

# **JUNIOR & SENIOR KINDERGARTEN ACTIVITIES BASED ENRICHMENT**

These classes are designed for children of Junior or Senior Kindergarten age.

(Junior) Tuesday/Thursday

(Senior) Tuesday/Thursday

Monday/Wednesday

1:00 - 3:15 p.m. at our Leaside United Church Location

Junior/Senior Kindergarten Enrichment – Morning Class

Tuesday/Thursdays

9:00 – 11:30 a.m. at our St. Cuthbert's Church Location

- This is an opportunity to supplement your child's TDSB programme in a familiar, warm environment. The goal of activity based learning is to promote confidence and a positive outlook toward any learning situation and gain knowledge and skills
- Activities are designed by the teacher to reinforce the appropriate learning style and interest level of children
- The small group class – twelve children, or less - provides a situation for children to socialize and receive individual assistance.

\$200 at registration

Offered mid September to mid June

## **TO REGISTER**

**Contact: Mary Dwan King**

*Please fill in the registration form below and return to:*

**Mrs. Park's School**

**143 Hanna Road**

**Toronto, ON M4G 3N6**

*Mrs. Park's School has been providing programmes for children for almost 50 years*

# Junior and Senior Kindergarten Activities Based Enrichment Programme

## REGISTRATION FORM

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

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

DOB (d/m/y): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Contact Parent: \_\_\_\_\_

Home #: \_\_\_\_\_

Bus #: \_\_\_\_\_

Cell#: \_\_\_\_\_

email: \_\_\_\_\_

### Leaside United Church – Afternoon Programmes

**Junior Class:** Tuesday/Thursday

**Senior Class:** Tuesday/Thursday

*or* Monday/Wednesday

### St. Cuthbert's Location – Morning Programme

**Junior/Senior:** Tuesday/Thursday

Registration must be accompanied by a \$200 (non-refundable) deposit to  
be applied to fees

Because of the very low teacher/student ratio, we will be able to provide your child  
with an opportunity to shine. Our teacher will also have ample opportunity to have  
frequent contact with you.

### Children deserve the opportunity to:

- *Explore* • *Ask Questions* • *Predict Possibilities*
- *Plan and Reflect* • *Decide* • *Communicate* • *Evaluate*

If you have any questions, please do not hesitate to contact me,

Mary Dwan King - Mrs. Park's School

A division of Mrs. Park's Nursery School Inc.

#### Locations

<p>Mrs. Park's School Located in Leaside United Church 822 Millwood Road • Toronto (416) 424-2135</p>	<p>Mrs. Park's School Too Located in St. Cuthbert's Church 1399 Bayview Avenue • Toronto (416) 482-4131</p>
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[mrs-parksschool@sympatico.ca](mailto:mrs-parksschool@sympatico.ca)

[www.mrs-parksschool.com](http://www.mrs-parksschool.com)

**THANK YOU**

*Classes are filled on a first come, first served basis*

Mrs. Park's School – A division of Mrs. Park's Nursery School Inc.



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

Discharge Date \_\_\_\_\_

Leaside United Campus

St. Cuthbert's Campus

### EMERGENCY SHEET

*Please Print-Each line must be completed or marked N/A*

#### NAME OF CHILD:

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Name to be used \_\_\_\_\_

Street & Number \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Birth(D/M/Y) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

#### PARENTS OR GUARDIANS:

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

Name of Business \_\_\_\_\_ Name of Business \_\_\_\_\_

Business address \_\_\_\_\_ Business address \_\_\_\_\_

Business Telephone \_\_\_\_\_ Business telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ E-mail address \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

#### \*\*IN CASE OF EMERGENCY IF PARENTS CANNOT BE CONTACTED\*\*

Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

#### PEDIATRICIAN OR FAMILY DOCTOR (please include full address and phone number)

Name \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

#### Other information: (Please describe – allergies, diet, physical or behaviour concerns)

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**Communicable Diseases: (Please check off and date any communicable diseases you child has had prior to attending nursery school)**

