

**Dear Parent/Guardian**

Bouncing Ball Cooperative Nursery School is thrilled that you are interested in enrolling your child(ren) with us! We want to share some information about who we are and what we do before registration to make sure we're the right fit.

Bouncing Ball Co-op is proud that we have been running a successful cooperative school since 1979. You may first ask- what is a cooperative nursery school? It is a non-profit organization that is run and maintained by its members (parents) and Board (parent volunteers). We offer a positive and stimulating learning experience where children discover a welcoming and enjoyable environment that enhances their social, intellectual, physical, and emotional development. Our nurturing and caring staff have over 30+ years of combined experience which provides an excellent introduction to your child's academic lifestyle. Our fundamental beliefs for children to flourish are: a sense of Belonging, Well-Being, Engagement, and Expression. These are the foundation for learning and development within the context of relationships among children, families, educators, and their environment.

We follow a schedule that balances between independent and structured playtimes, both in and outdoors. Our day includes active play, quiet time and a snack break. Play is the cornerstone of our curriculum. Through planned play experiences and guidance from our teachers, the children are exposed to situations that will stimulate:

- communication and social skills through child-child and adult-child interactions;
- fine motor development;
- gross motor development through physical activity and outdoor play;
- self-esteem and decision-making capabilities;
- curiosity;
- initiative; and
- independence

Bouncing Ball Cooperative Nursery School is a centre of inclusion. We believe that every child deserves to be treated with dignity, respect and equality. We honour and respect all children's beliefs, culture, language and experiences acquired from their family and community.

It is also the duty of the centre to ensure that any child with special needs is given the opportunity to excel and flourish physically, socially, mentally and emotionally.

It is important to the success of our program to have positive and responsive interactions among the children, parents and our staff. We encourage parent participation, engagement and open communication. We hope that your family enjoys the time spent at our nursery school, and make lasting memories and friendships.

Sincerely,

Board of Directors, Bouncing Ball Co-op Nursery School

**Program Structure**

Location:	2230 Victoria Street, Innisfil, (Stroud) ON L9S 1K5 (Basement of St. James United Church)
Contact us:	(705) 436-1569 <a href="mailto:bouncingballnurseryschool@gmail.com">bouncingballnurseryschool@gmail.com</a>
School year:	Begins the day after Labor Day (Sept) until the third week of June.
Closures:	We close for a 2 week Winter Break and a single week in March which align with the Ontario Public School Board closures. The nursery school will close along with county bus closures but will remain open on P.A. Days.
Age requirement:	2 years and 4 months of age to 5
Class options:	2 or 3 mornings a week  2 day options- Tuesday/Thursday or Wednesday/Fridays  3 day options- Monday/Tuesday/Thursday or Monday/Wednesday/Friday  2 day afternoon option-Tuesday/Thursday 1-3:15p.m. It is geared toward the older preschooler that is 3-4 years of age. (Must be toilet trained).
Hours:	9:00-11:45 a.m. Drop off is between 9-9:30 a.m. and pick up between 11:30-11:45 a.m.
Snack:	School safe snacks and water are provided by the school and abide by the Canada Food Guide Healthy eating.
Curriculum:	We strive to provide a program that encompasses the research and legislation in Ontario's three major early learning documents: How Does Learning Happen? The Early Learning for Every Child Today (ELECT) and Think, Feel, Act Lessons from Research about Young Children
Inspections:	Bouncing Ball Co-Operative Day Nursery School is licensed by the Ministry of Education, supported by the County of Simcoe and inspected by the Innisfil Fire Department and Simcoe Muskoka District Health Unit.
Registering:	To register please complete the attached registration package. If you have any questions regarding the school, the registration process or fees, please contact the Registrar at <a href="mailto:bouncingballnurseryschool@gmail.com">bouncingballnurseryschool@gmail.com</a> .

You will be notified by the end of June on your child's admission to Bouncing Ball. A visitation day will be available the week prior to school starting in August to familiarize you and your child with the Nursery school surroundings. An orientation meeting will be held for parents via zoom 2 weeks prior to the start of school.

