

MORNING GARDEN PRESCHOOL ENROLMENT AGREEMENT 2025-2026



STUDENT INFORMATION

First Name _____ Middle Name _____ Last Name _____

Date of Birth Month _____ Day _____ Year _____

CORE PROGRAMS: 2 mornings (Thurs/Fri) 3 mornings (Mon/Tues/Wed) 5 mornings

TAILORED MORNINGS: Mondays Tuesdays Wednesdays Thursdays Fridays

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|------------------------------------|--------|---------|-----------|----------|--------|
| Optional Afternoons (12:00-3:30pm) | | | | | |

**Afternoons must match morning programming*

PARENT/GUARDIAN CONTACT INFORMATION

| | |
|-------------------------------|---------------------------|
| Full Name | Full Name |
| Home Address | Home Address |
| Phone Numbers for 1. 2. | Phone Numbers 1. 2. |
| Email Address | Email Address |

EMERGENCY ALTERNATE CONTACT INFORMATION (if parents/guardians cannot be reached):

| | |
|---------------------------|---------------------------|
| Name | Name |
| Phone Numbers 1. 2. | Phone Numbers 1. 2. |
| Relationship to student | Relationship to student |

Doctor's Name and Office Address with Postal Code _____ Phone _____

Describe allergies (e.g., animals and food), required medications, and pertinent medical history: _____

MORNING GARDEN PRESCHOOL
ENROLMENT AGREEMENT 2025-2026



PERMISSIONS AND RELEASES

1. Please specify any legal/custody issues regarding the student and provide any necessary documentation:

2. As part of school activities, we take photographs/videos of students for educational, promotional, and celebratory purposes. These images may be used in school newsletters, printed publications, our website, social media, print media, educational displays, and presentations. Names will not be published alongside photographs. We strive to avoid showing faces of students. We do use photographs/videos from the side/back. While we take precautions, it is important to be aware of potential risks:

Online Visibility: Once images are shared on websites or social media, they may be accessible to the public and could be downloaded or shared by others.

Data Privacy: Although we do not tag or label images with personal details, someone familiar with your child may recognize them.

Unauthorized Use: while we strive to protect student images, we cannot control how external parties, such as news organizations or social media users may reuse publicly available content.

Please indicate the following:

I acknowledge and accept the above guidelines regarding the use of photographs/videos.

*****In some circumstances, we may want to use photographs/videos where a student is identifiable (face visible). In this case, we would contact the parent(s)/guardian(s) directly to request permission.***

3. I/We authorize the following to pick up the student from school, including in an emergency:

| Name | Phone Number |
|------|--------------|
| | |
| | |
| | |
| | |

****Email the office to authorize pick up by someone not listed and with any updates.***

4. In the event that the student, named above, requires hospital care in my absence, I authorize Mulberry Waldorf School to act on my behalf to ensure immediate emergency treatment.

Parent/Guardian Signature

MORNING GARDEN PRESCHOOL ENROLMENT AGREEMENT 2025-2026



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 80% 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. Recommendations for assessments and/or external support may be made.

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.

I/We understand that 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.

Parent/Guardian Signature

Date

**MORNING GARDEN PRESCHOOL
ENROLMENT AGREEMENT 2025-2026**



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. Please identify how you'd like to support the school through volunteering this year. Our wish is for each family to contribute approximately 20 hours. Hours may vary based on how much time you'd like to commit to the task, so you can choose multiple tasks to make up your hours! We need volunteers in all of the below areas. The tasks in which we'd like additional support this coming year are:

| | Task | Hours this task may take | Check if Interested |
|------------------------------|--|---------------------------------|----------------------------|
| School Governance | Class Representative | 5-10 | |
| | Health and Safety Committee | 10 | |
| | Fundraising Working Group | 10 | |
| | DEIABJ Working Group | 10 | |
| | Community Development Committee | 10 | |
| | Board Director | 20 | |
| Yard Maintenance | Fall work bee | 1-4 | |
| | Spring work bee | 1-4 | |
| | Gardening, yard work | 4-20 | |
| Classroom Experiences | Weekly class volunteering (e.g., reading with children) | 20-30 | |
| | Field trip chaperone | 2-6 | |
| Handwork | Fixing toys | 4-10 | |
| | Sewing | 4-10 | |
| | Handywork, carpentry, repairs | 4-20 | |
| Community Events | Volunteering at Winter Fair | 1-5 | |
| | Volunteering at May Fair | 1-5 | |
| | Preparing food for bake sales | 1-3 | |
| | Crafting for fairs | 5-10 | |
| Skills Sharing | Marketing assistance | 2-10 | |
| | Photography/Videography | 2-10 | |
| | Delivering parent talks (if you have expertise in a certain area) | 2-6 | |
| Other | Please include skills/training/expertise that you would be interested in sharing with students, staff, and/or our community (additional room below). | | |

**MORNING GARDEN PRESCHOOL
ENROLMENT AGREEMENT 2025-2026**



I have read the Enrolment Package and all sections of this Enrolment Agreement and attest that the information provided is correct and accurate.

Parent/Guardian Signature

Date

MORNING GARDEN PRESCHOOL
ENROLMENT AGREEMENT 2025-2026



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

Child's Name: _____

Date of Birth (dd/mm/yyyy): _____

The following **non-prescription** items may be applied to my child (please check off):

- Sunscreen Lip balm Hand sanitizer
 Insect repellent Moisturizing skin lotion

| School has agreed to provide: | Parent has agreed to provide: | Additional Parent Instructions |
|-------------------------------|-------------------------------|--------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

I understand that:

- such items will be stored in accordance with the instructions on the label.
- such containers or packages will be clearly labelled with my child's name and the name of the item.
- such items will be administered to my child only from the original container or package and in accordance with any instructions on the label and any other instructions provided by me or another parent of my child.

Note: Consider adding the brand name of the non-prescription items for transparency.

Signature of Parent

Date (dd/mm/yyyy)