



CHILD's NAME \_\_\_\_\_

**COLUMBUS COMMUNITY PLAYGROUP CO-OPERATIVE INC.**  
3265 Simcoe Street North, Columbus, Ontario, L1H 0S1  
905-655-5788  
www.columbusplaygroup.com



## 2023 – 2024 Registration Package

**Fees:** \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Age (in months as of start date): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Supervisor  
approved

CCPC programs commence the Wednesday following Labour Day and run through till the third week of June, approximately; closing for Statutory Holidays and breaks which include Christmas Break, Easter Break and March Break as scheduled by the DDSB.

Program

Preference:

**Morning Programs**

\_\_\_\_ Mon/ Wed (2 day program)  
 \_\_\_\_ Tue/ Thur (2 day program)  
 \_\_\_\_ plus Friday or \_\_\_\_\_  
 \_\_\_\_ 3 or 4 mornings (circle which days)  
 MON, TUE, WED, THUR, FRI  
 \_\_\_\_ 5 mornings  
 (CCPC is licensed for children 30 months to 5 yrs)  
 Children <30 mos. Contact supervisor for options)

**Afternoon Programs**

\_\_\_\_ Mon–Thur (4 day program) 16 spots  
 (Pre-K & JK )  
 \_\_\_\_ Plus Friday mornings -with approval of Supervisor  
 children **MUST** be 3 - 5 years by Dec. 31, 2023.  
 All spaces filled first-come / first-served !  
**Check for availability of spots and best fit with supervisor. PM class is more academic than AM.**

1<sup>st</sup>. Language: \_\_\_\_\_ Other Languages Spoken: \_\_\_\_\_

Is child communicative: talks? Not Yet \_\_\_\_, YES \_\_\_\_. Expresses wants and needs verbally? YES \_\_ NOT YET \_\_

Please indicate if you are of an Indigenous People. \_\_\_\_\_

**All Registrations are completed by appointment with the Supervisor, who will advise you regarding a start date.**

Please return the **completed** Registration Package with immunization records to Supervisor.

Please use the checklist below to ensure your Package has been completed fully. Registration is completed by appointment only.

**We are unable to process your Registration Package until all the items listed below are submitted.**

1. \_\_\_\_ All documents signed and completed
2. \_\_\_\_ **2 Copies of Child's Immunization Record (and pink health form from teacher)**
3. \_\_\_\_ Administration/ Registration Fee \$110 (**non-refundable**, paid as authorized after Registration appointment)
4. \_\_\_\_ Payment by e-transfer is made to **ccpcbookkeeping@gmail.com** in the amount of

• \$225.00 for two-day A.M. programs - \$300.00 for three-day programs when available a.m.

• \$360.00 for four-day A.M. or P.M. programs - \$425.00 for five mornings or 4.-.P.M. + Fri. A.M.

**\*\*Please note that fees are collected, by e-transfer, prior to the first of each month, or prior to starting mid-month.**

\*Please note: Families registering two children at once need only complete the first 4 pages and the Developmental Checklist for the second child. An ISP **appointment is required for children who are under 30 months of age at start date or who have medical or developmental delays.** Please call to set your appointment. All known medical and developmental information or concerns must be declared at time of registration. Spots are limited. \* Immunization records must be submitted before attending CCPC.

**For Official Use Only:**

Date Package Submitted: \_\_\_\_\_ Date of Admission \_\_\_\_\_

Received By: \_\_\_\_\_ Date of Discharge/Withdrawal \_\_\_\_\_



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PERSONAL INFORMATION, EMERGENCY CONTACT AND MEDICAL CONSENT FORMS 2023 - 2024

These forms enable a doctor to provide any necessary medical treatment, in case of an emergency, when parents/guardians cannot be contacted. It is understood that every effort will be made to reach the parents/guardians. If at any time medical treatment is necessary due to such circumstances as accident, sudden illness, or any other emergency, medical treatment may be given to the following named child.

Child's Legal Name: \_\_\_\_\_
First Middle Last ( Nickname )

Program: \_\_\_\_\_ M-W a.m., \_\_\_\_\_ T- Th a.m., \_\_\_\_\_ +Fri, \_\_\_\_\_, or circle 3, 4, or 5 mornings M-T- W -T- F a.m.,

\_\_\_\_\_ AFTERNOON CLASS (Mon-Thur) \_\_\_\_\_ + Friday A.M.

Contact Registrar or Supervisor to confirm availability

Start Date:

\*\*NOTE: morning classes run 9:00 – 11:30 a.m., Afternoon classes run 1:00 – 3:45 p.m.

Child's Health Card #: (optional) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ as of \_\_\_\_\_ (start month).

Today's Date: \_\_\_\_\_ Membership END DATE: \_\_\_\_\_

CAN WE TEXT YOU IN NON-EMERGENCY SITUATIONS? MOM: yes no DAD: yes no

PRIMARY CONTACT Name & Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (H): \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent A – or Mom (W): \_\_\_\_\_ B – or Dad (W): \_\_\_\_\_

Parent A – or Mom Cell: \_\_\_\_\_ B – or Dad Cell: \_\_\_\_\_

Custody Order in effect: NO \_\_\_ YES \_\_\_ If yes: who has custody? \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent A- Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Full Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent B- Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Full Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Full Address: \_\_\_\_\_

Doctor's Postal Code: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Committee Requests (pg 8) \_\_\_\_\_

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**MEDICAL INFORMATION**

(\* Note: all children **MUST** be immunized as regulated to attend CCPC.)