- Waitlist:** When inquiring about the School you may request your child's name be added to the waitlist following initial registration. There is no fee/commitment to be added to the list. We reserve the right to evaluate and assess the needs and supports required for each child being offered a space, to ensure we can meet the health, safety and well being of all the children. When spaces become available families on the wait list will be notified by telephone/email in sequential order of when they contacted us, providing that their child meet the age criteria to attend.
- Withdrawing:** One month's written notice, at the beginning of any month is required to withdraw from the program. Unless proper notice is given regarding withdrawal, the co-op is entitled to withhold one month's fees from the date of withdrawal. After March 1st of the current school year tuition fees are forfeited if the student is withdrawn.  
A member may be removed from the co-op by a majority vote of the Directors for failure to fulfill membership requirements. And if, for any reason, the nursery school is unable to adequately provide an environment that suitably meets the need of a child enrolled in the program, the Directors maintain the right to request that an alternative educational setting is found for the child.
- Safe Arrival and Dismissal:** Parents are required to contact the school to report their child's absence. Parents are asked to notify the teachers by email or phone **prior** to the start of class. We are required to document any illnesses for possible outbreaks. If the school hasn't received notification, then you will be contacted by email and/or phone to learn of your child's whereabouts.  
  
Bouncing Ball Co-op Nursery School will ensure that any child receiving child care at the child care centre is only released to the child's parent/guardian or an individual that the parent/guardian has provided written authorization the child care centre may release the child to. Parents are encouraged to notify staff in advance if another individual will be picking up their child. They are to remind the individual to bring their identification with them. This includes secondary parent/guardian if we haven't met them before.  
  
When a child is not picked up as expected, staff will follow the safe arrival and dismissal procedures set out in the Parent Handbook.
- Clothing:** All clothing must be labelled with your child's name. Please provide shoes and/or slippers for your child to wear in the classroom. Outdoor clothing is required, as we play outside when the weather permits.
- Illness:** If children show sign of illness they must stay home from school. Please contact the school to report your child's absence and provide us with the

child's symptoms as we are required to track illnesses for the Health Department.

**Cooperative:**

As a cooperative school we are run and maintained by our members (parents) and Board (parent volunteers). Parents are welcome to volunteer in the classroom. Parent volunteers are required to complete a criminal reference check (CRC) and hand in a copy of their up to date immunization record. Children not enrolled in the school (i.e. siblings) MAY NOT be brought to school on volunteer days (as dictated by insurance and licensing).

We ask that you consider a position on our Board. The Board meets via zoom approximately every month. These individuals work along side the teachers and bookkeeper to vote on decisions that are impacting the school now and for the foreseeable future. Board members are required to complete a criminal reference check to participate. The Executive Positions are as follows:

### **Executive Committee 2025**

#### **President**

- Director, Officer of Board of Directors
- Heads the executive and provides a tie-breaking vote when necessary
- Works closely with teachers, general membership and landlord (church)
- Acts as Public Relations Officer for the school
- Plans, organizes, directs and presides at all executive and general meetings
- Criminal reference check required
- Could co sign cheques
- Has signing authority

#### **HR/Vice-President**

- Voting position, Director, Officer of Board of Directors
- Aids and assists the President
- Assumes duties of the President in his/her absence
- Records meeting minutes if Secretary is unable to attend
- Has signing authority
- Prepares, distributes and tabulates results of BBNS parent evaluation
- Attends all Executive and General Meetings
- Criminal reference check required

#### **Secretary**

- Voting position, Director, Officer of Board of Directors
- Records and distributes minutes of Executive and General Meetings
- Composes and types school correspondence, notices, amendments, etc. as requested

- Assists the President and Vice President in any administrative duties for the school
- Has signing authority for documents and bank (along with Treasurer and President)
- Criminal reference check required

**Treasurer**

- Voting position, Director, Officer of Board of Directors
- Liaises with the Book Keeper
- Could co sign cheques
- Sends monthly fee reminders by email
- Contacts families for over due fees
- Reviews financial records
- Attends all Executive and General Meetings
- Criminal reference check required

