ensure all the following are included:

- ✓ Registration Forms: Child & Parent Information, Emergency Contact & Pick Up, Health & Medical, Co-op Participation, Ages & Stages, Field Trips, Consent for photo, Seesaw and Financial Agreement.
- ✓ Photocopy of your child's immunization record or exemption letter from your physician. (These documents can be copied at the school)
- ✓ You must participate in **TWO** different fundraisers during the upcoming year (we have 4 each year). Your participation means that you will help to sell our fundraising products.

Feel free to email us if you have any questions or concerns for the upcoming school year. We look forward to meeting and seeing you soon.

Sincerely,

Penny Kearney, B.A., B.Ed.,
Director for Petrolia, Brigden and Courtright

director@kiddieskorner.ca

Our 2024-2025 Board of Directors and Teachers welcome you and look forward to a great year!

**Kiddies Korner Co-op Nursery School (Petrolia Site)
Registration Form 2024-2025**

Child Information

Date of Admission: _____ **Date of Discharge:** _____

Full Legal Name:	Preferred Name:
Date of Birth (dd/mm/yyyy):	Age (years, months):
Home Address(es):	
Language(s) Spoken at Home:	

Parent Information

Full Legal Names: 1. 2.	Preferred Name(s): 1. 2.
Relationships to Child: 1. 2.	Primary Phone Number(s): 1. 2.
Alternate Phone Numbers: 1. 2.	Email address(es): 1. 2.

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to legal right of access to your child? YES NO

If YES, please provide a copy of the appropriate legal documentation (e.g., court order).

Name(s) of custodial parent(s): _____

Name(s) of individuals prohibited from accessing/picking up your child: _____

Emergency Contacts

In the event of an emergency, if parents cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

Emergency Contact #1	Emergency Contact #2
Full Legal Name: Relationship to Child: Primary Phone Number: Alternate Phone Number: Home Address: <input type="checkbox"/> Authorized to pick-up child	Full Legal Name: Relationship to Child: Primary Phone Number: Alternate Phone Number: Home Address: <input type="checkbox"/> Authorized to pick-up child

Additional Pick-Up Authorization

The following additional individuals are authorized to pick up my child (Photo ID) will be required to confirm identify before the child will be released):

Full Legal Name	Relationship to Child	Primary Phone

Additional Emergency Information

Please provide any special medical or additional information about your child that could be helpful in an emergency (e.g., known medical conditions, skin conditions, vision/hearing difficulties):

Health Information

Does your child have any medical need(s) that requires additional support (eg. Asthma)?

YES

NO

If yes, an individualized plan for children with medical needs must be developed between the parent and the child care centre prior to the child's first day of care.

Immunization Records

Please provide a copy of your child's immunization record (e.g., yellow card) to the centre prior to your child's first day of care.

If you have chosen not to immunize your child, a [Statement of Medical Exemption](#) form or a [Statement of Conscious or Religious Belief](#) forms must be completed and provided to the centre. Copies of these forms are available on request.

Allergy Information

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts or bee stings)?

YES

NO

If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the child care centre prior to the child's start date.

Does your child have any allergies that are not life-threatening (food or other substance e.g., latex)?

YES

NO

If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

Dietary Restrictions

Does your child have any special feeding arrangements (e.g., no sippy cups, mashed/pureed food)?

YES NO

If yes, please provide relevant details:

Does your child have any special dietary requirements or restrictions?

YES NO

If yes, please provide relevant details:

Additional Information

Please indicate any additional information that is relevant to the care of your child (e.g., prone to colds, frequent shoulder dislocation, etc.):

Parent Name

Parent Signature

Date (dd/mm/yyyy)

Staff Name

Staff Signature

Date (dd/mm/yyyy)

Note: 'Parent' is defined as a person having lawful custody of a child or person who has demonstrated a settled intention to treat a child as a child of his or her family, and includes legal guardians.

Appendix B: Authorization for Non-Prescription Skin Products

Child's Full Legal Name:

Date of Birth (dd/mm/yyyy):

The following **non-prescription** items may be applied to my child in accordance with the manufacturers instructions on the original container (please check off):

- Sunscreen Diaper Creams/Ointment Lip balm Hand sanitizers
- Insect repellent Lotions

Parent has agreed to provide:

Note: Consider adding the brand name of the non-prescription items for transparency.

My child will attend Kiddies Korner Petrolia on the following days:

MON	TUES	WED	THURS	FRI

Date (dd/mm/yyyy)

Signature of Parent

A CO-Operative Nursery School requires parent participation.

Parent participation was modified during Covid 19 Pandemic.

Parents have limited access to the classroom at this time.

