



Lansing Co-operative Nursery School & Preschool

January 2025

Dear Parents:

Thank you for your interest in Lansing Co-operative Nursery School. This is to provide information to you regarding registration for our school. The monthly fees for the 10-month programs are itemized on the reverse side of this page.

In order to **guarantee** your child's registration, please submit the following:

- A completed registration package.
- Completed Pre-Authorized Debit Enrollment Form and void cheque.
- Proof of Child's Age (new students only)
- Copy of the Child's Immunization Record.

If you require additional information about any of our programs, please call the school at (416) 225-4581 or email at lansingnursery@rogers.com

Yours truly,

Leslie Beveridge
Director

2025-2026 PROGRAM AND FEE SUMMARY

MORNING NURSERY SCHOOL (9:00 – 11:45 a.m.)

Eligible children must be 2.5 years of age by September 1st, 2025 for Nursery

Program	3 Days (With 2 Duty Days Per Month)	3 Days (With No Duty Days)	4 Days (With 2.5 Duty Days Per Month)	4 Days (With No Duty Days)	5 Days (With 3 Duty Days Per Month)	5 Days (With No Duty Days)
Family Fee (Monthly)	\$184.14	\$237.60	\$220.15	\$283.67	\$250.34	\$333.72

PRESCHOOL PROGRAM (8:00am – 5:00pm)

Eligible children must be 2.5 years of age by September 1st, 2025 for Preschool

Program	3 Full Days (Hot Lunch included) 8:00am – 5:00 pm	4 Full Days (Hot Lunch included) 8:00am – 5:00 pm	5 Full Days (Hot Lunch included) 8:00am – 5:00 pm
Family Fee (Monthly)	\$290.40	\$385	\$475.20

Notes:

1. In compliance with the Canada-Wide Early Learning and Child Care (CWELCC) System fee cap, Membership and Registration fees are included into the monthly fee.
2. Lansing’s programs run from **September to June**. Lansing will be closed for all statutory holidays. Lansing will also close for 2 weeks for Winter Break.
3. We require one (1) month notice for any withdraws to avoid financial penalty.
4. Duty Day Parents and classroom Volunteers are required to complete a Vulnerable Sector Check
5. A charge of **\$45** applies for missed duty days
6. Monthly Tuition includes the annual field trip fees.

A Co-Operative Overview

What is a Co-Op Nursery School?

A Cooperative Nursery School operates on the principle of shared responsibility and active involvement of parents in the school's operation and management. Each parent is a full participating member of the co-op through their active participation on either the Executive Committee or at least one of the various committees. This involvement can include tasks such as participating in committee work, administrative duties, fundraising, special events and even helping with maintenance or renovations. The full co-operation of all members is vital to the smooth operation of the school.

Why choose a co-operative?

Choosing a cooperative nursery school can offer several advantages:

1. **Community and Support:** Co-ops often foster a strong sense of community among parents, teachers, and children. It provides a supportive network where families can connect and build relationships with each other and the educators.
2. **Involvement in Your Child's Education:** Parents have a direct role in shaping their child's early education experience. They can help contribute to school planning, activities, and events, ensuring that the school environment aligns with its values and priorities. Nursery Program Duty Parents have a unique opportunity to participate in daily classroom events and genuinely be involved with their child's first school experience.
3. **School Leadership:** Parents who are part of the Executive Committee represent the school and the parents and make decisions based on the best interests of the families of the school.

What will you gain from a co-op?

- Support during child rearing and an opportunity to meet other parents.
- Time to observe your child and other children in a group setting.
- Access to experts on child development.
- A say in decision-making and a vote on policies for the centre.
- A chance to contribute your existing abilities and develop new ones.

What will your child gain from a co-op?

- The experience of having parent and child mutually sharing and participating in activities.
- An opportunity to experiment physically and intellectually in a place specifically designed and equipped for young children.
- Potential for more personalized attention due to the lower child-to-adult ratio.
- An atmosphere in which curiosity and creativity are encouraged.