**1. Child's History of Communicable Diseases: (please circle)**

Red Measles	Yes	No	Meningitis	Yes	No
German measles	Yes	No	Rheumatic Fever	Yes	No
Scarlet Fever	Yes	No	Poliomyelitis	Yes	No
Chicken Pox	Yes	No	Convulsions	Yes	No
Mumps	Yes	No	Others	Yes	No

**2. Allergies?**

Any known allergies? Yes No

If yes, to what? \_\_\_\_\_

Does your child require an Epi-Pen? **Yes** **No**

In case of emergency, what precautions need to be taken? \_\_\_\_\_

**Please note: All Children enrolled who have life threatening allergies must have on file, An Individual Plan for a child with an Anaphylactic Allergy**, created by parents and teachers, to start; and **may** require a doctor's note stating the following information:

- ✓ Severity of Allergy
- ✓ Pre-Cautions needed
- ✓ Signs and Symptoms of an Anaphylactic Reaction
- ✓ Action Plan for the Individual named

**3. Other Important Information: (please ensure that you fill in all sections completely):**

<b>Please list specific signs that indicate your child may be ill.</b>
<b>Does your child have any medical, health, developmental or dental conditions? YES NO</b> This may include milder health issues and those that do not have a formal medical diagnosis. Please list and describe any issues/ or care requirements. Please include Name of diagnostician if child is diagnosed with something, and address. Recommendations for continuing care should be included in ISP.
<b>Does your child have any personal needs?</b> Please indicate & describe any. ( speech, language, behaviour, developmental, sleep, etc.)  List any agencies or organizations from whom you receive services ( Grandview, Autism Society, Resources for Exceptional Children, etc.)
<b>Does your child have any food restrictions (whether medical or non-medical)? Does your child tend to choke when eating?</b>
<b>In case of emergency, please specify special instructions.</b>
☺ <b>Important: Please attach 2 copies of your child's Immunization Record when submitting these Registration Forms.</b>

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**To make your child more at ease** when beginning the program, please indicate what activity your child enjoys interacting with the most (i.e. riding bikes/cars, coloring/drawing, reading books, playing with blocks, trucks, play dough, character toys, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALTERNATE CONTACT INFORMATION** **(mandatory)**  
**(other than the parent(s) in the child's home)**

**\*Name of Alternate Contact:** \_\_\_\_\_ \* Must be a person who is located within 15 min. of Playgroup

Relationship: \_\_\_\_\_

\*Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

\*Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Other than parents or above-named alternate, Child may be released to:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

If there is a custody order or restriction, please speak with supervisor to disclose information confidentially. Check here to request a call. \_\_\_\_\_

**Childcare Provider:** Please indicate if someone other than the parents will typically or often drop-off or pick up the child.

Name: \_\_\_\_\_ Primary phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Primary phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

As the parent/ legal guardian of \_\_\_\_\_ (child's Name), I give permission to Columbus Community Playgroup Co-operative Inc. to call an ambulance for \_\_\_\_\_ (child's name) for medical treatment in case of an emergency, during the school year. A teacher will stay with the child until the parent arrives.

**Print Name of Parent/Legal Guardian:** \_\_\_\_\_

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

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

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**MEMBERSHIP AGREEMENT**

I understand the Co-operative is an organization whose successful operation depends upon the participation and sharing of responsibilities of all member families. I understand the expectations of the Co-operative and agree to abide by the following:

**SNACK/DUTY DAYS:** to provide safe snack and to fulfill Duty Day requirements as set out in CCPC's Duty Day Policy.

**MEETINGS:** to attend General Membership, Parent Information and Orientation Meeting (AGM) in the fall and the Annual Election Meeting in April.

**COMMITTEE:** to serve on one committee or on the Board of Directors and abide by all policies regarding chosen position.

**FINANCES:** to pay the fees outlined in the Financial Agreement as scheduled.

**WITHDRAWALS:** In order to withdraw from the program, a member of the Co-operative is required to give 32 days written notice of withdrawal to the Treasurer or Registrar. Once fees are paid, neither a refund nor a partial refund will be issued under any circumstances. Any cheques not cashed will be returned to the member. For a successful school and for a happy relationship among parents, the Board, the children, and the Teachers, I agree to abide by the Agreement as outlined above. Failure to comply with any of the above obligations will result in a written request to reconsider my commitment. No refunds are given.

**Acknowledgement and Acceptance Agreement**

Columbus Community Playgroup Co-operative Inc. is licensed to provide ½ day programs to children aged 2 ½ years to school age. Children enrolling at Columbus Playgroup who have or may have a developmental delay, must declare it, and collaborate with teachers to determine best practices for your child. Families of children with special needs may be required to consent to service for supports, in order to attend. Teachers must meet with families to assess a child's readiness. Children must be 36 months of age by Dec. 31<sup>st</sup>. of the school year, and developmentally ready to qualify for the afternoon program. Similarly, under-age children must be developmentally ready to attend the a.m. program, able to separate and settle in reasonable time. **Columbus Playgroup is an inclusive centre, welcoming all families. Staff at Columbus Playgroup teach acceptance and unity. All CCPC Members must honour inclusivity within the membership. Acts or comments considered racist, divisive, or otherwise offensive will not be tolerated.**

We endeavor to place all children in the most appropriate class available. It is possible that we may not be able to accommodate all children, for various reasons. Occasionally, a child enters a program which is not the best fit. Every attempt will be made to meet the child's needs, whenever possible. At any time, (and at any age), the teachers and parents may need to discuss concerns. The child may be offered the opportunity, with parental agreement, to change programs, or, it may be decided, (in very rare circumstances), that the child should withdraw and try again at a later date, in accordance with our registration policy. This is to help ensure that the quality of care for all children is maintained to a high standard.

