

Welcome New Families!

NOTE: Applications will be accepted on a first come first served basis.

Please ensure that you **complete** and **return ALL** of the following items:

- Application form
- One Combined Payment for Membership Fee and Annual Tuition Deposit
 - payable by cash or cheque (made out to REFENS)
- Completed Background Check Package DUE 30 DAYS AFTER REGISTRATION*
 - Please note as of November 1st, 2014 the process has been changed. If you have been away from REFENS for longer than 6 months you are required to complete the Background Check* for the parent/guardian helper of your choice.

* -*Criminal Record Background Check Including Vulnerable Sector Search (CRBC-VS), Child Abuse Registry Self-Checks (CARSC), Criminal History Disclosure Statement (CHDS) and Licensee Background Check Verification Declaration (LBCVD).

	Tuesday/Thursday	Monday/Wednesday/Friday
Total Tuition for 2020-2021	\$695.40	\$960.75
Due at Registration		
Non-Refundable Membership Fee	\$40.00	\$40.00
Non-Refundable 10% Annual Tuition Deposit	\$69.90	\$96.75
Payment Options: Due First Day of School September 2019		
1 Payment- Lump Sum (postdated cheque for September 1, 2020)	\$625.50	\$864.00
3 Payments- September, December, March	\$208.50	\$288.00
9 Payments- September-May	\$69.50	\$96.00

***Members will be notified via EMAIL in August of Important information regarding School Start Dates, Supplies, etc. ***

Please forward any email/address/phone number changes to co-chair@refens.com.

Please visit our website at www.refens.com for updates and important information.

UPCOMING EVENTS:

General Registration- Wednesday March 11th at 6:00 PM in the library. As always, registration will take place on a first come, first serve basis. "Reserve your registration spot" will be available at 4PM, check the REFENS website on how to obtain your spot #. Access to the library will occur at 5:30PM and registration will begin promptly at 6:00PM.

REFENS Family Fun Night: Tickets will be available soon, all members welcome. Watch your email for more details on this event including how to get your tickets.

REFENS Annual General Meeting- Tuesday April 27th 6:30 PM in the library. Please attend to hand in your receipts or originals of your background checks and get first-hand information regarding REFENS. Nominations and voting for positions on the Board of Directors will also take place at this time. Please ensure you are present if you would like to be considered for one of these positions.

Babysitting: Free babysitting will be available during both the Alumni and General registration evenings as well as during the AGM. Please contact Therese by email at co-chair@refens.com to reserve your spot(s).

RIVER EAST FRENCH EXPOSURE NURSERY SCHOOL

General- APPLICATION FORM 2020/2021

(PLEASE PRINT)

CHILD'S INFORMATION

NAME _____
(SURNAME) (FIRST NAME) (MIDDLE NAME)

ADDRESS _____ POSTAL CODE _____

HOME PHONE# _____ DATE OF BIRTH _____
(MM/DD/YYYY)

EMAIL ADDRESS(ES) _____
(for communication with REFENS Board of Directors and Teacher)

Sessions: (please number your preferences)

** Tues/Thurs PM Class subject to change based on enrollment

3 YEAR OLD 9:15-11:35 TUES/THURS

4 YEAR OLD 9:15-11:35 MON/WED/FRI

3 YEAR OLD 1:00-3:20 TUES/THURS**

4 YEAR OLD 1:00-3:20 MON/WED/FRI

FAMILY DOCTOR: NAME _____ PHONE NUMBER: _____

MEDICAL NUMBER: FAMILY _____ INDIVIDUAL _____

ANY ALLERGIES? **YES NO** IF YES, PLEASE SPECIFY _____

PHYSICAL OR EMOTIONAL NEEDS: (PLEASE BE SPECIFIC) _____

PREVIOUS NURSERY SCHOOL EXPERIENCE: _____

PARENT INFORMATION

MOTHER'S NAME _____

FATHER'S NAME _____

CELL PH. # _____

CELL PH. # _____

WORK PH. # _____

WORK PH. # _____

EMPLOYER NAME, ADDRESS & POSTAL CODE

EMPLOYER NAME, ADDRESS & POSTAL CODE

EMERGENCY CONTACT: (IF PARENT IS UNAVAILABLE)