A cooperative nursery school offers a unique educational experience where families actively work alongside educators in creating a nurturing and supportive environment for children's early learning and development. With teachers and parents working in partnership, your child's early education experience will be positive, enriching and fun!



Lansing Co-operative Nursery School & Preschool

PARENTAL INVOLVEMENT OPPORTUNITIES

As Lansing Co-operative Nursery School is a co-op school, we rely on parental involvement to ensure the school is well managed and runs smoothly. Parent participation also enhances the children's experience at the school. We require all parents to have a co-operative job as part of their membership.

Parental involvement can either be at the Executive or Committee (Team) level as outlined below. **Each family must choose one of the positions below:**

Executive Positions – All Executive positions are 12 month assignments. Members of the Executive Board are required to attend monthly meetings throughout the school year.

President	Chairman of the Board
Vice-President	Heads up Human Resources Team
Treasurer	Heads the Treasury Team
Registrar	
Secretary	Heads the Communication Team
Maintenance	Heads the Maintenance
Special Events Leader	Heads the Special Events Team
Fundraising Leader	Heads the Fundraising Team
Publicity Team Leader	Heads the Publicity Team

Team Positions (Non-Executive) – The positions marked with * are shared by 2 or more parents

Publicity Team	Open House	Marketing
Communications Team	Web Page	Parents' Room
	Yearbook/Photographer/	
Literacy Team	Scholastic Books	
Shopping Team (all purchases financed by the school)	*Grocery Shopping	Purchaser
Arts and Toys Team (one member will head this team)	*Art Distribution	*Play dough
	Glue/Paint Pot Washing	*Toy Washing/Sorting
	Easel Washing	
Special Events Team	Field Trip Coordinating	*Parties, Potluck
Maintenance/Housekeeping Team	Laundry	Tidying school entrance/Parent room
	Dusting	*Washing/disinfecting of chairs/tables
	Sweeping	*Maintaining grounds
	Making minor repairs	
Fundraising Team	Works with team to plan/implement fundraising events	



Lansing Co-operative Nursery School & Preschool

Child's name: _____

PART A: PROGRAM SELECTION

Morning Nursery Program, 9:00 – 11:45am; 2 ½ - 4 years old

Please select one of the following programs (includes one snack each morning):

- | | |
|--|--|
| <input type="checkbox"/> 3 Mornings a week with duty days | <input type="checkbox"/> 5 Mornings a week with duty days |
| <input type="checkbox"/> 3 Mornings a week without duty days | <input type="checkbox"/> 5 Mornings a week without duty days |
| <input type="checkbox"/> 4 Mornings a week with duty days | Circle days requested: M T W Th F |
| <input type="checkbox"/> 4 Mornings a week without duty days | |

(We will do our best to accommodate your choice of days)

DUTY DAYS

Our family will be participating in the duty day program: Yes No

If yes, name of person(s) doing duty days: _____

Duty Day forms must be submitted

Preschool Full Day, 8:00am – 5:00pm; 2 ½ - 4 years old

Please select one of the following programs: (Includes 2 snacks and a hot lunch)

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> 3 Days a week | Circle days requested: M T W Th F |
| <input type="checkbox"/> 4 Days a week | Circle days requested: M T W Th F |
| <input type="checkbox"/> 5 Days a week | |

**We will do our best to accommodate your choice of days

Registration Policy for the 2025-2026 School Year

Registration files:

Please ensure that your child's file is complete. For the file to be complete, you must provide all of the information listed on the application forms, including immunization records, doctor's name, health card number, emergency contacts, etc. In the event that your file is not complete, Lansing staff or the registrar will make every effort to let you know. If your file is not complete at the start of the school year, your child will not be allowed to attend school. However, you will still be required to pay the tuition in order to hold the spot. The special circumstances will be left to the Director's discretion.

ANAPHYLAXIS POLICY

There are children at Lansing who have severe allergies which can cause an anaphylactic reaction. An anaphylactic reaction is an allergic reaction so severe it can cause death. Nuts and peanuts are a common trigger for anaphylaxis. As a result, Lansing **DOES NOT** permit nuts, peanuts or nut/peanut products to be brought into our school or playground.