**The care and safety of all the children is always the prime concern.** I understand that the teachers have the support of the Board to designate underage spots, and spots for children with exceptional needs as they feel appropriate within the context of the licensing agreement. Accordingly, if my child is deemed too young or if my child poses a safety risk to him/herself or others, I will be asked to meet with the teachers and discuss their recommendation or to withdraw my child from the program. We may be able to re-register at a later date if concerns no longer apply. Occasionally, a child of exceptional needs may be determined to need more support than we are able to provide, and alternative recommendations will be discussed with the parents, for the well-being of all children in the class.

As required by the Ministry of Education, all parents or volunteers who attend CCPC as classroom volunteers must provide CCPC with a current Criminal Reference Check (CRC), available from your local Police station for a moderate fee. Please provide a CRC prior to attending CCPC as a volunteer. CRCs must be dated within 30 days of submission to Columbus Community Playgroup Co-operative Inc.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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# FINANCIAL AGREEMENT

### The following is a list of fees that apply to all members of Columbus Community Playgroup:

1. A non-refundable Annual Administration Fee of \$110.00 per child is payable following Registration Submission and meeting with Supervisor.
  2. **Payments are submitted for the 15<sup>th</sup>. day of each month** in the amount of \$225 for the 2-day program, \$300 for a 3-day program or \$360 for the 4-day program, \$425 for a 5-day program by e-transfer. Fees are not pro-rated, however, we do offer mid-month starts at half price. There are no reductions, or reimbursements of fees for vacations, illness, appointments, and other absences that interfere with your usual schedule. Occasional closures due to inclement weather, or other unplanned emergencies are not reimbursed.
- Children need not be toilet-trained to attend CCPC and NO ADDITIONAL TOILET TRAINING FEES WILL BE ADMINISTERED AT CCPC.
4. Payment preference is by e-transfer to [ccpcbookkeeping@gmail.com](mailto:ccpcbookkeeping@gmail.com) after confirming your registration with the supervisor.
  5. Payment remains due, even if the child does not attend, but is holding a spot in the class.
  6. On rare occasions - 60 days written notice will be provided to members in the event of a fee change.

### Please note the following:

- Current, full-program fees apply to each student enrolled in the Playgroup.
- Fees are not pro-rated; however, school fees will be charged half when starting after the 15<sup>th</sup>.of the month. Reimbursements and partial reimbursements are not made for early withdrawals.
- **If you are more than fifteen minutes late picking up your child, a \$15.00 late fee will apply and an additional charge of \$1.00 per minute will apply for each minute thereafter. Your promptness at pick up times and drop-off times is highly appreciated.**
- A fee of \$25.00 will be charged if you miss a scheduled Snack/Duty Day and have not arranged a replacement. A second snack day missed incurs a Missed Snack Fee of \$50.
- Late fees of \$25 will be charged for those who are more than a month late paying fees, \$50 late fee for 2<sup>nd</sup> month late.
- E-transfer is the preferred method of payment for fees. An NSF fee of \$35.00 will be charged to any member whose cheque is returned because of insufficient funds.
- **Cheques must be made payable to Columbus Community Playgroup Co-operative Inc. A stamp is available in the classroom for completing cheques.**

**An income tax receipt will be issued in Feb. for all school fees paid, including administration fees.**

**I understand and agree with the above statements.**

Member name: \_\_\_\_\_ Witness Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**CONSENT FORM and SAFETY ACKNOWLEDGEMENT**

**Field Trip/Outing**

I give permission for my child to participate in outings (walking trips to the park, etc.) and outdoor activities throughout the school year understanding that a parent or guardian is expected to accompany any child on any outing away from playgroup property.

**Photograph Release**

I give permission for my child to have his/her photograph or video taken at the Playgroup and used for display purposes (within the Playgroup, for the newspaper, website or advertising etc.) **provided only first names are used.**

**I have read and understand the two Releases described above and I am in full agreement. I have crossed out and initialed any items to which I do not consent.**

**Print Name:** \_\_\_\_\_

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

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

\*\*\*Families of children who have Special Needs, who attend CCPC, will be asked to sign a Special Needs Resourcing Consent Form in order for the playgroup to access resources to help support and benefit the needs of the individual child as is appropriate. These services are highly confidential, and usually at no cost to the family. Some services available for children with Special Needs include Grandview's Preschool Outreach Program, support for speech delays, Resources for Exceptional Children and Durham Behaviour Management Services, and more are available to families upon request. The Supervisor may contact your family to request your signed consent to an I.S.P. or referrals if support is indicated.

**Safety Considerations**

CCPC families must agree to support the safety of all at the Playgroup. **Parking lot safety**, requires parents to drive slowly, with caution and care, knowing young children may be in the area at any time. **Food Safety** – requires parents to declare any food allergies and ensure the foods they contribute are free from nuts or other allergens as reported to the members. Teachers and parents share the responsibility for the safe-keeping and well-being of all at the Playgroup.

**Health Safety** - During Covid-19, Parents must agree to abide by ALL the policies, procedures and protocols prescribed.

Tell us how you learned of Columbus Playgroup. ( who \_\_\_\_\_ )  
Friend or family: \_\_\_\_\_ Facebook: \_\_\_\_\_ Mom's Group (please specify): \_\_\_\_\_  
CCPC Website: \_\_\_\_\_ Flyer: (where) \_\_\_\_\_ Other online site: \_\_\_\_\_  
CCPC Alumni: \_\_\_\_\_ Grandview: \_\_\_\_\_ / D.B.M.S.  
Other: \_\_\_\_\_ Please leave any details or comments here:



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**COMMITTEE REQUEST FORM**

Please indicate your first three choices of Committees you would like to participate on for the 2023-2024 school year. Please contact 905-655-5788 if you have any questions about the responsibilities of each committee. As a co-operative early-learning environment, the contributions of our members are both crucial and highly regarded components of the successful operation of the playgroup.