**NONE OF THE BELOW**

Chicken pox \_\_\_\_\_ Red Measels \_\_\_\_\_ German Measels \_\_\_\_\_

Mumps \_\_\_\_\_ Scarlet Fever \_\_\_\_\_ Whooping Cough \_\_\_\_\_

**LIST OTHER CHILDREN & PERSONS LIVING IN THE HOME**

(Please give age of siblings)

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**PREVIOUS EXPERIENCE IN PRE-SCHOOL/SCHOOL GROUPS OR PRIVATE CARE**

Name of school or person \_\_\_\_\_ Date attended \_\_\_\_\_

**PROGRAM REQUIRED**

Number of half days – nursery school morning: 2 3 5

Arts/Craft//Science Program Wednesday afternoon

Full time Kindergarten afternoon Program Mon. to Fri

Jk Enrichment Program Tue/Thur Sk Enrichment Program Mon/Wed Tues/Thurs

If child attends Elementary School as part of their day please complete:

School \_\_\_\_\_ Teacher \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP YOUR CHILD**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**UNDER NO CIRCUMSTANCES WILL ANY CHILD BE RELEASED TO ANYONE NOT KNOW TO THIS CENTRE WITHOUT VERBAL OR WRITTEN AUTHORIZATION FROM PARENTS**

I agree to my child participating in all activities at Mrs. Park's Nursery School Inc. and/or Mrs. Park's School Too Inc. I authorize Mrs. Park's Nursery School Inc and/or Mrs. Park's School Too Inc to arrange first aid; CPR/medical attention for my child in circumstances staff consider an emergency. I waive all claims against Mrs. Park's Nursery School Inc. and/or Mrs. Park's School Too Inc. and staff, assistants, authorized contractors, volunteers and guests arising from my child's attendance at Mrs. Park's Nursery School and/or Mrs. Park's School Too Inc.

*I hereby make application to enroll the above named child in this centre and I understand and agree to abide by all policies and regulations of the centre.*

Mother's (Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's (Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

*Form revised: 15/11/09*

# Child's Immunization Information

## New Registrant to Licensed Child Care Programs

### Instructions for Parents/Guardians

Please help us keep children in licensed child care programs healthy by making sure your child is properly immunized. You are required to provide an up-to-date record of your child's immunization to Toronto Public Health.

Children enrolled in licensed child care centres are required by law to be immunized against **Pertussis (Whooping Cough), Diphtheria, Tetanus (Lockjaw), Polio, Measles, Mumps, Rubella (German Measles), and Haemophilus influenzae type b**, unless exempted by the Medical Officer of Health.

A parent or guardian of a child registering in a licensed child care program must provide **one** of the following:

An up-to-date record of their child's immunization.

*OR*

A completed medical exemption form, which clearly states the medical reasons why the child cannot be immunized. This form is to be completed by a qualified medical practitioner.  
This form is available from Toronto Public Health.

*OR*

If immunization conflicts with a parent/guardian's religious or conscience beliefs a notarized form must be completed. This form is available from Toronto Public Health.

Toronto Public Health will notify you if your child's immunization is not up to date. If an outbreak occurs, any child who is not adequately immunized may be kept out of the child care facility until the child receives the required vaccine or until all danger of illness has passed.

#### Instructions

1. Complete the reverse side of this form and return it to the child care facility.
2. Fill in the dates of each needle (including the year, month and day), or attach a clear photocopy of the child's immunization record. Complete both sides of the record.
3. If you do not have an immunization record for your child, take this form to your doctor.
4. When your child receives another needle give a copy of this information to the child care facility.
5. If you do not have an Ontario Health Card call the Immunization Infoline at 416-392-1250. We will tell you how your child can obtain the necessary needles.

**Call the Toronto Public Health Immunization Infoline at 416-392-1250  
to ask any questions about immunization.**