If your child is entering the school after recently eating peanut butter or other such products, please ensure that hands are thoroughly washed and teeth are brushed. A peanut/nut allergy can be so severe that even touching or inhaling a trace amount can trigger a life-threatening reaction.

We provide snack and lunch for children attending our programs, but if for a health reason your child is bringing in any food for personal consumption it must be nut/peanut free. Lansing must be informed in writing if it is necessary for you to supply snack for your child. Please inform your child that they are not permitted to share food.

SCENT-FREE SCHOOL ZONE

We are also a scent-free school. Fragrances can trigger allergies and sensitivities for children and staff. We kindly ask for your cooperation in ensuring that your child refrains from using scented products such as perfumes, colognes, body sprays, and strongly scented lotions or laundry soaps while attending school.

This small adjustment can make a significant difference in supporting the well-being of our entire school community.

PART B: CHILD AND FAMILY INFORMATION

CHILD INFORMATION:

Child's Name _____
First Name Middle Name Last Name

Date of Birth ____/____/____ Male Female Languages Spoken _____
day month year

Address _____
Number Street Unit City Postal Code

Child is a: Returning student New student

Is there another sibling enrolling in the same year? Yes No

If yes, please specify name and program: _____

FIRST PARENT/GUARDIAN INFORMATION:

Full Name: _____ Email Address: _____

Home Address _____
(if different from above)

Home Phone: _____ Bus: _____ Cell: _____

Occupation _____ Relationship to Child: _____

SECOND PARENT/GUARDIAN INFORMATION:

Full Name: _____ Email Address: _____

Home Address _____
(if different from above)

Home Phone: _____ Bus: _____ Cell: _____

Occupation _____ Relationship to Child: _____

Primary Contact Telephone: _____
(In case of emergency, this number will be called first.)
Primary E-mail Address: _____ (*ALL* school communication
from the Director and the Board of Directors will be sent to this address—please ensure your email
address is current and up-to-date.)

EMERGENCY CONTACTS

(To whom child may be released to in addition to parents/guardians)

WE DO NOT HAVE ANY EMERGENCY CONTACTS. PARENTS ARE THE ONLY CONTACT.

Emergency Contact 1

Full Name _____

Relationship to child: _____ Contact Number: _____

My child may be released to this person

Emergency Contact 2

Full Name _____

Relationship to child: _____ Contact Number: _____

My child may be released to this person

PART C: MEDICAL INFORMATION

Child's Doctor _____ Phone _____

Address _____
Number Street Unit City Postal Code

Child's Health Card Number _____

Allergies

Does your child have any **allergies, food restrictions** or **special diet** of which we should be aware?

Yes No If yes, please list: _____

If your child has a life-threatening allergy, you will be required to fill out Anaphylaxis & Allergic Reaction Emergency Plan prior to start date (*please ask supervisor for copy*). If allergy is not life threatening, please provide additional information: _____

Medical Conditions

Does your child have any other medical or behavioural issues of which we should be aware?

Yes No

If yes, please explain: _____

Has your child had any Communicable Diseases (Chicken Pox, Whooping Cough, Strep Throat, Mumps, etc):

Yes No

If yes, please list: _____

PART D: COMMITTEE WORK

School Committee Selection:

1st choice: _____ 2nd choice: _____

PART E: 2025-2026 PARENTS' CONTRACT

This agreement provides protection for our families and our program. In order to assure that we can provide the services to which our children are entitled, it is essential that the financial status of our program be stable. Expectations must be clear and consistent. This agreement is also a parental guarantee that you will financially support the enrolment space which has been committed to your child(ren).