**Registrar (Julie Van Nispen)**

- Voting position, Director, Attends all Executive and General meetings
- Keeps a record of all contact information, consent forms, health information & payment records of all members in computer file and files at BBNS; Records to be kept for 10 years
- Responsible for ensuring all member information is complete and current
- Keeps and processes a waiting list of persons seeking membership
- Responsible for application forms and providing information about co-op to new members
- Responsible for yearly registration meeting
- Criminal reference check required

**Newsletter Coordinator**

- Knowledgeable in computers
- Compiles newsletter information given by teachers quarterly
- Non-voting, non executive position

**Website Coordination**

- Non-voting, non-executive position
- Responsible for the development and maintenance of the school's website, including regular updates and improvements

**The Fees**

**June Deposit**                      A deposit for the last months fees (June's fee) is to be paid at the time of registration.

**Payments:**                      We accept etransfers, they are due by the first of the month from September 1 – May 1. Any additional fees charged by your bank (e-transfer) will be the responsibility of the payee.

Please make Bouncing Ball an e-transfer recipient with your bank. Once your registration is confirmed, the email address is [bouncingballschool@live.com](mailto:bouncingballschool@live.com).  
**\*Please include your child's name and class in the email message.**

Bouncing Ball Co-op Nursery School is part of the Canada-Wide Early Learning and Child Care (CWELCC) System. The Ontario Government pays a portion of the fees for every family. This school year the parent's fee portion is set at \$12.00 a day and CWELCC is paying the remainder. Fees have been prorated for the school year so that payments remain the same each month.

<b>Number of Days</b>	<b>Monthly Tuition Rates</b>
2 days a week Tues./Thurs or Wed./Fri.	\$96 per month
3 days a week Monday/Tuesday/Thursday or Monday/Wednesday/Friday	\$144 per month

**Delinquent Accounts:**      Those with delinquent accounts of thirty days may be asked to remove their child from the program

**Refunds:**                      Refunds will be issued in the form of a credit towards tuition or by cheque.

## Child Care Centre Application for Enrolment Bouncing Ball Co-op Nursery School

Please circle your class selection:

### 2 Morning Options:

- ☐ Tuesday/Thursday AM      ☐ Monday/Tuesday/Thursday  
☐ Wednesday/Friday AM      ☐ Monday/Wednesday/Friday  
☐ Based on interest Tues/Thurs Afternoon for children aged 3-5

### For Office Use Only

Date of Admission:

Date of Discharge:

WL \_\_\_\_\_ YPA \_\_\_\_\_

IN \_\_\_\_\_ EM \_\_\_\_\_

BK \_\_\_\_\_

### Child Information

<b>Full Legal Name:</b>	<b>Preferred Name:</b>
<b>Date of Birth (dd/mm/yyyy):</b>	<b>Age (years, months):</b>
<b>Home Address with postal code:</b>	
<b>Language(s) Spoken at Home:</b>	
<b>Other children in the family enrolled in the centre (list names, if applicable):</b>	

### Parent Information

<b>Full Legal Name:</b>	<b>Preferred Name:</b>
<b>Relationship to Child:</b>	<b>Primary Phone Number:</b>
<b>Alternate Phone Number:</b>	<b>Email address(es):</b>
<b>Home Address:</b> <input type="checkbox"/> Same as Child	

<b>Full Legal Name:</b>	<b>Preferred Name:</b>
<b>Relationship to Child:</b>	<b>Primary Phone Number:</b>
<b>Alternate Phone Number:</b>	<b>Email address(es):</b>

**Home Address:**☐ Same as Child**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	Emergency Contact #3
Full Legal Name:	Full Legal Name:	Full Legal Name:
Preferred Name:	Preferred Name:	Preferred Name:
Relationship to Child:	Relationship to Child:	Relationship to Child:
Primary Phone Number:	Primary Phone Number:	Primary Phone Number:
Alternate Phone Number:	Alternate Phone Number:	Alternate Phone Number:
Home Address:	Home Address:	Home Address:
<input type="checkbox"/> Authorized to pick-up child	<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 identity 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, mumps, whooping cough), please list them below:

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

YES NO If yes, please specify: \_\_\_\_\_

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.

