

MORNING GARDEN PRESCHOOL ENROLMENT AGREEMENT 2024-2025



STUDENT INFORMATION

First Name _____ Middle Name _____ Last Name _____

Date of Birth Month _____ Day _____ Year _____

MORNING GARDEN PRESCHOOL CORE PROGRAM: 2 morning MG 3 morning MG 5 morning MG

	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: _____

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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 the student in school excursions?

Yes No

Photographs are permitted to be taken at public events (e.g., Winter Fair). At most school events (e.g., assemblies), we do not permit pictures or videos. For school plays, we arrange for one class photographer.

May we use photographs of the student in our newsletters, on our website, social media or other Mulberry Waldorf School documents?

Yes No

I/We authorize the following people (other than parents/guardians) 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.

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

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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. 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

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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	
	Marketing Committee	10	
	IDEA 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	Other (Do you have training in a certain area you can share with the children, staff or faculty? Do you have a skill that can be used to help the school? Do you see a project that you can assist with?, etc.)		

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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

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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)