

# 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
      - Cheque (made out to REFENS)
      - E-transfer (treasurer@refens.com)
  - Completed Background Check Package **DUE 30 DAYS AFTER REGISTRATION\***
    - Please note as of November 1<sup>st</sup>, 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).

	<b>Tuesday/Thursday</b>	<b>Monday/Wednesday/Friday</b>
<b>Total Tuition for 2021-2022</b>	\$699.20	\$966.00
<b>Total Tuition for 2021-2022 including Membership Fee</b>	\$739.20	\$1006.00
<b>Due at Registration</b>		
<b>Non-Refundable Membership Fee</b>	\$40.00	\$40.00
<b>Non-Refundable 10% Annual Tuition Deposit</b>	\$70.10	\$96.60
<b>Payment Options: Due First Day of School September 2021</b>		
<b>1 Payment- Lump Sum</b> (postdated cheque for September 1, 2021)	\$629.10	\$869.40
<b>3 Payments- September, December, March</b>	\$209.70	\$289.80
<b>9 Payments- September-May</b>	\$69.90	\$96.60

**\*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](mailto:co-chair@refens.com).

Please visit our website at [www.refens.com](http://www.refens.com) for updates and important information.

## UPCOMING EVENTS:

**General Registration- Monday March 8<sup>th</sup> at 6:00 PM** held virtually. 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 virtual meeting room will occur at 5:45PM and registration will begin promptly at 6:00PM. Please be prepared to email all documents to co-chair@refens.com and e-transfer (Non-Refundable Membership Fee & Non-Refundable 10% Annual Tuition Deposit) during general registration.

To join General Registration: Copy and paste the link below into your web browser

[https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_MDgwMDE1ODI+ZjVjNi00YTY2LWIxOGU+MjIyZDYwNjUzYjgw%40thread.v2/0?context=%7b%22Tid%22%3a%220989062b-c204-4e84-b91f-405e921ac507%22%2c%22Oid%22%3a%22ed0435a0-9db6-44e2-ab71-c895aced09ab%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_MDgwMDE1ODI+ZjVjNi00YTY2LWIxOGU+MjIyZDYwNjUzYjgw%40thread.v2/0?context=%7b%22Tid%22%3a%220989062b-c204-4e84-b91f-405e921ac507%22%2c%22Oid%22%3a%22ed0435a0-9db6-44e2-ab71-c895aced09ab%22%7d)

**REFENS Annual General Meeting: Please stay tuned - Date to be determined**  
AGM will be held virtually. Please attend to find out how to hand in 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.

**RIVER EAST FRENCH EXPOSURE NURSERY SCHOOL**  
**General- APPLICATION FORM 2021/2022**  
(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

- |  |  |
|--|--|
| <input type="checkbox"/> 3 YEAR OLD 9:15-11:35 TUES/THURS  | <input type="checkbox"/> 4 YEAR OLD 9:15-11:35 MON/WED/FRI |
| <input type="checkbox"/> 3 YEAR OLD 1:00-3:20 TUES/THURS** | <input type="checkbox"/> 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 2021)

**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 31<sup>st</sup>, the post-dated cheques not yet due will be returned. If I withdraw my child AFTER January 31<sup>st</sup>, 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 \_\_\_\_\_)  
Siblings/Child's name

\_\_\_\_\_  
Parent/Guardian signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# RIVER EAST FRENCH EXPOSURE NURSERY SCHOOL CO-OPERATIVE INC. (REFENS)

## PERSONAL INFORMATION CONSENT FORM

This Form applies to each of the children named below who will be attending REFENS and who are herein collectively called the "**Child(ren)**".

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LAST NAME (in CAPITAL letters please) then first name

By signing below, I hereby consent to REFENS:

- a) collecting:
  - (i) all of the personal information included in any form in the Registration Package that I may complete and give to REFENS about the Child(ren), me and any other individual whose personal information is included in the Registration Form, and
  - (ii) any additional personal information regarding the Child(ren), me and/or any such other individual that REFENS may reasonably require and collect by way of additional documents and/or interviews/meetings;
  
- b) collecting any additional personal information included in any other document that I may complete and/or give to REFENS about the Child(ren), me and any other individual whose personal information is included in that document - for example:
  - (i) a Child Information Record,
  - (ii) a Family Information Record,
  - (iii) a Pre-Authorized Payments Form,
  - (iv) a Custody Arrangements Agreement,
  - (v) a Medication Administration/Authorization Form,
  - (vi) an Emergency Medical Attention Form,
  - (vii) a Daily Care Record,
  - (viii) a Food Allergy Action Plan, and
  - (ix) any Special Needs Form,

(collectively, the "**Other Forms**", and with the Registration Form, any Subsidy Form and all Other Forms being herein collectively called the "**Forms**");

