



Enrollment Agreement

Enrollment Agreement for September 20__ to June 20__

Child's Name:	
Name(s) of Duty Parent(s)/Grandparent(s):	1. 2. 3.
Email addresses: ----->	1. 2. 3.

Enrollment Agreement and Registration Package Deadline

This Enrollment Contract and the accompanying Registration Package (please see registration instructions) must be **FULLY** completed and returned to Beaches Co-op Playschool (BCP) prior to your child being allowed to begin. This includes all required immunization for the child attending the playschool as well as any siblings and immunization records, health assessment, TB test and police reference check form for **ALL** duty parents / grandparents. Your child will not be able to attend class until all of the required information is received. Please note, there are **NO** exceptions to this rule. **Your child's place will be held for a maximum of 3 weeks before being offered to waitlist parents.**



Enrollment Agreement

Confirmation of Registration

When BCP has received and processed your complete package, you will receive a Confirmation of Registration with a start date for your child. Please ensure that you have received your confirmation before your child attends the BCP Program.

If you registered:	Expect your Confirmation of Registration
During the regular, spring registration	By mid-June.
During the school year	Approximately one week.
During the summer, or during or right before other holidays	Approximately two weeks (possibly longer if the volunteer registrars are on holiday).

It is the responsibility of the applicant to confirm registration.

Your child's class is:

<input type="checkbox"/>	The Two's Class	Tues and Thurs 9:00 am to 11:00 am	Monthly Fee: \$160 per month
<input type="checkbox"/>	The Two/Three's Class	Mon, Wed and Fri 9:00 am to 11:30 am	Monthly Fee: \$210 per month
<input type="checkbox"/>	The Three/Four's Class	Mon, Wed and Fri 1:00 pm to 3:30pm	Monthly Fee: \$210 per month

Agreement to Participate in the Spirit of a Co-operative

My signature below indicates my understanding and acceptance that Beaches Co-operative Playschool is a parent co-operative, and relies on parents to participate in "duty shifts", reserve shifts, committee work, and attend general meetings. I agree to participate in these areas in the spirit of Parent Co-operatives.

Signature of Duty Parent(s) / Grandparent(s): **Date:**

1.	
2.	
3.	



Enrollment Agreement

Peanut and other known Anaphylactic Allergen-Free Environment

Beaches Co-op Playschool takes extra measures and precautions to keep the BCP space free of all peanuts, peanut products and all other known anaphylaxis-causing allergens identified to affect current registered members. Since even trace amounts of allergens can result in severe anaphylaxis and even fatality, BCP's goal is to reduce that risk, recognizing that risk can never be completely eliminated in a school environment and that BCP cannot guarantee a peanut or other known allergen-free environment in our shared space. As a co-op member, I will commit to support families with children at risk of anaphylaxis by agreeing to the following:

1. In the spirit of community support for families with children at risk of anaphylaxis, I will help maintain a peanut-free environment so all registered children can safely attend BCP. I will also help maintain an environment free of other specific anaphylaxis-causing allergens (i.e. soy, dairy) as they identified pertaining to current registered members.
2. I will ensure that the peanut-free snacks brought into the Playschool are in factory-sealed packages and are free of "may contain" or "trace" amounts of peanut.
3. If other specific anaphylaxis-causing allergens (i.e. soy, dairy) are identified that affect current registered members, I will ensure that snacks brought into the playschool are factory-sealed and do not contain even trace amounts of these products.
4. I am aware that the Playschool area includes the kitchen, playroom, washrooms, playground and other BCP areas, and includes after-hours events.
5. I will ask the BCP teachers for suggestions if I need assistance choosing a factory-sealed, peanut or other known identified allergen-free birthday cake or other baked product.
6. I will avoid bringing in other outside foods such as nut-flavoured coffee, pre-cut fruit, home-baked foods, store-baked goods or sibling snacks.
7. I will take special care before entering the Playschool to ensure that my children and my own hands, face, clothing and items from home are free of residual peanut oil or other known identified allergens and that teeth are brushed if peanut products or other known identified allergens have been handled or ingested (or that these products are simply avoided on Playschool days if that is easier).
8. I will wash snack fruits carefully while preparing snacks.
9. I will ensure that all outside items (donations, toys, furniture, etc.) are thoroughly washed before bringing these items into the Playschool.
10. If in doubt, I will avoid bringing in any questionable items that could contain even trace amounts of peanut oil or other known identified anaphylactic allergens, and will ask for assistance if I need more information.



Enrollment Agreement

I have received a copy of, read, understand and agree to comply with the **PEANUT AND OTHER KNOWN ALLERGEN-FREE ENVIRONMENT GUIDELINES** above.

Signature of Duty Parent 1:

Date:

Printed Name:

Signature of Duty Parent 2:

Date:

Printed Name:

Signature of Duty Parent 3:

Date:

Printed Name:

BCP Signature:

(BCP signature to be either Registrar or President)

I have received a copy of, read, understand and agree to comply with the Beaches Co-op Playschool (BCP) **CONTRACT** (as outlined in Section 2 in the BCP Handbook) as well as all other BCP policies for the school year.

Signature of Duty Parent 1:

Date:

Printed Name:

Signature of Duty Parent 2:

Date:

Printed Name:

Signature of Duty Parent 3:

Date:

Printed Name:

BCP Signature:

(BCP signature to be either Registrar or President)



Enrollment Agreement

I have received a copy of, read, understand and agree to comply with the BCP **BEHAVIOUR MANAGEMENT POLICY** (as outlined in Section 2.4 in the BCP Handbook) for the school year.

