



**BUILDING BLOCKS**  
**CO-OPERATIVE NURSERY SCHOOL**  
- SINCE 1976 -



**Dear Parents/Guardians,**

Welcome or welcome back to Building Blocks Co-operative Nursery School. There are two primary purposes of the school:

1. To help each child develop physically, cognitively, emotionally, and socially through play and interaction.
2. To help parents learn more about child development and child guidance techniques through parent meetings, parent education, and participation in the program under a qualified teacher.

Building Blocks Co-operative Nursery School is a non-profit sectarian organization, operated and administered by parents for their children. The success of a cooperative school is determined by the quality of staff and by the hard work, enthusiasm, and cooperation of all parents.

The teachers are responsible for the program, the teaching practices, and the health and safety measures. The Board of Directors manages the business operation of the school, sets fees, and oversees its administration according to the by-laws and the Ministry of Education. But the school belongs to you, the parents. You are expected to assume your share of the responsibility for its smooth operation. An annual general meeting is held before the start of the school year and attendance by all parents is expected. Your active participation will contribute significantly to the success of the school.

We hope that you and your children will share in the enjoyment of this beautiful experience and that the happy, nurturing environment at Building Blocks will help each child realize their potential as an independent, mature and productive individual.

Thank you for choosing Building Blocks Co-operative Nursery School!

Sincerely,

**The Board of Directors, Building Blocks**

## GENERAL INFORMATION

### **Location:**

Building Blocks Co-operative Nursery School  
91 Doran Road, Midhurst ON L9X 0L5  
(lower level of Midhurst United Church)

**Phone:** 705-722-1078

**Email:** [bbnsmidhurst@gmail.com](mailto:bbnsmidhurst@gmail.com)

### **School Year:**

The school year runs from September to the end of June. We follow the same holiday calendar as SCDSB. Building Blocks remains open on PD Days.

### **Hours of School:**

9:00 am - 12:00 pm

Children may be picked up after 11:45 am, but no later than 12:00 pm. If someone other than a parent/guardian is picking up a child, please notify a teacher.

### **Age of Enrolment:**

Students must be 30 months of age by the beginning of September. Building Blocks is able to accept a maximum of 20% of 24-30 months old (based on full enrolment).

### **Payment of Fees:**

Building Blocks is a part of the Canada-wide Early Learning and Child Care (CWELCC) program. CWELCC is initiated and funded by the Government of Canada. CWELCC is a five-year plan to reduce the cost of child care to an average of \$10 per day by 2026.

An registration/administration fee of \$16.54 is due at the time of registration for an available spot. Registration fees are non-refundable. There is no fee to be placed on a waitlist.

Monthly tuition is to be paid to the Treasurer by a series of post-dated cheques or e-transfer. Cheques are due on the first day of school. NSF cheques are subject to a \$25.00 penalty, plus any applicable bank charges.

E-transfers are subject to a \$1.25 admin fee to be included in each monthly payment. First and last months tuition is due by the first day of school.

**Waitlist:**

1. If all spots within the nursery school are filled, the child's name will be put on a waiting list.
2. As spots become available, families will be contacted first:
  - a) those who have siblings currently at Building Blocks AND
  - b) those who want to enroll their child in the available spot immediately (ie: not three months from now), AND
  - c) those whose names are on top of the list (i.e. have been waiting for the longest) AND
  - d) those whose child meets age eligibility requirements
3. Families will be notified of an available spot at least four weeks before the proposed start date. When contacted, families have one week to respond that they will enroll their child on this date. If they do not respond positively, the spot may be given to the next child on the wait list who meets the criteria in #2 above.
4. If requested, the wait list (containing only the first names and last initials of the children waiting) will be accessible to the parents waiting.

**Choice of Program:**

**TWO-DAY PROGRAM:**

Monday and Wednesday *OR* Tuesday and Thursday

**\$96.00 per month**

**FOUR-DAY PROGRAM:**

Monday, Tuesday, Wednesday, and Thursday

**\$192.00 per month**

**Snacks:**

Snack will be provided for the students. Snacks are not a meal, but usually include two food groups from Canada's Food Guide.

**Parent Resource:**

Parents/guardians are encouraged to contribute their talents to the program - e.g. storytelling, puppetry, baking, music, etc. Please discuss any ideas that you may have with a teacher, so a suitable time can be arranged.