1. I/we agree to provide Lansing Co-operative Nursery School with the completed Pre-Authorized Debit Enrollment Form and a void cheque which will be used for the September 2025 tuition and the year's tuition, from the first month your child attends until June 2026.
2. I/we understand and agree that no refund will be given for vacation or sick days.
3. I/we understand and agree that to withdraw a child from Lansing Co-operative Nursery School one (1) month's written notice is required and your pre-authorized chequing account will no longer be charged for the remainder of the year's tuition.
4. I/we understand and agree that for any month identified by the bank for non-sufficient funds (NSF) a charge of \$25 will be added automatically as a processing fee with tuition replacement.
5. I/we further understand that my/our child(ren) may be withdrawn at the sole discretion of Lansing Co-operative Nursery School should fees be outstanding for more than one month or upon the third instance of non-sufficient funds identified by the bank for the pre-authorized chequing account.
6. I/we agree to serve on one (1) School Committee or on the Board of Directors. I/we will attend to its duties and demonstrate a Co-operative attitude.
7. As a family with a child in the Nursery Program, I/we agree to participate in the required duty days per month OR pay an additional amount as per the Fee Summary. A charge of \$45 will be applied for each outstanding duty day. I/we understand that duty days must be performed by a parent. Another family member or the family's caregiver may participate in the duty day program if approved by the Supervisor and/or the Board. Duty Day participants must understand and speak basic English. Duty day participants MUST provide Lansing with TB test (skin or chest x-ray) results AND a Vulnerable Sector Check. Duty day participants will not be allowed to participate in the program and a duty fee applies until these documents are submitted to Lansing. Duty day participants may also be required to complete a standard first aid training course (16 hours) at their cost and time prior to the start of the school year. I/we also understand and agree that the duty day hours are from 9:00 am to 11:45 am.
8. I/we agree to attend the Annual General Membership meeting, usually in October.

9. I/we agree to participate in one (1) of two (2) volunteer/clean-up days per year. Each of these days will be announced in advance and will require commitment of two to three hours. The penalty of missing this day is \$100 per family.
10. I/we understand that the program runs from **September to June**. Lansing will be closed for all statutory holidays. Lansing will also close for 2 weeks for Winter Break. Lansing generally follows the same school calendar as the Toronto District School Board. A July summer program will run if there is enough interest from Lansing families and will require a separate registration. **The Childcare will be closed for the month of August.**
11. I/we understand that Lansing Co-operative Nursery School is governed by the Child Care & Early Years Act and Lansing is required to adhere to all of its rules and regulations.
12. I/we understand that Lansing Co-operative Nursery School is participating in the Canada-Wide Early Learning and Child Care (CWELCC) system and adheres to all requirements for this government subsidy.
13. I/we understand that I am responsible for informing Lansing Co-operative Nursery School of any medical condition(s) my child has at the time of registration or acquires prior to the commencement of the program.
14. I/we understand and agree that a child who is ill should not be at school. A child who is ill on arrival will be asked to leave and a child who becomes ill must be picked up from school as soon as possible by the parent or another authorized adult. I/we also understand that if the condition is communicable that I will keep my child at home until he/she is no longer contagious.
15. I/we agree that in the event of an emergency, my child may be sent to a hospital in an ambulance, and an Emergency Department Physician may secure proper treatment for my child.
16. I/we give my permission for Lansing Co-operative Nursery School staff to seek medical treatment for my child should they be unable to reach me.
17. I/we have read and understood the Lansing Anaphylaxis Policy as stated above.
18. I/we understand and agree that the School Board of Directors has the right to terminate the registration of a child when it is considered by the Board to be in the best interest of the childcare or the child.
19. I/we understand and agree that my child will ONLY be released from the childcare to the pre-authorized adults listed in the Registration Form. Lansing has the right to deny release of a child to a person that is not authorized for pick-up in the Registration Form. I/we agree to notify the Supervisor in writing should there be any changes or additions to the pre-authorized adults to pick up my child.
20. I/we are responsible of notifying the school in writing of any changes of address, home phone numbers, work phone numbers or cellular numbers.
21. I/we understand and accept that the school hours are: 9:00am – 11:45am for the Nursery Program and from 8:00am to 5:00pm for the Preschool. I/we will adhere to the Attendance Policy and the Safe Arrival and Dismissal Policy. I/we understand that there is a Late Policy and families will be charged for late pick-ups as listed in the policy.

