

**SADOCHOK**  
**UKRAINIAN NURSERY SCHOOL MISSISSAUGA**  
3625 Cawthra Rd., Mississauga, ON L5A 2Y4  
905-276-4815

**SADOCHOK**  
**REGISTRATION PACKAGE**

**(905) 276-4815**



*SEPTEMBER 2017*



## Registration Form - 1

### CHILD INFORMATION

**Name of child** (last, first): \_\_\_\_\_ **Name in Ukrainian:** \_\_\_\_\_

**Date of Birth** (dd/mm/yy): \_\_\_\_\_ **Sex:**  female  male

**Address** (number, street, city): \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Any asthma, allergies or other medical concerns:** \_\_\_\_\_

**\*Please describe any asthma, allergy or other medical concerns in detail on Child Medical Information Form 2\***

**Doctor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address** (number, street, city): \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

**Mother's Name** (last, first): \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Citizenship:** \_\_\_\_\_ **Religion:** \_\_\_\_\_ **Church Attended:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Alternate home address if different from child's:** \_\_\_\_\_

**Father's Name** (last, first): \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Citizenship:** \_\_\_\_\_ **Religion:** \_\_\_\_\_ **Church Attended:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Alternate home address if different from child's:** \_\_\_\_\_



## Registration Form – 2

**PLEASE INCLUDE TWO (2) UP TO DATE PHOTOS OF YOUR CHILD: PORTRAIT, HEAD TO TOE**

### PICK UP AUTHORIZATION

Is anyone other than the legal parents/guardians going to be picking up your child?  **YES**  **NO**  
If YES, please complete the following information regarding the person(s) authorized to pick up your child:

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

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

Phone Number: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

### EMERGENCY CONTACT PERSONS

In case of an emergency and **SADOCHOK** is unable to reach the parents/guardians, please provide us with 2 Emergency Contacts (Ministry Requirements). Please provide us with complete addresses and phone numbers.

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

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

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Signature

### OFFICE USE ONLY:

Registration Package Completed  \$50 Registration Fee  Date of Admission: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ Admin Signature: \_\_\_\_\_



### Child's Medical Information Form - 1

#### CHILD INFORMATION

Name of child (last, first): \_\_\_\_\_ Date of Birth (dd/mm/yy): \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

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

Address (number, street, city): \_\_\_\_\_

#### PLEASE CHECK IF THE CHILD HAS BEEN IMMUNIZED AGAINST THE FOLLOWING:

	YES	IMMUNIZATION DATE	BOOSTER DATE
Diphtheria, Polio, Tetanus & Whooping Cough Hemophilus (H.I.B.)			
Measles, Mumps & Rubella			
Chicken Pox Vaccine			
Other (specify)			

#### PLEASE ATTACH A COPY OF HIS/HER IMMUNIZATION RECORD

Has your child had/has any of the following:

- Chicken Pox
- Measles
- Mumps
- Rubella
- Whooping Cough
- Other \_\_\_\_\_

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

\_\_\_\_\_  
Date



## Child's Medical Information Form - 2

### CHILD INFORMATION

Name of child (last, first): \_\_\_\_\_ Date of Birth (dd/mm/yy): \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Does the child suffer from any medical conditions? (allergies, asthma, etc.)  YES  NO

If **NO**, please sign here: \_\_\_\_\_

If **YES**, complete the remainder of this form:

1. What is your child's medical condition: \_\_\_\_\_
2. How severe is the condition? Is it life-threatening? \_\_\_\_\_
3. Please give a detailed description of the symptoms or reaction (attach a separate page if necessary):

As a rule, medications **CANNOT** be administered by the teacher. However, in a **LIFE-THREATENING SITUATION, SEVERE ALLERGIC REACTION** or **ASTHMA ATTACK** it may be necessary. Medication given to the teacher **MUST** be in the original container with the child's name on it and expiry date.

Name of Medication & Dosage: \_\_\_\_\_

Please give **STEP BY STEP** instructions on how to administer the medication and confirm verbally with the teachers. (Attach a separate page if necessary)

Please describe child's improved condition (i.e. color change, less wheezing, easier breathing, etc.)

I **GIVE** the teacher permission to administer medication to my child in case of a severe allergic reaction, attack or life-threatening situation.

I **DO NOT GIVE** the teacher permission to administer medication to my child in case of a severe allergic reaction, attack or life-threatening situation.