Please note that we make every effort to place you on a Committee of your choice, but, it is not guaranteed. In order to meet the requirements of the Playgroup as a whole, some parents may need to be placed on a Committee which may not have been one of their choices. As this is done for the benefit of the Playgroup, we appreciate everyone's understanding. Committee lists will be finalized at a time after the 2023-2024 Board of Directors has been voted in, typically late August. Committee placements may be changed later by speaking with the supervisor or the Board of Directors. Please consider a position on our Board of Directors. Speak to Arlene or a current Board Member to inquire about the needs. Please note: \*\* It is mandatory that all member select and fulfill a committee role in order for your child to attend CCPC. The roles may be filled by either parent, or an alternate, such as another family member or the child's caregiver. You may indicate your first 3 choices, but you will only be assigned to ONE committee.

**The Committees/ Board of Directors positions to select from are:**

Tech Support for staff and Board	2 positions	Breakfast with Santa	6 positions (Sun. Dec. 3 <sup>rd</sup> . 2023)
Cleaning, Laundry	4 positions	Country Fair	3 positions (Thur. Oct. 5 <sup>th</sup> ., 2023)
Newsletter	1-2 positions	Christmas parties	6 positions (Dec. 20 <sup>th</sup> . & 21 <sup>st</sup> ., 2023)
Public Relations	1-2 positions	Butterfly Tea Party	4 positions (Thur. May 30 <sup>th</sup> ., 2024)
Bookkeeper's Assistant	1 position	Classroom Special Events	4 positions (various dates)
(Liason- communications)	1 position	Maintenance	1 position
Fundraising Events	4 positions	Bookkeeper's Assistant	1 position
President	1 position	Vice President	1 position
Treasurer	1 position	Secretary	1 position
Assistant Treasurer	1 position	Registrar	1 position
Director (past Board member - consultant)		Director (Family Events & AGMs)	

Maximum number of positions to be filled = **48**. If full enrollment is not reached or there are not **48** member parents, the number of positions in each Committee will be adjusted accordingly. **Either parent or any alternate may fill a committee position for the family.**

Your name: (please print) \_\_\_\_\_

Assistant Treasurer will share and divide the duties of Treasurer.

Manager ( Communications ) ensures committees are informed of expectations and timelines, etc.

**\*\*\* REQUIRED: My first three choices, in order of preference, are:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Tell us if you have ECE training? \_\_\_\_ .

Please tell us if you have a particular skill or experience in an area that would make you particularly well-suited to a committee: I understand the Board of Directors will endeavor to meet one of my choices however I realize the needs of the Playgroup are the first priority and as such my committee preferences cannot be guaranteed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To Volunteer: (volunteers must submit a Police Record Check prior to volunteering

\* \_\_\_\_ I will submit a current Criminal Reference Check, so that I may qualify as a classroom volunteer when available and as requested by teachers. (Classroom volunteers are in addition to committee duties and strictly optional.)



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**PROTECTION OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, am aware of the confidential nature of information concerning children, their families, and the employees of Columbus Community Playgroup Co-Operative, and I agree to respect the confidentiality of such information.

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 personal information regarding any child, which comes to my knowledge, will be considered confidential and will not be released to any other person, agency, or group without signed authorization from the child's parent(s)/ legal guardian(s).

Information about employees which may come to my knowledge, will also be considered confidential and shall not be released to any person, agency, or group without the signed authorization of the employee.

\_\_\_\_\_  
**Signature of Co-operative Member**

\_\_\_\_\_  
**Name of Co-operative Member (please print)**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Name of Witness (please print)**

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

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### **Prohibited Practices Policy** **2016, 2018**

(to replace the previously entitled Behaviour Management Policy)  
(in accordance with Ontario REG. 137/ 15 item 48.)

It is first and foremost the policy of Columbus Community Playgroup Co-operative Inc. (CCPC), to protect and enhance the safety and well-being of all children in our care, to meet or exceed the prohibited practices regulations and to ensure that all staff, volunteers, students, members and guests are aware and accountable to this policy.

- **Columbus Community Playgroup Co-operative Inc. recognizes the importance of positive behaviour management techniques and for providing the best possible care to children. CCPC's policy ensures compliance with the following regulated expectations.**

#### **Prohibited Practices**

48. No licensee shall permit, with respect to a child receiving child care at a child care centre it operates or at a premise where it oversees the provision of child care,

- a) corporal punishment of the child;
- b) physical restraint of the child, such as confining the child to a high chair, car seat, stroller or other device for the purposes of discipline or in lieu of supervision, unless the physical restraint is for the purpose of preventing a child from hurting himself or herself or someone else, and is used only as a last resort and only until the risk of injury is no longer imminent;
- c) locking the exits of the child care centre or home child care premises for the purpose of confining the child, or confining the child in an area or room without adult supervision unless such confinement occurs during an emergency and is required as part of the licensee's emergency management policies and procedures;
- d) use of harsh or degrading measures or threats or use of derogatory language directed at or used in the presence of a child that would humiliate, shame or frighten the child or undermine his or her self-respect, dignity or self-worth;
- e) depriving the child of basic needs including food, drink, shelter, sleep, toilet use, clothing or bedding; or
- f) inflicting any bodily harm on children including making children eat or drink against their will.

