



*Est. in Petrolia in 1972*

*kiddieskorner.ca*

# **Kiddies Korner (Courtright)**

**1540 Fourth St., Courtright ON**

# **REGISTRATION PACKAGE**

## **2024-25**

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

[admin@kiddieskorner.ca](mailto:admin@kiddieskorner.ca)

**Website: [kiddieskorner.ca](http://kiddieskorner.ca)**



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Dear Parents and Caregivers

Welcome to Kiddies Korner Co-op Nursery School Courtright! We are so excited to welcome your family to another new Kiddies Korner preschool in Courtright.

Kiddies Korner Co-op (Brigden) school officially opened in 2022 and our preschool in Petrolia has been successfully operating since 1972! Our Courtright preschool programs will operate Monday to Friday 7:00 am to 5:00 pm. Please keep your **Courtright Parent Handbook** close by for the entire school year... it's a wonderful reference guide to turn to when you have questions.

A **completed registration package** is required to secure your child's space at Kiddies Korner Co-op Nursery School (Courtright) program for the 2024-25 school year. Please ensure all the following are included:

- ✓ Registration Consent and Information Forms: Contact and Emergency Pick up, Medical, Dietary, Photo and Seesaw Consent, Co-op Parent Participation Form
- ✓ Photocopy of your child's immunization record or exemption letter from your physician is required. (these documents can be copied at school if needed)
- ✓ Registration fee of \$100.00 (non-refundable) will secure your child's space for the school year (12 months)

**First day of the new school year at Kiddies Korner Co-op Nursery School Courtright is scheduled for the first Monday in December, 2024 pending all inspections and licensing requirements have been met.**

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

Sincerely,

Penny Kearney, Director,

Brigden, Petrolia and Courtright Sites

2024-25 Board of Directors

**A CO-OPERative Nursery School requires parent participation.**

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 snack donation; 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 need parents to have their voices heard on our Board of Directors!

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

Parents Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only**

Date of Admission: dd/mm/yyyy

Date of Discharge: dd/mm/yyyy

Type of Child Care Required:  Full-time  Part-time

Days of Care:

MON	TUES	WED	THURS	FRI

**Child Information****Full Legal Name:****Preferred Name:****Date of Birth** (dd/mm/yyyy):

Age (years, months):

**Home Address(es):****Language(s) Spoken at Home:****Other children in the family enrolled in the centre (list names, if applicable):**

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**Parent Information****Full Legal Name:****Preferred Name:****Relationship to Child:****Primary Phone Number:****Alternate Phone Number:****Email address(es):****Home Address:** Same as Child

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**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) permitted to access/pick up your child: \_\_\_\_\_

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

**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

If your child has had any history of communicable diseases (e.g., chicken pox, measles), please list them below (see Appendix C for common communicable diseases from Health Canada):

Does your child have any medical need(s) that requires additional support (e.g., Diabetes)?

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 do not have an immunization record, please complete the chart below.**

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

## 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 and Feeding Arrangements

\*For children under 12 months, please complete, Appendix A: Supplementary Information for Children Under 12 Months.

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 (e.g., vegetarian, kosher, halal)?  
YES NO

If yes, please provide relevant details:

### Sleep Arrangements

How many naps does your child typically have each day? \_\_\_\_\_

At what times does your child typically nap? \_\_\_\_\_

How long does your child usually nap? \_\_\_\_\_

Does your child have any special sleep requirements (e.g., specific comfort item, soother)?  
YES NO

If yes, please provide relevant details below:

### Physical Requirements

Does your child use diapers?  
YES NO

If no, my child:

- Uses the washroom independently       Requires some assistance       Requires full support

Please provide relevant details:

Does your child require any additional support or accommodation with respect to physical activity?  
YES NO

If yes, please provide relevant details:

## Appendix B: Authorization for Non-Prescription, Over-the-counter Products

**Child's Full Legal Name:**

**Date of Birth** (dd/mm/yyyy):

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The following **non-prescription** items may be applied to my child (please check off):

- Sunscreen     
  Diaper cream     
  Lip balm     
  Hand sanitizer
- Insect repellent     
  Moisturizing skin lotion

[Centre Name] has agreed to provide:	Parent has agreed to provide:	Additional Parent Instructions
Ex. Sunscreen		
Hand sanitizers		

I understand that:

- such items will be stored in accordance with the instructions on the label.
- such containers or packages will be clearly labelled with my child's name and the name of the item.
- such items will be administered to my child only from the original container or package and in accordance with any instructions on the label and any other instructions provided by me or another parent of my child.

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

**Date** (dd/mm/yyyy)

**Signature of Parent**

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## Ages & Stages Questionnaire -- Parent Permission Form

Kiddies Korner Co-op Nursery School (Brigden) 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 after approximately six weeks at 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 (Courtright) to monitor my child/s development using the Ages and Stages Questionnaire.
- I do not wish to grant permission

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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 (Courtright) 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 local splash pad, fire hall, parks, library, 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

## RELEASE CONSENT FOR PHOTO PUBLICATION

I, the parent of \_\_\_\_\_ give consent that my child may have photographs taken at the Kiddies Korner Co-op Nursery School (Courtright) or on outings in the community. I give consent that these photos may be posted in the centre or, on occasion, in the local newspaper for the public to view.

I understand this information and give permission for these situations and acknowledge that my child could be in the newspaper or in pictures posted in the centre. Kiddies Korner asks permission for reasons of family concerns regarding foster children, custody issues, or parents personal preference.

Please check the following:

\_\_\_\_\_ I give consent

\_\_\_\_\_ I do not give consent

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent/Guardian

## FINANCIAL AGREEMENT

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

**\$10/day fees for parents should be in full effect by September 2025:** Kiddies Korner has been approved to participate in the Canada Wide Early Learning Child Care System (CWELCC). All Base Fees for 2024 are discounted 52.75%. Parents will be notified as further discounts take effect.

**Regular Fees:** All fees will be invoiced at the beginning of each month and due on the 15<sup>th</sup> of each month.

**Preschool classrooms:** 7 am to 5 pm \$50.00/day (includes hot lunch and morning/afternoon snacks)

Parents 2024 discounted rate: **\$23.62**

### 1. REGISTRATION FEES:

**Registration fee** (non-refundable): \$100.00 due at Registration

(There is NO registration fee required for parents receiving subsidized care – see Parent Handbook.)

Please E-transfer invoice payments to [accounting@kiddieskorner.ca](mailto:accounting@kiddieskorner.ca) (Password: kiddieskorner)

**Two weeks written notice is required if you decide withdraw your child from our program.**

Registration is normally for a 12-month period, September 2024 to August 31 2025 but Courtright is scheduled to open in December 2024. This and only this registration is for the period December 2024 to August 31, 2025.

There will be NO reduction or refund in the event of absences, you are paying for your child's "space" at the school.

I UNDERSTAND AND AGREE WITH THE ABOVE FEE STRUCTURE:

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

WITNESSED BY KIDDIES KORNER REPRESENTATIVE \_\_\_\_\_

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