**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:

Does your child have any special dietary requirements or restrictions (e.g., vegetarian)?

YES NO

If yes, please provide relevant details:

Family: Does your child have any siblings? No ☐ Yes ☐ Name(s)/Age(s): \_\_\_\_\_

Other people in the household? No ☐ Yes ☐ Name(s)/Relationship: \_\_\_\_\_

Special Experiences or Interests – i.e.: trips, events, animals, books, sports \_\_\_\_\_

Special Family Traditions/Celebrations (what and when celebrated)

Tell us a little bit about your child:

Emotional Behaviour
Characteristic behaviours (circle word(s) and/or add your own) Calm, excitable, easily angered, anxious, tearful, happy, cheerful, withdrawn, cautious, aggressive, negative fears
Social Behaviour
Characteristic behaviour (circle word(s) and/or add your own) Friendly, shy, quiet, outgoing, aggressive
Do you have any developmental concerns about your child?
Any other information that may be helpful in knowing your child (separation, divorce, new baby, Transgender, adopted child, recent loss, etc.)

Has your child ever been in the Infant Development Program? No ☐ Yes ☐

Is your child currently in or on a wait list for speech therapy? No ☐ Yes ☐

Is your child currently on the wait list for a Resource teacher? No ☐ Yes ☐

Are there any special recommendations pertaining to the daily care of this child? (e.g., prone to colds, frequent shoulder dislocation, etc.):

☐No      ☐Yes      If yes, please specify: \_\_\_\_\_

## MEMBERSHIP AGREEMENT

I/We the Parents/Guardians understand that the Co-operative is an organization whose successful operation depends on the participation and sharing of responsibilities of all Co-operating families.

**I/We agree to participate by:**

## FINANCES

**Paying the fees as outlined in the Fee Agreement.**

Please circle the sessions you require:

2 Days : Tues / Thurs

2 Days : Wed / Fri

3 Days: Mon/ Tues / Thurs

3 Days: Mon/Wed/Fri

☐ Based on interest 2 Days: Tues /Thurs  
Afternoon for children aged 3-5

**WITHDRAWAL**- Agreeing to give one month's written notice of intention to withdraw to the Registrar. Unless proper notice is given regarding withdrawal by a member the Co-Op is entitled to withhold one month's fees from the date of withdrawal. After March 1 of the current school year, all tuition fees are to be forfeited if a child is withdrawn.

**CONFIDENTIALITY** – Staff and board members work hard to do their best each day. Any concerns should always be brought to the attention of the Supervisor or chair person of the board and not discussed in a public forum. It is important to Bouncing Ball Co-op Nursery that confidentiality of our staff, volunteers, families, and community partners is respected. See Procedures for Parent Issues and Concerns in parent agreement.

**SAFE ARRIVAL**- If my child is absent from school, I will contact the school to inform the teachers. I understand that if the teachers aren't notified of my child's absence, they are required to contact the parents for a safe arrival check. If the parents aren't available, then emergency contacts will be called.

**TELEPHONE/EMAIL RELEASE**- I give permission to have my child(ren)'s name, parent/guardian's name and phone number/e-mail added to the school phone list. I understand that it will only be used for the purpose of communicating by nursery school Board members to relay information about the school. It will not be shared with third parties.

- ☐ Yes
- ☐ No

**PHOTO RELEASE**- During the course of each school year, the teachers at Bouncing Ball take photographs of the children during class time and school trips. These photos are sometimes used in school projects and graduation ceremonies and are sometimes shared in the classroom via small photo albums the students and duty parents can look at. These photos will also make up part of the school's archived documents.