22. I/we give permission for my child to go off school property within the boundaries of Kenneth Avenue, Dudley Avenue, McKee Avenue and Byng Avenue. I/we will be notified of all walks in advance.
23. I/we have been made aware of the confidential nature of information concerning children, their families and the staff, and the confidentiality of such information will be respected.
- a) I will exercise all reasonable care and caution in (1) protecting printed or written confidential information from casual observation, unauthorized perusal or other such abuse and in (2) refraining from openly discussing matters of a confidential nature.
 - b) I also understand that client or staff information which shall come to my knowledge will be considered confidential and shall not be released to any other person or agency without signed authorization from the parent(s) or staff.
 - c) Any breach of the aforementioned or failure to uphold the terms of the confidentiality agreement may be subject to sanctions at the discretion of the Board of Directors. Such sanctions may include, but are not limited to, dismissal.
24. I/we agree and indemnify Lansing Co-operative Nursery School from any and all claim for damages arising as a result of an accident, injury, or otherwise sustained by my child arising from participation in any school activities where negligence is not the cause.
25. I/we have read and understood Lansing Co-operative Nursery School Registration Package and agree to abide by all school policies and procedures as listed here and in the Parent Handbook. I/we also understand that my child will not be admitted to Lansing until all the documents and cheques listed above have been completed in full, signed and submitted to Lansing, my registration is incomplete and my child's space will not be guaranteed at Lansing Co-operative Nursery School.
26. I/we understand that fundraising is an important component at Lansing Co-operative Nursery School. I/we understand that all Lansing families will be invited to participate in fundraising events/campaigns over the school year, and I/we agree to be contacted by email in the future as alumni as part of the school's fundraising efforts.

I/we have read, understood and accept the terms and conditions of the contract described above. I/we understand that failure to adhere to these terms may result in the withdrawal of the child(ren) from Lansing Co-operative Nursery School.

I/we have read and understood Lansing Co-operative Nursery School Registration Package and agree to abide by the school's policies and procedures.

My signature below confirms my understanding of the policies and procedures as outlined by the school and within the Registration package. I also acknowledge my responsibility to comply with the procedures outlined within this policy and above contract. Any breach of the aforementioned or failure to comply with the policies and/or procedures may be subject to sanctions at the discretion of the Board of Directors. Such sanctions may include, but are not limited to, dismissal.

Parent/Legal Guardian 1:	Parent/Legal Guardian 2:
Print Name: _____	Print Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____



Lansing Co-operative Nursery and Preschool

PRE-AUTHORIZED DEBIT (PAD) ENROLLMENT FORM

Please complete the following form to enroll for the pre-authorized debit of monthly tuition payments.

Monthly tuition will be debited from your chequing account starting on September 1st 2025 and then on the 1st of the month for the duration of the year and ending on June 1st, 2026.

A void cheque must be included with this form.

Customer Information as it appears on the cheque

First and Last Name: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Email Address: _____

I(We) authorize Lansing Co-Operative Nursery and Preschool (Lansing) to debit my/our account for the purpose of payment of monthly tuition fees for the 2025/2026 school year. I(We) authorize Lansing to debit the account in the amount of _____ (*enter monthly tuition amount*) starting on September 1st 2025. This authority will remain in effect for the period of September 1, 2025 to June 30, 2026 or until written notification of termination has been received.

I hereby consent to the disclosure of the information contained in my pre-authorized debit enrolment agreement to the financial institution, provided such information is directly related to and required for the smooth application of the rules governing pre-authorized debits.

To withdraw from the plan or change banking information, you must provide the Director of Lansing with thirty (30) days written notice. There is a **\$25 service fee for all items returned** from your banking institution. I will provide a replacement cheque for any NSF tuition payments plus the \$25 service fee.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca

Authorized Signature(s): _____ Date: _____