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CCPC's Prohibited Practices Policy defines the behaviours which are prohibited, the methods to which staff, volunteers, students, Playgroup members and guests will be made aware of the policy and, the processes and consequences of behaviours which fail to comply with the policy. The policy defines the behaviours which will be used to manage behaviours with children in care at CCPC. The policy is reviewed at least annually and updated as required.

**CONTRAVENTION OF PROHIBITED PRACTICES POLICY**

Staff, volunteers, students, parents and guests are expected to comply with the program's stated policies and procedures and the requirements of the CCEYA, 2014, O. Reg. 137/ 15 #48 with respect to behaviour management and prohibited practice. Staff failing to comply will receive a verbal warning from the supervisor or/ and Board Members, followed by a written warning and finally, withdrawal from CCPC. Any warnings will be documented in the appropriate files.

**BEHAVIOUR MONITORING POLICY**

Monitoring of the Behaviour Management Practices will be done quarterly and recorded using a checklist style form provided by MEDU. A teacher or board member will monitor the Supervising teacher, while the Supervising teacher will monitor teacher, assistants, volunteers and students. All records will be kept on file for review as required.

**COMMUNICATION OF PROHIBITED PRACTICES POLICY**

The Prohibited Practices Policy will be detailed in the CCPC POLICIES AND PROCEDURES MANUAL, in the CCPC PARENT HANDBOOK and in the Program Statement. The CCPC Parent Handbook and Program statement are available to everyone online through the CCPC website, and will be directly e-mailed to new or potential members prior to registering with CCPC. The Prohibited Practice Policy will be reviewed with the membership during the AGM held in September. A signature sheet explaining the Prohibited Practices Policy is included in each registration package and staff signature package annually. Signing of the policy is mandatory for all members and staff upon joining CCPC and annually thereafter. Signature sheet will be kept with member or staff person's file. Signature sheets are also required from all volunteers, students, guests, and occasional personnel.

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**SUMMARY OF THE PROHIBITED PRACTICE POLICY 2016**

At Columbus Community Playgroup Co-operative Inc. we promote the healthy development of a child’s self-esteem through positive discipline techniques. Discipline is viewed as a teacher’s tool that encourages children to become responsible for their actions and is never regarded as a punishment. Methods of discipline are discussed at Board meetings as needed and consistent disciplinary measures are agreed upon.

Our staff, parents, students and volunteers will never strike, humiliate, deprive of basic needs, threaten or isolate any child.

- ✓ Children are to be disciplined in a positive manner at a level appropriate to their action and age. Intervention strategies may include: - Discussion with those involved
- ✓ Act with caution, care and respect when enforcing limits.
- ✓ Positive reinforcement is the preferred way to encourage a child to develop self-discipline, and to respect the rights and property of others. Our staff and parents will reinforce all positive behaviour.
- ✓ Upon hiring and annually thereafter, the staff must sign the Prohibited Practices Policy witnessed by the Board, before the employee takes care and control of children. Staff and Board members will review the policy annually and sign to indicate their understanding. Upon hiring, staff members will sign acknowledgement of the Behaviour Management Monitoring Policy and annually thereafter.
- ✓ Abuse in the form of insults, sarcasm or yelling are not permitted.
- ✓ Time outs are never permitted as a punishment.

Consistency, firmness and love are demonstrated in the setting of limits to help correct temporary or on-going inappropriate behaviour. Guidance and positive reinforcement of appropriate behaviour encourages a child to be responsible for his/her actions. It assists in the development of the child’s self-control, teaching him or her to manage his or her environment and emotions.

The child’s feelings are always considered in the process of setting limits and guidance techniques.

I have read the Prohibited Practices Policy and understand my responsibilities to use acceptable, positive behaviour guidance techniques. I also understand my responsibility to report to the Board of Directors, should I observe inappropriate techniques employed by others. My signature below indicates adherence to this policy.

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

\_\_\_\_\_  
**Print name:**

\_\_\_\_\_  
**Signature of witness:**

\_\_\_\_\_  
**Name of witness: (please print)**

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



## COLUMBUS COMMUNITY PLAYGROUP CO-OPERATIVE INC.

3265 Simcoe Street North, Columbus, Ontario, L1H 0S1

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## CCPC Code of Conduct/ Conflict Resolution Policy

### Introduction:

The Columbus Community Playgroup Co-operative relies solely on the involvement and participation of the parents and teachers, who each bring diverse backgrounds and skills to our organization. Trust and mutual respect among these groups are essential for the success of the co-operative, and most importantly, the children. It is in this spirit that this Code of Conduct exists.

All members (including Board members and teachers) must perform their duties in a manner that maintains and enhances the integrity of the playgroup, and are expected to be aware of, and comply with, this code of Conduct and its related bi-laws and policies.

### Co-op Mission Statement & Core Values:

“Providing a warm, secure, social learning environment for young children and their caregivers”

- Inclusive environment
- Open communication
- Teamwork and co-operation
- Mutual respect
- Integrity

### General Membership Responsibility:

It is expected that all general members will exhibit courteous behaviour in the course of their work to ensure that general membership confidence and trust is maintained. The actions of the Board must be transparent and above suspicion at all times.

### Teacher Responsibility:

The teacher's and Assistant teacher's focus is primarily on the children's programs, and building positive relations with the children. Teachers must maintain a high level of professionalism and demonstrate appropriate behaviour in the context of providing a productive learning environment for the children.



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### **Conflict Resolution:**

General members, the Board and teachers are expected to be reasonable and fair in their expectations of each other and resolve any conflict in a mature and professional manner. Personal matters of conflict should be discussed fully and resolved with as limited involvement of the general membership as is possible. CCPC utilizes an HR Triangle consisting of two board members and a parent member who will help to facilitate resolution to matters of conflict when help is needed. The HR chair will be the CCPC Vice President, 2<sup>nd</sup> will be the treasurer, and 3<sup>rd</sup>, a parent in the general membership.