**Field Trips:**

Parents/guardians will be notified in advance of each field trip. A parent/ guardian must accompany their child. Siblings are welcome. Additional fees may be necessary for various trips. Necessary fees will be approved at general meetings.

**Clothing:**

Please dress your child in washable, comfortable play clothes. All clothing and belongings should be labeled. Indoor shoes or slippers should have rubber soles. It's advised that a set of backup clothes be supplied in the case of an accident or spill.

**Inclement Weather:**

Building Blocks Nursery School closes in the event of inclement weather and our teachers are unable to make it to school, or if the SCDSB closes public schools. The Board of Directors will send an email the morning of a closure, as well as announce it on the Building Blocks Facebook & Instagram pages.

**Illness of Child:**

If there is any question of illness, do not send your child to school. Whenever possible, notify the teacher of the reason for your child's absence. If a communicable disease is contracted please be sure to notify the teacher so that this can be reported to the Medical Officer of Health as soon as possible.

**Medications:**

Building Blocks will NOT administer any prescribed medications, except emergency medications such as an epi-pen or inhaler.

**Progress of Child:**

If you have any questions or concerns about your child's progress or the program, please direct these to the teachers. Also, try to inform the teachers of any event or change in routine at home which may affect your child's classroom behavior. Parent/teacher meetings can be arranged on request.

**Withdrawal:**

If it becomes necessary to withdraw your child from Building Blocks, please notify the Board of Directors/Registrar in writing one month in advance. Unused cheques will be returned. When a child cannot cope in the program, parents/guardians will be notified. If the situation cannot be resolved, it will be brought to the Board. If the collaborative efforts of the family, teachers, Board, and other services (if appropriate) fail and the suggested steps to alleviate the problem are not successful, the child may not be able to continue in the program.

**STUDENT REGISTRATION  
Child Information**

*Admission Date* \_\_\_\_\_

*Withdrawal Date* \_\_\_\_\_

<b>Full Legal Name:</b>	<b>Preferred Name:</b>
<b>Home Address:</b>	<b>Birthdate:</b>
<b>Siblings Names:</b>	<b>Languages spoken at home:</b>

<b>Doctor's Name/Phone/Address:</b>	
<b>Health Card Number:</b>	<b>Medical Conditions/Allergies:</b>

**Guardian Information**

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

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

*\*In the event of an EMERGENCY, we will attempt to reach the parents/guardians first and then emergency contact\**

<b>Emergency Contact</b> (phone number and relationship to the child)	
<b>Additional Authorized Pickups</b> (name and phone number)	

**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).

Custodial Parents \_\_\_\_\_

### HEALTH INFORMATION

History of Communicable Diseases (Nature and Dates):

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Is your child in diapers?      YES    NO

If no, my child:

Uses the washroom independently       Requires assistance     Requires full support

Please provide details, if necessary:

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

If yes, please provide relevant details:

### ADDITIONAL INFORMATION

Please indicate any additional information which is relevant to the care of your child (e.g., medical, behavioural, dietary, speech, etc.):

### ANAPHYLACTIC ALLERGIES

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 Building Blocks 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:

There are children at Building Blocks who have severe allergies which can cause an anaphylactic reaction. An anaphylactic reaction is an allergic reaction so severe it can cause death. Nuts and peanuts are a common trigger for anaphylaxis. As a result, Building Blocks does not permit nuts, peanuts, or nut/peanut products to be brought into our centre.

If your child is entering the centre after recently eating peanut butter or other such products, please ensure that hands are thoroughly washed and teeth are brushed. A peanut/nut allergy can be so severe that even touching or inhaling a trace amount can trigger a life threatening reaction.

Please sign below to confirm that you are aware and understand our policies and procedures regarding allergies.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PROGRAM CHOICE**

***I wish to enroll my child in Building Blocks Nursery School. I agree to participate fully in all aspects of this Co-operative Nursery School (volunteer duties, annual general meetings, seasonal yard cleanup, etc.)***

- Program Choice (Circle 1):**
- 2 days (Mon/Wed)
  - 2 days (Tue/Thur)
  - 4 days (Mon-Thur)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**CONSENT FORMS**



**#1. Field Trips & Outings**

During the school year, there will be field trips planned for the students. Parents/guardians will be notified in advance for each proposed trip. Parent/guardian permission for these trips is requested. Offsite field trips a guardian must attend with child.

