



Est. in Petrolia in 1972

kiddieskorner.ca

Kiddies Korner (Brigden)

3017 Brigden Road, Brigden ON

REGISTRATION PACKAGE

2024-25

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

admin@kiddieskorner.ca

Brigden Kiddies Korner: 548 834-6877

Website: kiddieskorner.ca



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Dear Parents and Caregivers

Welcome to Kiddies Korner Co-op Nursery School (Brigden)! We are so excited to start another new school year in Brigden.

Kiddies Korner Co-op (Brigden) school year preschool program will operate Monday to Friday 8:00 am to 4:00 pm (downstairs preschool) and 9 am to 3 pm (upstairs preschool.) Please keep your **Brigden 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 (Brigden) 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)

First day of the new school year at Kiddies Korner's Co-op Nursery School Brigden is Tuesday, September 3rd, 2024.

Your teachers this year will be Alisha Smith, RECE, Cheyenne Ramsay, RECE, Maria Makrigiannis, RECE, Kyleigh Blunt, non-ECE and Jenny Spinks, non-ECE, Melisa Daley, cook and your Brigden Supervisor is Carrie Westgate, RECE. For any questions regarding the Brigden preschools, you can contact Carrie at SupervisorBrigden@kiddieskorner.ca.

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: _____

Kiddies Korner Co-op Nursery School (Brigden)

Registration Form 2024-25

Child Information (ages 2 - 5)

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 Name: 1. 2.	Preferred Name: 1. 2.
Relationship to Child: 1. 2.	Primary Phone Number: 1. 2.
Alternate Phone Number: 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 a parent 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:	Full Legal Name:
Relationship to Child:	Relationship to Child:
Primary Phone Number:	Primary Phone Number:
Alternate Phone Number:	Alternate Phone Number:
Home Address:	Home Address:
<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up 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).

Please provide the name and contact information for your family doctor.

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](#) form must be completed and provided to the centre.

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 manufacturer's 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

PRESCHOOL: My child will attend Kiddies Korner Brigden on the following days:

MON	TUES	WED	THURS	FRI

Date (dd/mm/yyyy)

Signature of Parent

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 (Brigden) 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 (Brigden) 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 (Brigden) 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/Guard

FINANCIAL AGREEMENT

SURNAME: _____ FIRST NAME: _____

\$10/day fees for parents to be in full effect September 2025: Kiddies Korner has been approved to participate in the Canada Wide Early Learning Child Care System (CWELCC). 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 15th of each month.

Preschool (downstairs): 8 am to 4 pm \$48.00/day (includes hot lunch and morning/afternoon snacks)

Parents 2024 – 25 discounted rate: **\$22.00**

Preschool (upstairs): 9 am to 3 pm \$38.00 (includes hot lunch and morning/afternoon snacks)

Parents 2024-25 discounted rate: **\$17.75**

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

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

Registration is for a 12-month period, September 3 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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