### **Non-Discrimination / Harassment**

Harassment occurs when a member engages in any demeaning or offensive behaviour, verbal or non-verbal, which causes the playgroup environment to be stressful, degrading or discriminatory.

The co-op is committed to providing members with an inclusive environment free from unlawful discrimination or harassment, and promotes an atmosphere that respects the dignity, self-worth and human rights of every individual. No form of discrimination, including racism, agism, sexism or other personal harassment will be tolerated. Columbus Community Playgroup Co-operative always strives to nurture acceptance and understanding.

### **Reporting Conflicts or Allegations:**

Each complaint or allegation of harassment will be treated as a serious matter. It is the responsibility of all members to create and maintain an environment free from harassment, however the CCPC will make every reasonable effort to ensure that no member is subjected to any forms of harassment or discrimination.

The following steps are recommended in dealing with matters relating to harassment;

- 1) Complaints between members (including Board members) or teachers should be addressed and dealt with, in confidence, between the parties involved, with the intent to resolve the issue.
- 2) If the issue cannot be resolved between the parties, the member or teacher must present a detailed complaint in writing to the HR chair (Board V.P.). It will be the responsibility of the HR chair to review the complaint with the individual(s) and recommend the appropriate next steps in an attempt to rectify or resolve the matter. Should further assistance be required, the HR chair will share details of the matter with the 2<sup>nd</sup> member of the HR triangle, usually the treasurer. Together they will review and recommend a course of action to follow.
- 3) In the event that a matter cannot be resolved with the two HR members involved or if one or more of the HR board members are part of the problem, the third member of the HR triangle will be consulted, following the same procedure as previously outlined.
- 4) It is understood that each person involved in the matter must demonstrate sensitivity and confidentiality. The Board should make every attempt not to involve the general membership unless deemed necessary for the well-being of the co-op.

CHILD's NAME \_\_\_\_\_



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**Use of Property:**

Members must ensure that any property (including cash, cheques, documents, and equipment) in their care as part of their committee or employment duties is properly secured and protected at all times. This responsibility extends to the use and security of any co-op keys or access codes.

Employees and members shall only use the Co-op's property for activities associated with their committee/ employment or related duties, unless proper authorization has been granted.

Upon termination of membership or employment, members will deliver to the Co-op all property belonging to the Co-op, which may be in the member's/ teacher's possession or control.

**Protection of Private Information:**

The Columbus Community Playgroup is committed to protecting the privacy of the personal information of its members in accordance with Privacy Policy Statement contained in the Reference Handbook. Teachers and Board members may be authorized to collect or access personal information for the use of CCPC administration with the understanding that this information may only be used in the manner for which it was obtained.

**Non-Compliance:**

It is understood that failure to adhere to any and all parts of this Code may result in expulsion from the Co-operative in accordance with the standing by-laws

**Revisions:**

The CCPC Code of Conduct is a document meant to reflect changing needs, realities and responsibilities. Therefore, as the Co-op evolves and new issues arise, the Code will be periodically reviewed and modified to reflect the current environment. The Board will manage this review process.

**Please sign below to indicate that you have received, read and understand the terms contained in the CCPC Code of Conduct.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name (please print)**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Name of Witness (please print)**

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

CHILD'S NAME \_\_\_\_\_



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**Date:** \_\_\_\_\_ **Current Age:** \_\_\_\_\_ **months** **Anticipated start date:** \_\_\_\_\_

**Safety:** (please explain any yes answers)

- 1. child **tends** to wander away from parents no **yes** \_\_\_\_\_
- 2. has **ever** left the house, store, building, etc. without you no **yes** \_\_\_\_\_
- 3. **tends** to climb or stand on furniture, shelves, toys etc. no **yes** \_\_\_\_\_
- 4. **tends** to put things in mouth, ears, nose etc. – **is a chewer** no **yes** \_\_\_\_\_
- 5. **tries** to hurt him/herself (**bites, pulls hair, pinches etc.**) no **yes, explain** \_\_\_\_\_
- 6. **tries** to hurt others ( and how) no **yes, explain** \_\_\_\_\_
- 7. has any behaviour, habit(s) or tendencies to be aware of no **yes explain** \_\_\_\_\_

**Social:**

- 1. Child has regular opportunities to play with others yes not yet
- 2. Child usually enjoys being with other children yes not yet
- 3. Child has had significant difficulties with other children yes no
- 4. Child shows interest in or awareness of other children yes not yet
- 5. Child shows interest and is able to sit for 10 – 15 minutes yes not yet
- 6. Child has been observed playing independently(alone) parallel(beside) co-operatively(with) within small groups
- 7. Does your child show significant anxiety? No YES – when? \_\_\_\_\_
- 8. Does your child ask questions? \_\_\_\_\_ ; Tell you how they are feeling? \_\_\_\_\_

**Physical:**

- 1. Child is able to walk with age-appropriate skill and energy yes not yet
- 2. Child is usually able to move without falling or stumbling yes not yet
- 3. Child is reasonably able to feed him/herself / w. spoon yes not yet
- 4. Child is reasonably able to sit on a chair without falling off yes not yet
- 5. Child usually sleeps regularly and for adequate periods of time yes no \_\_\_\_\_
- 6. Child uses pencils, crayons, markers etc. with some regularity yes not yet
- 7. Describe your child's typical daily sleeping and napping schedule: night time \_\_\_\_\_ nap times \_\_\_\_\_