With respect to the photographs taken of my child(ren) or in which he/she/they may be included with others, I hereby give Bouncing Ball Co-Op Nursery School the following permission:

- ☐ Share the photographs within our classroom with other registered students and their Families.
- ☐ Share the photographs outside our classroom for purposes of marketing/advertising material and website content (*Please note that personal information – ages, names – is never shared*)
- ☐ I do not give permission for my child to be photographed.

**MEDICAL CONSENT FORM-** In an emergency, every effort will be made to contact parents/guardians. In the event that the primary caregiver cannot be reached, I give permission for the teachers to use their discretion to take any emergency measures required for the welfare and safety of my child. I give permission to have my child examined by a paramedic/doctor due to an accident, sudden illness or emergency. I give permission for medical treatment to be given if necessary. I as a parent/guardian will accept responsibility of any medical expense that result from injury or accident to my child during activities he/she participates with Bouncing Ball Nursery School.

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*Signature of Parent/Guardian*

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*Signature of Witness*

**IMMUNIZATION RECORDS-** Please provide an up to date copy of your child's immunization record (e.g., yellow card) to the centre prior to your child's first day of care. We are required to forward this information to the Simcoe Muskoka District Health Unit Immunization Department.

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 at the nursery school.

**BY-LAWS and PARENT HANDBOOK-** Abiding by the by-laws and parent handbook of the school. No person shall become a member until the Directors have approved his/her application for membership. The Directors may refuse any application without giving reason. A member may be removed from the Co-Op by a majority vote of the Directors for failure to fulfill membership requirements.

**ACKNOWLEDGEMENT OF UNDERSTANDING**

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS REGISTRATION PACKAGE. I AGREE TO ABIDE BY THE TERMS OUTLINED IN THE REGISTRATION PACKAGE AND PARENT MANUAL. THIS INFORMATION IS AVAILABLE ON OUR WEBSITE FOR YOU TO REFER TO.

TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION SUBMITTED IS CORRECT.

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*Signature of Parent/Guardian*

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*Date*

## Child Care Immunization History

### Student Information

- Please attach a current copy of your child's immunization record
- Parent to complete the following form at the time of Child Care registration, and return to the Child Care facility to forward to the health unit

Child's Legal Surname	Other Surnames (if any)
Legal First Name	Preferred Name
Date of Birth    yyyy / mm / dd <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Ontario Health Card Number
Legal Parent / Guardian	Legal Parent / Guardian
Preferred Mailing Address	Alternate Mailing Address
City	City
Postal Code	Postal Code
Preferred Phone _____ (circle one) Home                      Cell                      Work	Preferred Phone _____ (circle one) Home                      Cell                      Work
Alternate _____ (circle one) Home                      Cell                      Work	Alternate _____ (circle one) Home                      Cell                      Work
Current Preschool / Child Care	
Previous Preschool / Child Care	

When your child receives their next immunization(s), provide this information to the Child Care Centre and call the health unit or complete the secure electronic form on our website at [www.simcoemuskokahealth.org/immsonline](http://www.simcoemuskokahealth.org/immsonline) to update their immunization record in our database. Immunization records and updates are NOT automatically provided by your doctor.

The Simcoe Muskoka District Health Unit is required by the *Child Care and Early Years Act, R.R.O. 2014 Reg. 137/15 s. 35* to collect and maintain up-to-date records of immunization for every child enrolled in a program. Children are to be immunized complete for their age in accordance with the current Publicly Funded Immunization Schedule for Ontario.

If you choose not to immunize your child, please contact the health unit for more information at 705-721-7520 or 1-877-721-7520 ext. 8807.

2015-09

This information is collected under the authority of the *Health Protection and Promotion Act R.S.O 1990 c.H.7., s.4* and the *Child Care and Early Years Act, R.R.O.2014 Reg.137/15s. 35*. The personal health information collected on this form will be used to maintain immunization records and to monitor the use of vaccines for public health purposes. Questions regarding the collection and use of personal health information should be directed to the Office of the Privacy Officer, Simcoe Muskoka District Health Unit, 15 Sperling Drive, Barrie ON L4M 6K9, 705-721-7520 or 1-877-721-7520.