



School Readiness Program 2026-2027

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

Our Vision:

To bridge the gap between preschool and kindergarten with early learning skills.

Our Mission:

To help children learn school readiness skills to prepare them for kindergarten.

Our Goals:

- Assist young children in learning essential early learning skills.
- Assist young children in learning school readiness skills.

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Part A: General Information

Child's Name	
Gender	
Date of Birth (M/D/Y)	
School Arrival / Dismissal Date (M/D/Y)	Arrival Date: _____ Dismissal Date: _____
Family Doctor name, phone number & address	Name: _____ Phone Number: _____ Address: _____
Parent / Guardian Name(s), Phone Number, E-mail Address, & Employment info.	Parent/Guardian Name #1: _____ Phone Number: _____ E-mail Address: _____ Employer Name: _____ Employer Phone Number: _____ Employer Address: _____

	Parent/Guardian Name #2: Phone Number: E-mail Address: Employer Name: Employer Phone Number: Employer Address:
Allergies (please specify and provide steps to be taken in case of an emergency).	
Medical Concerns (please specify and provide steps to be taken in case of an emergency. I.e. Asthma, EpiPen, diet, exercise).	
Emergency Contact Name & Phone Number & relation to child (please provide at least one, grandparents or caregivers who can receive your child alternatively to you)	Name: Phone number: Relationship to child: Name: Phone Number: Relationship to child:
This program will run every Tuesday & Thursday from 12:30pm – 2:30pm.	Cost of program: \$150/month
Do you wish to join the Board of Directors for a discounted monthly rate?	Yes No Positions available: Fundraising Committee

<p>Escort (The following people are authorized to pick up my child from the centre. I will notify the staff in writing if I wish to change the list).</p>	<p>Name: Phone: Relation to child:</p>
<p>Anything you would like to see your child learn or succeed in during this program?</p>	

Fundraising Fee

As a not-for-profit organization, Mapleton Preschool relies on fundraising to support and sustain our program. In addition to tuition fees, fundraising is essential to meeting our monthly operating expenses, including staff wages, rent, telephone, operating supplies, capital equipment purchases, and maintenance.

Fundraising initiatives will be conducted throughout the school year as required to supplement tuition revenue. All families are expected to actively participate in these fundraising efforts.

At the time of registration, we are offering for parents to pay a **non-refundable \$500 fee to opt out of volunteering**. However, parents are still asked to participate in selling and advertising fundraisers. We appreciate our community support and every family's effort in the operation of Mapleton Preschool.

By signing below, **I agree to forfeit my \$500 deposit** (auto withdrawn through Lillio upon registration) to remove my responsibility in volunteering with Mapleton Preschool this 2026-27 school year.

Signed: _____ Date: _____



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Parent Consent Form

(please print and send via mobile /printer scan or in person, no low-quality cell phone pictures of this form will be accepted)

Child's Name: _____

Date of Birth: _____

I, _____ being the parent/guardian of the above named child enrolled at Mapleton Preschool, hereby give my consent to the following:

I /We Consent Regarding Ill Child (in reference and consent to description in page 4)

I/We Photo Release Form (in reference and consent to description in page 4)

I/We Confidentiality (in reference and consent to description in page 5)

I/We Municipality Freedom of Information and Protection of Privacy (in reference and consent to description in page 5)

I/We have reviewed Mapleton Preschool's Privacy Policy (in reference and consent to description in page 5)

Leaving the Child Care Centre Property (in reference and consent to description in page 6)

I have received a copy of the Parent Handbook and agree to its terms and conditions

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

Parent/Guardian Name: _____

Signature: _____

Date: _____



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Parent Consent Information Descriptions (final consent, child's name and signature on page

Consent Regarding Ill Child (final signature on page 3)

Dear Parent:

Consent for ill child to be taken to emergency when parent cannot be reached.

It is our policy that we notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call 911 and have the child taken to the nearest emergency service.

Please sign the consent so we can take appropriate action on behalf of your child. Return the signed consent to the centre asap. We will then take this consent with us to the emergency centre.

I hereby give my consent for my child when ill to be taken to the nearest emergency care centre in the event I cannot be contacted.

I hereby give consent for my child to receive immediate first aid treatment by the staff at the centre and medical treatment at the hospital.

Photo Release Form (cont'd on page 5. Final consent, child's name and signature on page 3)

I consent (signature on page to the use of the photograph or likeness of myself and/or my child as above named on the internet through the worldwide communications page (newspaper), in any official printed publication, or any electronic and/or digital media.