Kiddies Korner Co-op operates on the premise of parent involvement to share and partake in the responsibility of our preschool program. The goal of the co-op experience is to develop a network of parents of registered children who build relationships with our teaching staff, Board Members and other families in our community. The co-op experience, truly unique for both parent and child, provides a setting in which you can observe and help your child grow and interact with others, and develop a natural curiosity and love of learning.

We provide a safe environment for your child to begin to spend time apart from his or her primary caregiver(s); this will build independence in your preschool child and ensure a gentle transition from home to the school environment, where children are given a chance to interact with other children and adults and to establish trusting relationships.

The co-operative aspect of our school is stressed in everything that we do, without parents, the school would not exist. Only teachers, our supervisor and our cook are paid staff but other components of our program are the responsibility of our parents: **monthly donation of morning or afternoon snack; fundraising and donations; members of our Board of Directors.** This helps keep our costs low and keeps parents involved with their child's educational experiences in a positive way. All parents are required to abide by the policies of the school, read and sign the Parent Handbook, fulfill the requirements of one healthy snack each month and attend at least one annual general meeting. Our Board of Directors is made up of past and present parents and local community members.

Please consider joining our Board for the 2024-25 school year!

We hope that your participation in the co-op will be a satisfying experience.

Parents Signature: _____

Date: _____

Ages & Stages Questionnaire -- Parent Permission Form

Kiddies Korner Co-op Nursery School (Petrolia) Inc. child care facility will monitor your child's development. This **screening** can provide staff and parents a better understanding of a child's strengths, weaknesses, and emerging skills in the following areas: Communication, Gross Motor, Fine Motor, Problem Solving and Personal-Social and Social-Emotional.

Understanding your child's abilities also allows the Kiddies Korner Co-op Nursery School to provide activities and learning opportunities that will encourage your child's development.

This centre will be using an established development screening tool, referred to as the **Ages and Stages Questionnaire**. We request your permission to monitor your child's development. The Ages and Stages Questionnaire will be performed with your child within approximately six weeks of the beginning of the school year and approximately 6 weeks before exiting the program.

If your child exhibits any areas where his/her development is of concern, we will bring this to your attention immediately. You're welcome at any time to view or receive a copy of your child's Ages and Stages Questionnaire.

- I grant permission for KIDDIES KORNER CO-OP NURSERY SCHOOL (PETROLIA) INC. to monitor my child/s development using the Ages and Stages Questionnaire.

- I do not wish to grant permission

Parent Signature

Date

AUTHORIZATION FOR EMERGENCY TREATMENT

In case of a medical emergency, I understand that every effort will be made to contact the parents or guardians of _____.

In the event that I cannot be reached or the doctor named by myself, I hereby give permission to the physician selected by Kiddies Korner Co-op (Petrolia) Inc. to hospitalize and/or secure proper treatment for my child.

Date

Signature of the Parent/Guardian

CONSENT FOR FIELD TRIPS

From time to time, field trips are part of our program such as local trips to the skating rink, fire hall, bakery, supermarket, library, park etc. and we need parental permission to take children on these trips.

I hereby give consent that my child _____ will participate in the occasional field trip as part of the regular program.

Date

Signature of Parent/Guardian

FINANCIAL AGREEMENT

SURNAME: _____ FIRST NAME: _____

Operating Hours: 9:00am to 3:00pm (6 hours/day)

Operating hours are subject to change as of January 2025. License renewal is pending approval with the Ministry of Education.

Regular Fees: All fees will be invoiced at the beginning of each month and due on or around the 15th of each month. Daily fees are \$38.00 per day (includes lunch, morning and afternoon snacks). There may be other non-base fees throughout the year (field trips, special events etc.) which will be thoroughly communicated to parents with plenty of notice.

\$10/day fees for parents: Kiddies Korner is part of the Canada Wide Early Learning Child Care System (CWELCC). The \$10/day childcare will not be finalized until September 2025. Gradual discounts will occur during this process and information on progression will be communicated to parents.

Current Daily Fee: \$15.60/day.

Payments are asked to e-transfer fees to accounting@kiddieskorner.ca with the password **kiddieskorner** (all lowercase). There is a 30 day grace period for late payments. After 60 days in arrears you may be at risk of losing your child's space in the program.

Two weeks written notice is required if you choose to withdraw your child from the program.

Enrolment is for one school year (September to June). There will be NO reduction or refund in the event of absences/sick days/holidays or inclement weather as you are paying for the commitment of the "space" that your child holds.

I UNDERSTAND AND AGREE WITH THE ABOVE FEE STRUCTURE:

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

WITNESSED BY KIDDIES KORNER REPRESENTATIVE _____

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