

### **STUDENT INFORMATION**

First Name	lame Middle Name		Last Name				
Date of Birth	Month Day			Year			
MORNING GARDEN P	RESCHOOL CO	RE PROGR	AM: 🛭 2 me	orning MG	☐ 3 morning N	/IG 🖵 5 mo	rning MG
		ſ	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Optional Afternoons	(12:00-3:30pn	n)					
*Afternoons must ma	tch morning pr	ogrammin	g				
PARENT/GUARD	IAN CONTA	CT INFO	<b>RMATION</b>				
Full Name				Full Name			
Home Address				Home Addı	ress		
Phone Numbers				Phone Nun	nbers		
1.				1.			
2. Email Address				2. Email Addr	ess		
EMERGENCY ALT	ERNATE CO	NTACT I	INFORMA <sup>®</sup>	TION (if pare	ents/guardians c	annot be reach	ned):
Name				Name			
Phone Numbers				Phone Numb	ers		
1.				1.			
2.				2.			
Relationship to stude	nip to student		Relationship to student				
Doctor's Name and O	ffice Address w	ith Postal	Code	Ph	none		
Describe allergies (e.g	., animals and	food), requ	uired medica	tions, and pe	rtinent medical h	nistory:	



### **PERMISSIONS AND RELEASES**

Please specify any legal/custody issues regarding the student and	provide any necessary documentation:
Do you give Mulberry Waldorf School staff permission to include t	he student in school excursions? ☐ Yes ☐ No
Photographs <u>are</u> permitted to be taken at public events (e.g., Wint assemblies), we <u>do not</u> permit pictures or videos. For school plays,	· · · · · · · · · · · · · · · · · · ·
May we use photographs of the student in our newsletters, on our Waldorf School documents? ☐ Yes ☐ No	r website, social media or other Mulberry
I/We authorize the following people (other than parents/guardia including in an emergency:	ans) to pick up the student from school,
Name	Phone Number
*Email the office to authorize pick up by someone not listed and w	vith any updates.
In the event that the student, named above, requires hospital care School to act on my behalf to ensure immediate emergency treatments.	
Parent/Guardian Signature	



#### COMMUNICATION

Communication between home and school is essential in supporting a student's learning and well-being. We value respectful and direct communication. If you have pedagogical questions or concerns, please speak with the student's teacher. If further support is needed, please speak with the Pedagogical Director. If you have administrative or financial questions, please speak with the Administrative Head or Finance Officer.

#### ANNUAL GIVING CAMPAIGN

As an independent school and not-for-profit charitable organization, Mulberry relies on tuition revenues and donations to operate our school. Tuition revenues fund only 90% of our operating and capital costs. *Each family's donation helps sustain our school. Watch for news about our Annual Giving Campaign in the fall!* 

#### ASSESSMENTS AND EXTERNAL SUPPORT

We ask that parents/guardians share any potential or existing health, educational or behavioural concerns, as well as any progress reports and/or assessments (e.g., reports from previous schools and any psycho-educational, speech language therapy, occupational therapy, physiotherapy assessments). Sharing this information and any updates is essential to support the student's learning and well-being.

If a student's needs cannot be met by our program and our staff, a teacher will meet with the parents/guardians to share observations and discuss options. The teacher may recommend assessments and/or external support. The school reserves the right to discharge a student if we are unable to meet the student's needs while continuing to meet the needs of the other students in the class.

I/We agree to discuss and follow recommendations made by the student's teacher regarding assessments and external support for learning and/or behavioural challenges when the student's needs cannot be met using the resources available at Mulberry Waldorf School.

Parent/Guardian Signature	Date



### PARENT/GUARDIAN PARTICIPATION

As a non-profit independent school, Mulberry Waldorf School relies on the time, experience and energy of our volunteers. When you join our school community you commit to contributing to our school's success.

ave read the Enrolment Package and all sections of this Enrolment Agreement and attest that the ormation provided is correct and accurate.
Sharing your passion (e.g., gardening, leading a book club) or expertise (e.g., fundraising, knitting).
<b>Enhancing your child's classroom experience</b> by sharing a celebration or festival that your family celebrated bringing your knowledge and experience in support of the class curriculum, volunteering to support literacy and/or numeracy, acting as parent representative or volunteering for class walk and field trips.
<b>Contributing to the improvement of our school inclusion</b> by joining the IDEA (Inclusion, Diversity, Equity and Accessibility) Working Group. This group meets monthly for 1.5 hours and require approximately 2-3 hours of work outside of meeting hours.
<b>Building community</b> by participating in social events such as coffee mornings, class parent meetings, and parent information events.
<b>Enhancing our physical space</b> by signing up for weekend work bees, which are typically held 3 times a year and run for 3-4 hours each.
<b>Supporting enriching school events,</b> such as May Fair, Winter Fair, bake sales, and candle dipping. These events require support with set-up, decorations, food serving, baking, running silent auctions and fundraisers, assisting with crafts, and clean-up. Time commitment is between 1-10 hours.
<b>Supporting the school's governance structure</b> by joining a Standing Committee of the Board (Finance, Marketing, Property, Community Development, and Health and Safety). These committees meet monthly for 1.5 hours and require approximately 2-3 hours of work outside of meeting hours.
order to support our community-based school, please indicate your commitment to volunteering in one or ore of the following areas:



### **Authorization for Non-Prescription, Over-the-counter Products**

Child's Name:					
Date of Birth (dd/mn	n/yyyy):				
The following <b>non-pr</b>	escription ite	ems may be applied to my child (	please check off):		
□ Sunscreen	□ Lip baln	alm □ Hand sanitizer			
□ Insect repellent	□ Moistu	rizing skin lotion			
School has agreed t	o provide:	Parent has agreed to provide:	Additional Parent Instructions		
I understand that:					
<ul><li>such contain</li><li>such items w</li></ul>	ers or packag fill be adminis with any inst	stered to my child only from the	ns on the label. y child's name and the name of the item. original container or package and in er instructions provided by me or another		
Note: Consider addin	g the brand ı	name of the non-prescription iter	ms for transparency.		
Signature of Parent		Date (dd/i	mm/yyyy)		