



# Re-Enrolment Package 2024-25

Drayton Peel Maryborough Co-operative Nursery School Inc.  
 o/a Mapleton Preschool  
 35 High Street Drayton ON  
 Telephone: 519-638-3331

## Re-enrolment Form 2024-2025

## Part A: General Information

Child's Name	
Gender	
Date of Birth (M/D/Y)	
Number of mornings per week you would like your child to attend preschool. (Please circle one).	1    2    3    4 1 = \$95/month          2 = \$190/month 3 = \$285/month        4 = \$380/month
Do you wish to join the Board of Directors for a discounted monthly rate?	Yes                                  No  Positions available: Fundraising Head Chair Fundraising Committee Social Committee
Which days of the week would you like your child to attend preschool? (Circle all that apply).	Monday    Tuesday    Thursday    Friday

**Parent Consent Form for Re-enrollment 2024-2025**  
**(please print and send via mobile /printer scan or in person, no low-quality cell phone pictures of this form will be accepted)**

**You will receive another package closer to September to further provide information about your child's likes and interests as well as a few personal questions to help us better provide your child with an exemplary experience at Mapleton Preschool.**

**Confidentiality (renewal)**

Everything that you tell us about your child(ren) is considered not to be shared with other people and we will not tell others unless you notify us in writing that we can, or if:

1. Your child is not safe
2. The information is subpoenaed by a court of law
3. If we have reason to believe that your child has suffered physical, emotional, or sexual harm; or is being neglected, we are obligated by law to make a report to Family and Children's Services.

I have read the registration package and the Parent Handbook and agree to the terms and conditions outlined.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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



**PLEASE NOTE:**

Parents /guardians of children in child care centres will be required to follow Ontario's Publicly Funded Immunization Schedule. The vaccine recommendations include immunization against the following vaccine preventable diseases: diphtheria, measles, mumps, poliomyelitis, rubella, tetanus, pertussis, meningococcal, varicella, and haemophilus influenzae type b. Vaccines for pneumococcal, rotavirus and annual influenza vaccine are also strongly encouraged.

In order to attend licensed child care in Wellington-Dufferin-Guelph, you must provide one of the following:

- A complete history of your child’s immunizations to Public Health (Medical Officer of Health)

**OR**

- One of the following **Ministry of Education Child Care and Early Years Act, 2014** exemption forms:
  - [Statement of Conscience or Religious Belief](#)– which must be signed by a Commissioner for Taking Affidavits.
  - [Statement of Medical Exemption](#) – which must be signed by a healthcare provider and include their license or registration number.

Please note that the **Ministry of Education child care specific exemption forms** will expire once your child is enrolled in school and a new **Ministry of Health and Long-Term Care exemption form and education requirement** or medical exemption form under the *Immunization of School Pupils Act* will be required at the time of school entry.

It is the responsibility of the parent/guardian to maintain up to date immunization records for their child(ren). When additional immunizations are given please report them to Wellington-Dufferin-Guelph Public Health:

- Online at [www.immunizewdg.ca](http://www.immunizewdg.ca).
- By completing the enclosed form and attach a photocopy of the immunization record. You can either give the completed form to your child care centre **OR** you can mail or drop it off at the following address:  
Vaccine Records, 160 Chancellors Way, Guelph, Ontario N1G 0E1

**If you are unable to complete this form or cannot locate your child’s immunization record, please contact your health care provider for further assistance.**

**Date of Submission:** \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_  
yy/mm/dd

The information on this form is collected under the authority of the *Health Protection and Promotion Act* in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Protection Act*. This information will be used for the delivery of public health programs and services; the administration of the agency; and the maintenance of healthcare databases, registries and related research, in compliance with legal and regulatory requirements. Any questions about the collection of this information should be addressed to the Chief Privacy Officer at 1-800-265-7293 ext 2975.