As a parent/guardian, I hereby consent to (student name) \_\_\_\_\_ participating in properly supervised field trips, excursions, and walks.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**#2. Emergencies**

If an emergency such as an accident, or sudden illness occurs while at Building Blocks Nursery School, every effort will be made to contact the parents/guardians first. However, if a parent/guardian can't be reached, prior consent for medical treatment is necessary.

I hereby consent to have my child (student name) \_\_\_\_\_ taken to the hospital, examined by a doctor, and given medical treatment, if at anytime an accident, sudden illness or another emergency should occur and neither parent/guardian can be reached.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**#3. Hand Sanitizer**

I consent to (student name) \_\_\_\_\_ using hand sanitizer under the supervision of a staff member. Hand sanitizing products aren't left accessible to children.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**#4. Fundraising Efforts**

Throughout the school year Building Blocks runs fundraising initiatives. Fundraising efforts go towards purchasing classroom supplies, new resources and equipment for the school, and field trip admissions. Examples of fundraisers throughout the year are Bradford Poinsettias, Mothers Day Flowers, Mabel's Labels, Scholastic.

I hereby acknowledge the information above, pertaining to Building Blocks's fundraising efforts.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**#5. Photographic Permissions**

Complete all applicable sections.

a) I agree to the use of photographs and/or footage of my child \_\_\_\_\_ and/or myself during Building Blocks Nursery School activities for publicity purposes. Publicity may include printed promotional material, the Building Blocks website, Building Blocks social media, research, or broadcasts.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

b) I agree to the use of photographs and/or footage of my child \_\_\_\_\_ and/or myself for use within the school (e.g. to be posted on the walls for classroom purposes.)

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

c) I agree to the use of photographs and/or footage of my child \_\_\_\_\_ and/or myself to be posted on the Building Blocks Online Classroom (*private Facebook group, for current families only*) and/or to be given to me directly in order to demonstrate my child's activities and progress.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **#6. Cooperative Responsibilities**

All Building Blocks families are expected to assume their share of co-operative responsibilities for the school's operation. Examples of co-operative responsibilities include attending the Annual General Meeting, seasonal yard clean up days, laundering, snow removal, general maintenance, Costco runs, disinfecting toys, carpet cleaning, etc. Parents are welcomed to participate in the classroom. Proper documentation must be submitted (police check, immunization records and review of school policies), prior to participating in the classroom.

I hereby acknowledge the information above and agree to participate in the co-operative responsibilities.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Child Care Immunization History For All Day Child Care

<b>Child Information</b> (Please check)	
<input type="checkbox"/> I have uploaded a current copy of my child's immunization record to <a href="http://www.simcoemuskokahealth.org/immsonline">www.simcoemuskokahealth.org/immsonline</a>	
<input type="checkbox"/> I have attached a current copy of my child's immunization record to this form which will be retained at the child care centre	
<input type="checkbox"/> I have completed the following form at the time of child care registration	
Child's Legal Surname	Other Surnames (if any)
Legal First Name	Preferred Name
Date of Birth <input type="text" value="yyyy / mm / dd"/> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Ontario Health Card Number <input type="text"/>
Legal Parent / Guardian	Legal Parent / Guardian
Preferred Mailing Address	Alternate Mailing Address
City <input type="text"/>	City <input type="text"/>
Postal Code <input type="text"/>	Postal Code <input type="text"/>
Preferred Phone <input type="text"/> (circle one) Home                      Cell                      Work	Preferred Phone <input type="text"/> (circle one) Home                      Cell                      Work
Alternate <input type="text"/> (circle one) Home                      Cell                      Work	Alternate <input type="text"/> (circle one) Home                      Cell                      Work
Current Preschool / Child Care <input type="text"/>	
Previous Preschool / Child Care <input type="text"/>	

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. 8827.

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, S.O. 2014 O Reg. 137/15, Part II, S. 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.

### **Registration Package Checklist:**

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- Print and complete Registration Package
  - Student's Immunization Record - required prior to the first day of school.
  - Registration & Administration Fee - \$16.54 cheque, cash or e-transfer (add \$1.25 admin fee for e-transfer)
  - Tuition Payments - Series of post-dated cheques, dated for the 1st of each month or e-transfer (\$1.25 admin fee)
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