Signature of Duty Parent 1:

Date:

Printed Name:

Signature of Duty Parent 2:

Date:

Printed Name:

Signature of Duty Parent 3:

Date:

Printed Name:

BCP Signature:

(BCP signature to be either Registrar or President)

I have received a copy of, read, understand and agree to comply with the BCP **SERIOUS OCCURRENCES POLICY** (as outlined in Section 6.23 in the BCP Handbook) for the school year.

Signature of Duty Parent 1:

Date:

Printed Name:

Signature of Duty Parent 2:

Date:

Printed Name:

Signature of Duty Parent 3:

Date:

Printed Name:

BCP Signature

(BCP Signature to be either Registrar or President)



Enrollment Agreement

I have received a copy of, read, understand and agree to comply with the BCP **CHILD ABUSE POLICY** (as outlined in Section 6.31 in the BCP Handbook) for the school year.

Signature of Duty Parent 1:

Date:

Printed Name:

Signature of Duty Parent 2:

Date:

Printed Name:

Signature of Duty Parent 3:

Date:

Printed Name:

BCP Signature:

(BCP signature to be either Registrar or President)

I have received a copy of, read, understand and agree to comply with the **PLAYGROUND SUPERVISION POLICY** (as outlined in Section 6.32 in the BCP Handbook) for the school year.

Signature of Duty Parent 1:

Date:

Printed Name:

Signature of Duty Parent 2:

Date:

Printed Name:

Signature of Duty Parent 3:

Date:

Printed Name:

BCP Signature:

(BCP signature to be either Registrar or President)



Enrollment Agreement

Confidentiality Agreement

BCP is obligated to inform employees, duty parents, volunteers, and BCP executive members of their responsibilities to protect any confidential information discussed with them during their period of involvement with the school.

I, _____ understand the confidential nature of information concerning children and their families, and the confidentiality of such information will be respected. Examples of confidential information include, but are not limited to information concerning parent or child medical status (medical safety, medical emergencies and allergy information released to BCP by a child's parents are excepted), criminal reference check results, financial /payment/ subsidy information, family conflict, child assessments, and development, etc.

I will exercise all reasonable care and caution in protecting printed or written confidential information from casual observation, unauthorized perusal or other such abuse. I also understand that client information, which will come to my knowledge, will be considered confidential and will not be released to any other agency without signed authorization by the parent(s).

Signature of Duty Parent 1:

Date:

Printed Name:

Signature of Duty Parent 2:

Date:

Printed Name:

Signature of Duty Parent 3:

Date:

Printed Name:



Enrollment Agreement

Waiver of Liability Re: Unregistered Children

Unregistered children, whether siblings or otherwise, who are present at the Playschool premises are not protected by the insurance carried by Beaches Co-operative Playschool against injury, harm, loss of any kind that may occur for any reason on or about those premises during Playschool hours or otherwise. The Beaches Co-operative Playschool disclaims any and all responsibility and liability for any such injury, harm or loss that may occur to unregistered children.

I, _____, parent of **(please print name of your**

REGISTERED child) _____, in the Playschool, hereby waive and release the Beaches Cooperative Playschool from any and all responsibility or liability for any injury, harm or loss of any kind suffered on or about the premises for any reason by me, or at my request, and I agree to hold the Beaches Cooperative Playschool harmless for any such injury, harm or loss suffered by an Unregistered Child.

Signature:

Date:

Printed Name:



Enrollment Agreement

TB and High Risk Groups Disclosure

Toronto Public Health asks that members of the high risk group indicated below self-identify and file a TB skin test with the Playschool every 6 months. Your health information is confidential. PLEASE CHECK ONE:

(please check the first box if you are a duty parent / grandparent and have had a previous, active case of TB, **OR**, are in a high risk group for TB, **OR** have close and prolonged contact with persons with active TB or persons in high risk groups for TB:)

- I am in a high risk group for TB or may be in contact with persons who are in high risk groups and I will provide BCP with an updated TB skin test every six months.
- I am not in a high risk group for TB and I am not aware of being in contact with persons in high risk groups for TB.

Signature of Duty Parent 1:

Date:

Printed Name:

- I am in a high risk group for TB or may be in contact with persons who are in high risk groups and I will provide BCP with an updated TB skin test every six months.
- I am not in a high risk group for TB and I am not aware of being in contact with persons in high risk groups for TB.

Signature of Duty Parent 2:

Date:

Printed Name:

- I am in a high risk group for TB or may be in contact with persons who are in high risk groups and I will provide BCP with an updated TB skin test every six months.
- I am not in a high risk group for TB and I am not aware of being in contact with persons in high risk groups for TB.

Signature of Duty Parent 3:

Date:

Printed Name:



Enrollment Agreement

BCP Phone List Permission

Beaches Co-op Playschool relies heavily on our ability as parents to contact one another by phone and email.

I, _____, parent of (registered child)

_____ give my permission for my family's names, home phone number, email, and committee position to be published and updated several times a year and distributed to Beaches Co-op Playschool families. My signature below also indicates my agreement to not distribute or sell this list to any person, group or company outside of currently registered BCP families.

Signature:

Date:

Printed Name:

BCP Privacy Statement: Beaches Co-op Playschool is committed to protecting the privacy of the personal information of its members and applicants. BCP will not sell, trade or share the personal information of members or applicants. Every reasonable effort is made to maintain security of this information and ensure that only authorized members/staff have access to the information. Authorized staff and members are made aware of and are required to follow the BCP Privacy Policy. For further details, please refer to our Privacy Policy in the BCP Handbook and on our website. Privacy compliance questions, concerns and complaints may be addressed to the BCP Vice President.