I acknowledge as follows:

1. That you have the right to crop the photograph at your sole discretion;
2. That whether or not the photo images are used and where they are used remain at your absolute discretion; and
3. That I understand that any image posted on the internet website may be downloaded by any computer used.

On my own behalf and where applicable, as the child's parent or legal guardian, I agree to release and hold harmless the Mapleton Preschool, its members, trustees, agents, officers, contractors, volunteers and employees from and against all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused



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by the use of my or my child's photograph or likeness in the print medium. On the internet or any other electronic and/or digital medium.

I understand the nature and the purpose of this consent.

Confidentiality (final consent, child's name and signature on page 3)

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.

Municipal Freedom of Information and Protection of Privacy (final consent, child's name and signature on page 3)

I understand that my personal information will be collected, held, used and may be shared responsibly within the organization for the purpose of connecting committee members, bi-weekly cleaning schedule teams and with Board Members such as the Treasurer and Communications officer where necessary.

The collection of information will be used only for the purposes of providing me/my family member(s) with programmes and services provided by Inclusion Support Services. The information will be used with your informed consent verbal or written.

Parents that obtain personal information such as email or phone numbers of other parents will not share the information without consent from that person.

Information shared with assumed consent upon enrolment:

A copy of your child's immunization schedule with the signed form – sent to public health
Your email address – shared with other Mapleton Preschool families to create connections for working groups such as fund raising, room cleaning, etc.

Your phone number upon verbal consent for the intent of connecting in working groups.

If you have any questions or concerns related to Mapleton's collection of personal information, please contact the preschool at 519-638-3331 or speak with a board member.



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Leaving the Child Care Centre Property (final consent, child's name and signature on page 3)

The named child (in registration package page 1) may be taken off the premises of the child care centre for the purposes of neighborhood walks, picnics, visits to the local school or park and other various activities scheduled to be part of the child care program. If a trip includes public or private transportation and or visiting another community site I will be requested to sign a permission form for my child to participate.

Closer to your start date or if starting as of September, you will receive a separate questionnaire regarding your child's likes, dislikes, best learning environments. This helps us to provide an exemplary learning experience for your child and will be kept in their file.



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Individualized support plan (ISP) and Inclusive Programming Policy (Emergency Management support information)

Every licensee shall ensure that an up-to-date individualized support plan is in place for each child with special needs who receives child care at a child care centre it operates.

The Individualized support plan (ISP) will be developed in consultation with a parent of the child, the child (if appropriate for the child's age) and any regulated health professional or other person who works with the child in a capacity that would allow the person to help inform the plan.

Each ISP will include:

- A description of how the child care centre will support the child to function and participate in a meaningful and purposeful manner while attending the program
- A description of any supports or aids, or adaptations or other modifications to the physical, social and learning environment that are necessary to achieve full participation
- Instructions relating to the child's use of any support or aids, if necessary.
- Instructions on the child's use of or interaction with the adapted or modified environment.
- A list of required supports, including specific aids (e.g., mobility devices, hearing aids) and modifications to the environment (e.g., specific furniture, additional staff)
- Review dates (to be set as needed to meet the needs of family/child and regulations)

To ensure confidentiality, information pertaining to the child's medical history; a diagnosis, or confidential and sensitive medical information or detailed reports from medical professionals **will not be included** unless consent, in writing has been given by the parent.

The individualized support plan must be reviewed with all staff, volunteers and students, implemented and monitored for compliance and contraventions as set out in the Compliance and contraventions policy for Mapleton Preschool.

Mapleton preschool is supported by consultants from various agencies that will be a part of the process for creating and supporting implementation of ISP's, where necessary, and with parental consent.

We will follow the processes, as outlined for Wellington County, in the Inclusion Support Services Manual (ISS) to make referrals, request supports for individuals and the program and collaborate in creating ISP's.

On a continuous basis the program uses, the *Ages and Stages 3 questioner* to assess individual abilities for all children, incorporates practices as recommended from the Ministry of Education Child Care Licensing Division and County of Wellington to provide an accessible program. You are entitled to make an informed decision regarding the support services that we are able to offer in conjunction with outside agency consultants that will enhance the Individualized support plan (ISP) for your child to fully participate in the program. **Please provide us with information that will help us to understand your child's abilities and inform us of adaptations or modifications to the program that may be required to ensure total participation for your child.**

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.
- 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.