

MEDICAL RELEASE FORM

**VARSITY VIEW CO-OPERATIVE PRESCHOOL
Located in Brunskill School – 101 Wiggins Avenue N.
Saskatoon, SK S7N 1K3 Phone: 652-0015**

In case of medical emergency, the Preschool may have to take action to ensure the safety of your child.

Please fill out the below information.

Sincerely,

The Varsity View Co-operative Preschool Board

Name of Parents/Guardians _____

Phone Numbers of Parents/Guardians _____

Name of Emergency Contact _____

Phone Number(s) of Emergency Contact _____

Name of Child(ren) _____

Health Card Number _____

Name of Physician _____

Phone Number of Physician _____

Preferred Hospital _____

Known Medical Allergies _____

Any Other Physical Conditions _____

CONTACT INFORMATION RELEASE

We are in the process of compiling a parent contact list for the password protected portion of our website. This list is to be used by the preschool families so that they are able to find someone to switch or cover a parent volunteer shift. The list is also an important resource should we need to contact parents for other reasons, such as a school closure. The information on the list is not to be used or shared outside of the preschool community. The list will include the following information:

Parents'/Guardians' Names
Email Addresses
Phone Numbers
Child's Name
Days that your child attends school

Please fill out the following information and sign the permission slip for your name to be included on the parent contact list. If both parents/guardians wish to be included in the list, include both parents'/guardians' information. If you do not want your name on the list please return the slip empty with your signature.

Sincerely,

The Varsity View Co-operative Preschool Board

Name(s): _____

Email Address(es): _____

Phone Number(s): _____

Name of Child(ren): _____

Days child attends preschool: _____

Signature(s):

I(We), _____

allow the above information to be used on the Varsity View Co-operative Preschool Parent Contact List.

Signature _____ Dated: _____

ALLERGY ALERT FORM

VARSITY VIEW CO-OPERATIVE PRESCHOOL
Located in Brunskill School - 101 Wiggins Avenue N.
Saskatoon, SK S7N 1K3 Phone: 652-0015

Brunskill is a peanut/nut free school. There are some children that have severe allergies to these products including anything that has been in contact with peanuts or nuts. Please read all labels very carefully and ensure that any snacks provided for your child individually or for the entire class are peanut/nut free.

Please sign, date and return this form. This form is required for our records for insurance reasons.

Sincerely,

The Varsity View Co-operative Preschool Board

I have read, understood and agree to follow the above-mentioned conditions regarding the Varsity View Co-operative Preschool Allergy Alert Form.

Signed: _____

Dated: _____

Name of Child(ren): _____

STUDENT IMAGE RELEASE FORM

VARSITY VIEW CO-OPERATIVE PRESCHOOL
Located in Brunskill School - 101 Wiggins Avenue N.
Saskatoon, SK S7N 1K3 Phone: 652-0015

Throughout the year, the teacher will be taking photographs of the children. The photos may be posted in the classroom, found in the newsletter, used for a class craft or appear in the yearbook. The photos will NOT be posted on the internet at any time and the children will not be identified by name on any of the photos.

We require a signed consent form for insurance purposes. If you have any questions or concerns, please do not hesitate to contact a Board Member.

Sincerely,

The Varsity View Co-operative Preschool Board

I have read, understood and agree to follow the above-mentioned conditions regarding the Varsity View Co-operative Preschool Image Release Form.

Signed: _____

Dated: _____

Name of Child(ren): _____

Co-operative Agreement

VARSITY VIEW COOPERATIVE PRESCHOOL
Located in Brunskill School- 101 Wiggins Ave. N.
Saskatoon Saskatchewan S7N 1K3 Phone: 306-652-0015

Varsity View Cooperative Preschool is a volunteer cooperative. This type of cooperative is run by and for a network of volunteers (in our case, all members), for the benefit of its membership, to create the best possible experience for preschool aged children. It is operated according to the principles of cooperative bylaws, which are outlined at the back of our handbook.

I understand that VVCP is a cooperative preschool and all members are required to participate. At minimum, my responsibilities are:

- to attend the AGM (approx. 1 hour right before the school year begins)
- to attend 1 toy wash session during the year (approx. 1-1.5 hrs)
- to attend 1 volunteer shift at the annual fundraiser (approx. 1.5 hrs)
- to attend 1 parent helper day per month (for a total of 10 per year)

I agree to fulfil all of these obligations and understand that failure to do so may result in my child being withdrawn from the preschool.

Signed: _____ Dated: _____

Name of Child(ren): _____