

Rosewood Co-operative Preschool

In Wildwood Elementary School

203 Rosedale Road, Saskatoon, SK, S7H5H1

(306) 850-3038

rosewoodpreschool@gmail.com

<https://rosewoodpreschool.wixsite.com/school>



Sessions, Tuition and Fees for 2019-2020

Sessions and Monthly Tuition:

Session A) Tuesday and Thursday Mornings (9:15am to 11:30am) \$95.00

(for ages 3-5 years)

Session B) Monday, Wednesday and Friday Mornings (9:15am to 11:30am) \$120.00

(for ages 3-5 years)

2019/2020 Fee Schedule:

Registration Fee:

Due upon Registration: \$35

Membership Fee:

Due upon Registration: \$1

Cleaning Deposit:

Dated: June 1, 2020 \$50

Fundraising Deposit:

Dated: September 1, 2019 \$100

Dated: January 1, 2020 \$100

Monthly Tuition:

	<u>Tu/Th</u>	<u>M/W/F</u>
Dated: September 1, 2019	\$95	\$120
October 1, 2019	\$95	\$120
November 1, 2019	\$95	\$120
December 1, 2019	\$95	\$120
January 1, 2020	\$95	\$120
February 1, 2020	\$95	\$120
March 1, 2020	\$95	\$120
April 1, 2020	\$95	\$120
May 1, 2020	\$95	\$120
June 1, 2020	\$95	\$120

Parent Helper Charge: (only if class exceeds 10 kids)

\$50 per missed day

Note: You can combine months for payments but ALL post dated cheques must be received by the date of the AGM. If the post dated cheques are not received by the date of the AGM you will be charged a \$25.00 late fee per month that is late. Example: For Tu/Th class for Months of Sept, Oct, and Nov. could be paid with a cheque of \$285 but must be dated for September 1st, 2019.

Please complete the attached application forms and return them to the Registrar or to the above address. Please enclose cheques made out to 'Rosewood Co-operative Preschool' for all fees (if you prefer, you can pay for the entire school year on one cheque). Only applications that are completely filled out and have submitted all fees will have a secure spot for the 2019-2020 school year. Thank you.

We look forward to meeting you and your child!

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Preschool Application

Session Requested (A - T/TR or B - MWF) _____

Parent's Information:

Parent 1:

First Name _____

Last Name _____

Address _____

City _____

Province _____ Postal Code _____

Email Address _____

Home Phone _____

Cell Phone _____

Work phone _____

Ext. _____

Parent 2:

First Name _____

Last Name _____

Address _____

City _____

Province _____ Postal Code _____

Email Address _____

Home Phone _____

Cell Phone _____

Work phone _____

Ext. _____

Child's Information

First Name _____ Middle Name _____ Last Name _____

Birth date (Month Day Year) _____ Gender: _____

Has this child previously attended this preschool? Yes/No

Is your child used to playing with peers? Yes/No

Is your child accustomed to being away from you? Yes/No

Does your child have siblings? Yes/No If so, what ages _____

Did they attend this preschool? Yes/No

Does your child have any allergies? Yes/No

If so what are his/her allergy and do they require special medicines?

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Please list any potential difficulties the teacher needs to be aware of: (e.g. emotional or social problems; hearing or vision problems)

What special programs, if any, have you or your child attended to meet your child's needs?

The parents are the legal guardians. Yes/No

There are special custody arrangements pertaining to my child. Yes/No

If Yes please tell us what we need to know:

Emergency Contact Information:

Emergency Contact #1

Name _____

Phone Number _____

Relationship _____

Emergency Contact #2

Name _____

Phone Number _____

Relationship _____

Applicant Signature

Date

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CPCP Membership Agreement

1. I will fulfill all scheduled assisting-parent duties. I understand I am responsible for finding a replacement if I am unable to work my shift. I will not bring other children to preschool on my scheduled assisting days.

2. I will pay all fees in accordance with the "Tuition" section of the application package.

3. If I wish to withdraw my child, I will notify the Registrar in writing, pay all fees and fulfill all assisting duties as outlined below;

Notice received on the 1st of the month: One month's fee.

Notice received between 2nd and 14th of the month: Remainder of that month's fee plus half the next month's fee.

Notice received between 15th and 31st of the month: Remainder of that month's fee plus the next month's fee.

I understand that the Board of Directors may ask for the withdrawal of my child if he or she is deemed unsuitable and that I will owe no further payment.

(All tuition and field trip fees are refundable when a written notice is received by the Registrar prior to August 1st of the current school year.)

4. I understand that the Board of Directors may alter or cancel classes depending on enrolment.

5. I understand that I am responsible for my child's safe conduct to and from the preschool classroom. I will identify to the teacher those permitted to pick up my child from preschool.

6. I understand that the preschool may require my child to leave the premises under the supervision of the teacher and assisting parents. (Reasons may include field trips, outdoor play, fire drills, etc.)

7. I will not send my child to school if he or she is ill, nor will I attend myself if I am ill. I will inform the teacher if my child has been exposed to a communicable disease.

8. I understand that membership in a co-operative may require me to participate in the general running of the preschool and agree to volunteer my time as much as possible.

9. I waive all claims against the preschool in excess of public liability insurance carried by the school in case of injury to my child while in the care, custody or control of the preschool.

10. I understand that the Rosewood Cooperative Preschool is not affiliated with the Saskatoon Public School Board or the Wildwood School in any way other than the rental

agreement.

Date: _____ Applicant's

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Name(Please print):



Consent Forms

Field Trip Consent:

I give consent for my child _____ (print full name) to attend any field trips organized by the Rosewood Co-operative Preschool during the school year. I understand that due notice will be given of the field trip and that the children will be supervised by adults.

Applicant's Signature _____ Date _____

Medical Care Consent:

My child has no health conditions requiring immediate medical attention. Yes (circle if true)
OR

My child has the following health conditions that may require immediate medical attention:
I give my consent for my child _____ (print full name) to receive any necessary medical care by the teacher or any available qualified person if I am unable to be contacted in an emergency.

Doctor's Name: _____ Doctor's Phone: _____

Child's Hospitalization Number: _____

Emergency Contacts

- 1) Name: _____ Phone: _____ Cell: _____
- 2) Name: _____ Phone: _____ Cell: _____
- 3) Name: _____ Phone: _____ Cell: _____

Applicant's

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Signature _____
_ Date _____

VOLUNTEERS

Part of what makes Rosewood Co-operative Preschool an ongoing success is the commitment of parents and family members to the daily operations of the school. We urge you to

volunteer your time and talents and remind you that most of the duties involved require very little time. Please sign below if you can help.

Child's First Name: _____ Child's Middle Name: _____
Child's Last Name: _____ Session: A B (Please circle)

Applicant 1
First Name: _____ Last Name: _____
Best Contact Number: _____

Applicant 2
First Name: _____ Last Name: _____
Best Contact Number: _____

Adult 1 Adult 2 (Please check which adult can help)
Board Positions (including: President; Vice President; Treasurer; Secretary; Registrar; Field Trip Coordinator; Fundraising Coordinator; Parent Education/Newsletter.
 Computer work, Including desktop publishing and word processing.
 Advertising, for example to distribute flyers and posters.
 Access to facilities suitable for class field trips. Access to video or photography equipment.
 Am an artist or can play a musical instrument.
 Am willing to be a Substitute teacher (professional status not required).
 Other (please specify):

FEEDBACK - PLEASE tell us how you heard about our preschool ???

Friend
Wildwood School
Bulletin Board - Where:
Flyer - Where:
Kijiji
Other (please specify):