- c) collecting, on an ongoing basis, additional personal information about the Child(ren), me and any other individual who is referred to in any Form (a "**Named Individual**"), as reasonably required at any time by REFENS to provide for:
  - (i) the physical, emotional, social and intellectual well being and safety of the Child(ren), or
  - (ii) the general administration and operation of REFENS (which includes record keeping, debt collection and fund-raising activities);
  
- d) using all of the personal information included in any Form and all other personal information previously or subsequently collected by REFENS regarding the Child(ren), me and/or any other Named Individual, as reasonably required by REFENS to provide for:
  - (i) the physical, emotional, social and intellectual well being and safety of the Child(ren), or
  - (ii) the general administration and operation of REFENS (which includes record keeping, debt collection and fund-raising activities);
  
- e) disclosing, on a "need to know" and, where applicable, on a confidential basis, any personal information about the Child(ren), me and/or any Named Individual:
  - (i) to REFENS' employees, independent contractors (ie. people who regularly work at REFENS but who are not paid as employees), directors, therapists, volunteers (which may include parents and/or legal guardians of other children attending REFENS), work experience students and educational or regulatory observers; or
  - (ii) to any third party who requires such information in order to:
    - A. provide (or assist REFENS in providing) for the physical, emotional, social and/or intellectual well being and/or safety of the Child(ren); or
    - B. assist REFENS in its general administration and/or operations (which includes record keeping, debt collection and fund-raising activities); or
    - C. assist REFENS in providing products and/or services to the Child(ren) and/or to me; or
  - (iii) to a public authority or an agent of a public authority if, in REFENS' reasonable judgment, it appears that there is imminent danger to life or property which could be avoided or minimized by the disclosure of that information; or
  - (iv) to any third party who requires such information and who is part of REFENS' organizational group; or
  - (v) to any third party with whom REFENS is negotiating for the purpose of that third party taking over some or all of REFENS's services and/or other activities; or
  - (vi) to representatives of other licensed child care facilities if I have not promptly satisfied my debts to REFENS;

- f) disclosing the name, home address, home phone number, email address(es) and parents' names of the Child(ren) in any class list produced by REFENS for the Child(ren)'s class(es) at REFENS and made available to families of children in each class/time slot;
- g) disclosing the Child(ren)'s first name and the first initial of the Child(ren)'s surname on a name tag (whenever other children in REFENS are given name tags) on the Child(ren)'s clothing and on various items throughout REFENS; for example, a sign-in/sign-out sheet, an allergy sheet, a cubical, a locker and a notebook or scrapbook;
- h) disclosing (and celebrating) the Child(ren)'s birthday(s);

CHECK THIS BOX IF YOU DO NOT WANT YOUR CHILD(REN)'S BIRTHDAY(S) DISCLOSED OR CELEBRATED.

- i) allowing appropriate photographs and/or videos of the Child(ren) to be taken by therapists, by work experience students and by educational or regulatory observers while they are at REFENS;

- j) taking appropriate photographs and/or videos (or allowing appropriate photographs and/or videos to be taken) of the Child(ren) and using any such photograph and/or video in REFENS' program activities, archives and/or promotional materials; and

CHECK THIS BOX IF YOU DO NOT WANT YOUR CHILD(REN)'S PICTURE TO BE TAKEN FOR THIS PURPOSE.

- k) allowing appropriate photographs and/or videos of the Child(ren) to be taken by:
  - (i) employees of REFENS for their personal records; or
  - (ii) employees of REFENS as a record of classroom activities (a photo CD will be distributed to each family in the class at the end of the school year), or

CHECK THIS BOX IF YOU DO NOT WANT YOUR CHILD(REN)'S PICTURE TO BE TAKEN FOR THIS PURPOSE.

- (iii) representatives of the media or of any granting organization, for use in any media coverage, article or promotional materials; or

CHECK THIS BOX IF YOU DO NOT WANT YOUR CHILD(REN)'S PICTURE TO BE TAKEN FOR THIS PURPOSE.



Also by signing below, I acknowledge that REFENS may collect and disclose personal information regarding the Child(ren), me and/or any Named Individual, without the consent of the Child(ren), me or that Named Individual, where:

- a) REFENS is required by law to make any such disclosure (for example, to the Manitoba Child Day Care Program in order to comply with licensing conditions); or
- b) a staff member of REFENS suspects abuse, neglect or endangerment involving the Child(ren) (for example, to the Director of Child Welfare, Manitoba Child and Family Services or to a law enforcement agency).

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

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

\_\_\_\_\_  
Name of Parent/Legal Guardian (please print)

\_\_\_\_\_  
Name of Parent/Legal Guardian (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**\*PLEASE NOTE ... both Parents/Legal Guardians MUST sign this form**