CHILD'S NAME \_\_\_\_\_



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**Personal:**

Circle any of the following that describe your child's **typical** disposition.                      age appropriate                      imaginative                      social

- independent                      adventurous                      needy                      busy                      cheerful                      cautious                      stubborn
- happy                      emotional                      serious                      quiet                      anxious                      sensitive                      thoughtful                      chatty
- difficult                      demanding                      easy                      pleasant                      active                      funny                      distractible
- co-operative                      oppositional                      distressed                      friendly                      content                      confident                      kind
- slow-to-warm-up                      likes to be a leader                      out-going                      aggressive                      often bites                      ambitious learner

Check off how your child **usually** responds to being called - looks \_\_\_\_ answers \_\_\_\_ comes to you \_\_\_\_ continues playing \_\_\_\_ runs \_\_\_\_

Child asks questions YES BEGINNING NOT YET .      Child can express feelings, needs, wants, experiences YES BEGINNING NOT YET .

Is there any specific information or tendency of which we should be aware? Please describe. \_\_\_\_\_

**Health and Developmental Milestones:**

- 1. Child allows other adults to change him/her when necessary                      No                      Yes (explain) \_\_\_\_\_
- 2. Child has sleep concerns, sleep is brief, disrupted, night terrors, other                      No                      Yes (explain) \_\_\_\_\_
- 2. Does child have any known medical/ dental conditions to be aware of?                      No                      Yes (explain) \_\_\_\_\_
- 3. Might there be any undiagnosed concerns to be aware of?                      No                      Yes (explain) \_\_\_\_\_
- 4. Child engages in imaginative play with vehicles, dolls, other toys,                      No                      Yes (explain) \_\_\_\_\_
- 5. Child typically carries toys but does not play with them yet                      No                      Yes (explain) \_\_\_\_\_
- 6. Show where child's toilet training is. Toilet trained \_\_\_\_\_ not yet \_\_\_\_\_ Beginning \_\_\_\_\_ or: \_\_\_\_\_

**7. Please specify any food allergies, sensitivities and or avoidances we need to be aware of, and indicate the appropriate description for each.**

	*allergy with Epi-pen,	allergy - no Epi-pen	sensitivity or avoidance _____
	*allergy with Epi-pen,	allergy - no Epi-pen	sensitivity or avoidance _____
	*allergy with Epi-pen,	allergy- no Epi-pen	sensitivity or avoidance _____

Signs to watch for include: \_\_\_\_\_

**\*\*\*Please note, that an anaphylactic policy form must be completed with CCPC for any child with anaphylactic allergies. It is the responsibility of the parents to inform CCPC of the allergy, and to provide the Epi-pen each and every day the child attends program.**

CHILD'S NAME \_\_\_\_\_



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**Health and Developmental Milestones:**

- 6. Does child have any other dietary concerns or requirements?    No    YES (please specify)\_\_\_\_\_    No Pork  
eg. vegetarian, lactose intolerance, gluten intolerance, diabetic, gelatin-free, tendency to choke or gag,    no apple juice, diluted juice only, etc.  
\_\_\_\_\_
- 7. Describe your child's language development.    English    Other \_\_\_\_\_    Preferred \_\_\_\_\_  
delayed    age appropriate    beginning    conversational    reasonably understandable    well-established    language support may be requested

**Emotional:**

- 1. To make your child more at ease when beginning the program, please indicate your child's favourite activities. How does your child like to be comforted? Does your child have a comfort object? **(Please note: soothers and bottles are not permitted in the classroom.)**  
\_\_\_\_\_
- 2. Child reacts to not getting his/her way by \_\_\_\_\_
- 3. Child shows anger/ frustration by \_\_\_\_\_
- 4. Does child cry often, long or dramatically, and if yes, for what reasons?  
\_\_\_\_\_
- 5. Is your child **able to play independently** - without your immediate presence, or is he/she often distressed without you?    **Pretends?** yes / not yet  
\_\_\_\_\_
- 6. Has your child had babysitters, childcare experiences or other opportunities to separate from parents? \_\_\_\_\_ If yes, explain and tell how that was experienced by the child? Was it a positive experience? Is your child usually co-operative with his family, and other adults? \_\_\_\_\_  
\_\_\_\_\_
- 7. Detail your child's special preferences/ interests or dislikes/ fears to help us to provide a happier experience for your child throughout the program.  
\_\_\_\_\_
- 8. Describe your child's usual favourite toys, songs, books, games or activities.

**Please indicate if you (parent) or anyone else have concerns or questions about your child's...**

<b>general development</b>	hearing	vision	mobility	dexterity	behaviour	memory
self-esteem (confidence)	attention span (focus)		fine motor skills	gross motor skills	independence level	
receptive language (comprehension)	expressive language (speech)	energy levels	<b>sensory issues</b> = sound, light, textures, eating			
cognitive development	<b>sleep</b>	social skills	communicating skills – conversational- yes, no asks questions	points, leads you	activity level	
<b>other:</b> (listening, not responding to name yet, feeding, coordination, eye contact, following directions, confidence, plays with toys productively etc.)						
compliance	ability to follow instructions	being touched or in close proximity to others	loudness	separation anxiety		



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**Do you now, or have you ever, received any care or service re: items above? If so, please describe with whom?**

\_\_\_\_\_

**My child has been diagnosed with, ... is being assessed for, ... or may need to be assessed for** \_\_\_\_\_

\_\_\_\_\_

**Name of Service Organization(s) from whom you do or will receive care for your child:** \_\_\_\_\_

We wish to provide the best care possible for all the children in our Playgroup. As a licensed child care provider, we can help facilitate service for your child/family. Please inform your supervising R.E.C.E. teacher if you would like to learn more about any of the services available. **All information will be kept confidential. Yes, I would like to learn more about this.** \_\_\_\_\_

**Have there been any significant changes in the recent past that might affect your child's happiness and comfort?** (eg. moving, new baby, separation or loss of someone, mom back to work, any routine changes, loss of security object, etc.)