Parent/Guardian Signature: \_\_\_\_\_

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



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## **PARENT'S MEDICAL CONSENT FORM**

**THIS FORM WILL ENABLE A DOCTOR TO GIVE NECESSARY TREATMENT IN CASE OF EMERGENCY WHEN PARENTS/GUARDIANS CANNOT BE REACHED. IT IS UNDERSTOOD THAT EVERY EFFORT WILL BE MADE TO CONTACT THE PARENTS.**

**NAME OF CHILD:** \_\_\_\_\_

**HEALTH CARD #:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**TO THE SADOCHOK UKRAINIAN NURSERY SCHOOL MISSISSAUGA:**

**I AUTHORIZE THE TEACHER TO CONTACT A PHYSICIAN DUE TO SUCH CIRCUMSTANCES AS ACCIDENT OR SUDDEN ILLNESS OF MY CHILD. IF MEDICAL TREATMENT IS NECESSARY, I CONSENT TO THE TREATMENT PRESCRIBED FOR MY CHILD BY THE PHYSICIAN.**

**I UNDERSTAND THAT ANY EXPENSES INCURRED FOR SUCH TREATMENT ARE MY RESPONSIBILITY.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **Consent to Participate in Excursions within the Community**

Dear Parents,

Throughout the school year there will be occasions when the children will be asked to participate in teachable moments/field trips within walking distance of the school. This may involve a walk to the church, local park, plaza, etc. Teachers must have permission from the parents to let their children participate.

I hereby consent to the participation of my child \_\_\_\_\_ in activities during regular school hours at school or beyond school grounds (e.g. walk to the plaza in the neighbourhood). I acknowledge that excursions into the community contain an element of risk and I understand that accidents resulting from excursions into the community may occur and may result in injury. I confirm that I acknowledge that as a condition to participate in excursions into the community and I must assume all risk associated with the activity.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## **Consent to Videotaping/Photography and Display Child's Artwork**

At Sadochok, during the school year children will be involved in a wide variety of events and activities. I consent to have my child's artwork on display (with their names).

I consent to videotaping or photographing my child in classroom activities, school plays, concerts, and special events. I consent for these to be used in displays and publication in newsletters, yearbooks, newspapers, our Sadochok website and on television (the local Ukrainian program).

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Sadochok Parent's Contract

I understand that Sadochok is a cooperative nursery school and participation is **MANDATORY**. There are events that ***each*** family must **ACTIVELY** participate in and attend:

- First general meeting
- All meetings regarding fundraisers/events
- Christmas and Graduation Concert (set up/clean up)
- St. Mary's Church Yarmarok – admission sales
- Carassauga
- **ALL** fundraisers for Sadochok

I will be assigned to plan and participate in other Sadochok and Events:

- In-class Halloween party
- Sadochok Kutia
- In-class Valentine's Day party
- Sadochok Sviatchene

There may be other events which I may be required to participate in. There will be a committee member assigned to monitor participation.

A monetary deposit of \$300.00 cash, or other amount predetermined by the outgoing Executive Committee, shall be collected at the time of registration. These funds will be held in trust dependent on parent's full participation. Upon review of parental participation by the Executive Committee will decide if the money will be refunded in full or part. ***The full \$300 participation fee will be kept in if a parent/guardian does not participate in the major fundraiser set by the Parent Executive.***

If I am unable to attend a Parent Council meeting and are unable to send an alternate to the meeting, they will be charged a \$50.00 non-compliance fee. This fee must be paid within five (5) business days of the set meeting date. If the fee is not paid by the set date, the \$50.00 will be deducted from the family's participation fee.

There are also many positions on the Sadochok Parent's Committee which **must** be filled. I am required to choose one or more positions per child and must fulfill the required duties which each position entails in a timely fashion. If I do not sign up for a position on the parent's committee, I may be assigned a position.

If I am unable to fulfill any of the above obligations for any event or duty, and cannot find my own replacement, I must notify an executive committee member as soon as possible so that a replacement can be found.

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**MOTHER'S SIGNATURE**

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**FATHER'S SIGNATURE**

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**DATE**

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**DATE**





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## **School Rule Acknowledgements**

**I have read and reviewed all information in the registration package, including the General Information Document. I understand the CONDITIONS and REGULATIONS concerning membership. I HEREBY AGREE TO UPHOLD THE CONDITIONS AS SET OUT IN THESE DOCUMENTS.**

\_\_\_\_\_  
**MOTHER'S SIGNATURE**

\_\_\_\_\_  
**FATHER'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DATE**

**I am aware that all possible precautions will be taken to avoid mishaps and promise that I will not take any legal or court action against the church, against any of the teachers or against the committee of the Nursery School (SADOCHOK) in case of mishap or accident during my child's enrollment.**

\_\_\_\_\_  
**MOTHER'S SIGNATURE**

\_\_\_\_\_  
**FATHER'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DATE**