NAME _____ RELATIONSHIP TO CHILD _____

HOME ADDRESS _____ HOME PHONE # _____

WORK ADDRESS _____ WORK/CELL PH # _____

PICK UP INFORMATION

OUR FAMILY PASSWORD IS: _____

IN ADDITION TO MOM AND DAD THESE INDIVIDUALS CAN PICK-UP OUR CHILD:

Name Relationship to child Phone #

Name Relationship to child Phone #

Name Relationship to child Phone #

SHOULD WE BE AWARE OF ANY LEGAL CUSTODY ARRANGEMENTS? **YES** **NO**

ADDITIONAL INFO: _____

Do you have any special talents, skills, or connections that could benefit our nursery school?

Are you interested on becoming more involved with the River East French Exposure Nursery School?

Board of Directors: Yes No Paid- After Class Teachers Assistant? Yes No

If yes Name: _____

Parent or Guardian Signature

Date

RIVER EAST FRENCH EXPOSURE NURSERY SCHOOL PARENT/GUARDIAN AGREEMENT

(Prior to July 1st 2020)

Please sign to indicate your agreement with the statements below.

- Upon becoming a member, I agree to be bound to and abide by the policies of the co-operative as stated in the Parent Handbook. Please initial here to confirm that the Parent Handbook has been read.

- I agree that, as a parent/guardian, I will be committed to co-teach on a regular rotation schedule. All volunteers in the REFENS classroom must submit a completed and approved Background Check Package* **prior to the child(ren)'s first class.**
- I agree that if a receipt for the Background Check* process has not been submitted within 30 days of the child(ren)'s registration date, a written warning and a fine of \$50.00 will be imposed upon the parent/guardian;
- I further agree that if a completed Background Check package* is not submitted within 60 days of the child(ren)'s registration date, automatic and immediate withdrawal of the child from REFENS will occur. There will be no refund of the current month's fees and all regular withdrawal policies remain in place.
- I have read the application form and enclose one current cheque to cover the Membership Fee of \$40.00 and the Annual Tuition Deposit.
- I understand that the post-dated cheques covering the balance of the tuition are due on the *FIRST DAY OF SCHOOL.*
- I give permission for my child to take part in activities and outings planned and supervised by REFENS staff.
- Should an accident, loss, damage, or theft of any belongings occur, I release the River East French Exposure Nursery School Co-op from any liability.
- I give permission to the REFENS staff to seek any required medical treatment for my child in an emergency if a parent/guardian cannot be reached.
- I agree to participate in fundraising initiated by the REFENS Board of Directors.
- I understand that, should I withdraw my child BEFORE January 31st, the post-dated cheques not yet due will be returned. If I withdraw my child AFTER January 31st, February to May cheques are NON-REFUNDABLE. The Membership Fee and Tuition Deposit are NON REFUNDABLE.
- I understand that a Withdrawal Form is mandatory when withdrawing my child from the program.
- Should REFENS deem it necessary to terminate the stay of any child or parent/guardian in the program then the post-dated cheques not yet due will be returned; however, the Membership Fee and the Tuition Deposit are NON REFUNDABLE.

*Criminal Record Background Check Including Vulnerable Sector Search (CRBC-VS), Child Abuse Registry Self-Checks (CARSC), Criminal History Disclosure Statement (CHDS) and Licensee Background Check Verification Declaration (LBCVD).

I have read and signed the Personal Information Consent Form.

(For alumni: There is already one on file for _____)
Sibling's/Child's name

Parent/Guardian signature

Witness Signature

Date

Date