\_\_\_\_\_

**Tell why you want your child to attend the Columbus Community Playgroup at this time.**

**Tell us something wonderful/or great about your child. (include strengths and unique abilities or interests)** \_\_\_\_\_

\_\_\_\_\_

**Is there anything else that you would like to tell us about your child? You may indicate here if you would like the teacher to call you.**

\_\_\_\_\_

\_\_\_\_\_

**Confidentiality is assured.**

**Does your child have siblings? Please describe how many, younger, older ...**

\_\_\_\_\_

\_\_\_\_\_

**CCPC will access community support programs when requested by parents only with signed expressed consent. See Supervisor. CCPC educators/ supervisor will contact parents to learn more about how we can support a child's needs and best interests.**

CHILD'S NAME \_\_\_\_\_



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Tell us, who else, including siblings live with your family or is a care-giver? (please complete chart below)  
i.e. Grandmother / Amma, Nana, GG, etc. or .... Lisa/ caregiver / Auntie Lisa

This information helps us to understand your child's language, to honour cultural identities and communicate effectively and respectfully with your child.

Name :	relationship	Known as... by child	Date of birth: For siblings	gender
1 <sup>st</sup> parent			X	X
2 <sup>nd</sup> . parent			X	X

**\*\*Please submit completed registration package along with 2 copies of the child's Immunization record before your child attends the Playgroup. Children may not attend without proof of up-to-date immunization on file.**

CHILD's NAME \_\_\_\_\_



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CCPC Inc. wishes to thank you for your time in completing the Developmental Information Form. This is a tool to help us better understand your child, and program appropriately to meet the collective and individual needs of the children in our care. Please keep the teachers informed of any changes or concerns you may have throughout the year. We are pleased you have chosen Columbus Community Playgroup, and look forward to a very rewarding and enjoyable year with your child. Please review the Acceptance and Acknowledgement Agreement enclosed with your registration package, to learn about our placement policies. All Registrations are completed by appointment with the Supervisor. Some children are not yet independent enough or confident enough for program, and may be scheduled for a delayed start.

Be sure to update teachers in writing with any changes to your circumstances, including immunization records, address, phone numbers, care giver names and numbers and change to work or Dr. information or family/ living circumstances, or custody arrangements. Accurate and up-to-date information is necessary for the safety and well-being of your child. Thank you.

Members are expected to work with teachers and CCPC board members to manage and resolve situations. Children who pose a safety risk to themselves or others, which parents, teachers and Board members cannot satisfactorily manage may be asked to withdraw from the Playgroup, for the safety of all. No refunds are given. No further payments will be remitted.

In the event that a family enrolls a child to start mid-month, Registration fee plus half school fees, plus next month's fees are due immediately. Should this pose a problem for your family, please speak to the supervisor or registrar or Treasurer to make alternate arrangements for bringing the fee payment in-line. Similarly, if you encounter a problem through the year, please contact the treasurer to make alternate arrangements for payment.

Contact the Treasurer at : [ccpcbookkeeping@gmail.com](mailto:ccpcbookkeeping@gmail.com)

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Parent or guardian's signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> authorized C.C.P.C. Inc. signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> dated
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CHILD's NAME \_\_\_\_\_



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**Table of Payments Required for Registration at Columbus Community Playgroup**

**E-Transfer is the preferred method of payment, school fees are due prior to beginning in the program and on or about the 15<sup>th</sup>. Of each month, Sept thru June.**

Please note: the following payments are required to complete your registration package for the 2022-2023 school year. Please make any cheques payable to Columbus Community Playgroup Co-operative Inc. (A stamp is available at the Playgroup for your convenience.) [Kindly, print your child's name and program on the memo line.](#)

It is the policy of CCPC to collect tuitions one month in advance, however during Covid-19, we will accept payment month to month. Early withdrawal of members will continue to require 32 days written notice, and payment of fees for that time period. **Record of Immunization must accompany submitted forms.**

**Registration is finalized by confirmation from the program Supervisor.**

Payment for	Representing...	Amount	Due	Rec'd
Administration Fee	Annual Administration Fee ( Payable each school year )	\$110. <sup>00</sup>	when registration is confirmed by supervisor	
(payable Aug. 1 <sup>st</sup> . or upon	Registration if joining after Aug.			
August 15 <sup>th</sup> ., 2023	September school fees			
September 15 <sup>th</sup> , 2023	October school fees			
October 15 <sup>th</sup> ., 2023	November school fees			
November 15 <sup>th</sup> , 2023	December school fees			
December 15 <sup>th</sup> ., 2023	January school fees			
January 15 <sup>th</sup> ., 2024	February school fees			
February 15 <sup>th</sup> ., 2024	March school fees			
March 15 <sup>th</sup> ., 2024	April school fees			
April 15 <sup>th</sup> ., 2024	May school fees			
May 15 <sup>th</sup> .. 2024	June school fees			
			<b>Total # payments</b>	

CCPC's Withdrawal Policy can be found on the last page in the CCPC Program Statement, part 2, available online.

- In short, to withdraw, a member provides 32 days written notice, and all uncashed cheques will be returned.

**Questions or Inquiries** -e-mail: [ccpcregistrar@gmail.com](mailto:ccpcregistrar@gmail.com) or website: [www.columbusplaygroup.com](http://www.columbusplaygroup.com)