

Name of Facility: Shaughnessy Point Grey Out of School Society - SPG

CHILD'S STARTING DATE:

SEX:

DATE OF BIRTH:

_____/_____/_____
YY MM DD

M ___ F ___

_____/_____/_____
YY MM DD

NAME OF CHILD: _____
(Surname) (Given Names) (Also Known As)

Name the Child responds to: _____

Address: _____

Postal code: _____ Phone: _____

Person(s) with whom the child lives (adults and children): _____

Child's first language: _____ Other languages: _____

Parent(s) / guardian(s):

Name: _____ Home phone: _____ Cell phone: _____

Work phone: _____ Days/hours of work: _____ E-mail: _____

Name: _____ Home phone: _____ Cell phone: _____

Work phone: _____ Days/hours of work: _____ E-mail: _____

Person(s) authorized to pick up the child and be contacted in case of emergency. These people should be available during hours of care. (include mother / father / guardian):

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

If appropriate, list an English speaking contact:

Name: _____ Phone: _____

Has the child previously attended daycare/preschool?

YES NO Comments: _____

Comments/instructions to help us care for your child. (Please feel free to add additional pages.):

Toileting/Diapering (special words): _____

Rest Time (special comfort – toy/blanket): _____

Eating/Mealtime (include food likes/dislikes): _____

Fears: _____

Please tell us anything else you think will help us provide an enriching experience for your child: _____

HEALTH INFORMATION

Health professionals involved with your child (other than doctor and dentist):

NAME	PROFESSION/AGENCY	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have:

A medical condition/concern? YES NO
If yes, please provide further information: _____

Allergies? YES NO
If yes, please provide further information: _____

Asthma? YES NO
If yes, please provide further information: _____

Has your child had a seizure in the past year? YES NO
If yes, please provide further information: _____

Does your child require a special diet related to a medical condition? YES NO
If yes, please provide further information: _____

Food sensitivities? YES NO
If yes, please provide further information: _____

List all prescription and “over the counter” medications your child receives:

Medication	Times Given	Reason for Medication
_____	_____	_____
_____	_____	_____

You may be asked to complete additional forms if you answered yes to any of the above.

This health information may be made available to the staff of Vancouver Coastal Health.

Custody Agreement YES <input type="checkbox"/> N/A <input type="checkbox"/>	Provided to Facility YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Immunization Documents Returned to Facility YES <input type="checkbox"/> NO <input type="checkbox"/>	
<u>Information Provided By:</u> _____	_____
DATE: ____/____/____ YY MM DD	Print Name Signature
<u>Information Received By:</u> _____	_____
DATE: ____/____/____ YY MM DD	Print Name Signature

<u>Office Use Only</u>
Date Child Leaves the Facility: DATE: ____/____/____ YY MM DD

Please attach
child's photo
to this form.

CHILD CARE

EMERGENCY CONSENT FORM

CCFL3, Rev 04-2009

CHILD'S NAME: _____ BIRTHDATE: _____
 SURNAME FIRST NAME(S) YEAR/MONTH/DAY

ADDRESS: _____

PARENT'S NAME: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

PARENT'S NAME: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT: _____ CELL PHONE: _____ PHONE: _____

OUT OF TOWN CONTACT: _____ PHONE: _____

CHILD'S DOCTOR: _____ PHONE: _____

DATE OF MOST RECENT TETANUS SHOT: _____

ALLERGIES / MEDICATIONS: _____

CHILD'S DENTIST: _____ PHONE: _____

CARE CARD NUMBER _____

CONSENT

- 1) It is the policy of this facility to 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 for an ambulance.
- 2) Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre.
- 3) I hereby give consent for my child _____ to be taken to the nearest emergency centre when I cannot be contacted.
- 4) I hereby give consent for my child named above to receive medical treatment.

_____ DATE

_____ SIGNATURE OF PARENT / GUARDIAN

WITNESS

CCFL3, Rev 04-2009



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Parent Agreement

I accept and understand the following conditions of enrolment:

A. Financial

1. All fees and deposits are to be payable to SPG.
2. Prior to acceptance into the childcare centre, a deposit of \$125 will be paid. The paid deposit will confirm my child's space in the program. The deposit is a separate fee and will be refunded within 60 days of my child leaving the centre, only if proper notice is given. The deposit is forfeited if a child does not actually occupy the space accepted. The deposit is also forfeited if all financial and parental obligations are not fulfilled prior to leaving the centre. I will give one calendar month notice in writing to the Executive Director by the last day of the month, one month prior to leaving. Should I wish to make changes to the care arrangement, my request will be made in writing one month prior to the effective date of change.
3. My children's childcare fee shall be paid by the 1st day of each month by pre-arranged Auto-Debit. If this is not possible, a written note of explanation will be submitted to the Executive Director for the Board of Directors. Late payment of fees is subject to a \$10.00 per month penalty. In the case of a returned transaction, I agree to pay whatever bank charges the centre incurs. I understand that two or more returned transactions in a one-year period is cause for termination of care.
4. In order to reserve my child's childcare space, the full fees must be paid for any period of time in which my child is away from the centre including vacation, sickness, or other absence. See Summer Fee Policies in Family Handbook for minimum registration to hold space for fall.

B. Children's Records

1. I will ensure that all forms and records provided to SPG are current and updated in the event of any move or employment change and will advise staff of changes to phone numbers and emergency contact information. All records are confidential.

C. Health and Safety Policies

1. I will advise the centre staff of any changes in my child's health and update any records immediately upon any changes occurring.
2. I understand that the staff has a right to request I promptly pick up my child from the centre if my child is ill and agree to inform staff of any communicable diseases my child may have contacted.
3. I understand that only medication prescribed or recommended for my child in writing by a physician and provided in its original packaging with full instructions will be administered to my child by SPG staff. Medication will only be administered if I have completed a "Permission to Administer Medication" form and have provided this form to SPG staff.
4. I understand that I am required to sign my child out each day on the "Sign-Out" sheet posted by the door, and make personal contact with staff at drop off (am) and pick-up time.

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5. In the event that my child will not be attending SPG on a regularly scheduled day for any reason, I will notify centre staff in writing or by telephone. A missing child protocol will be enacted if a child is not accounted for after school by 3:30 pm.
6. I understand that if my child attends any other community program or goes to a friend's house following school, SPG is not responsible for getting my child to or from these activities.
7. I will notify SPG staff if someone other than those persons authorized by me on the "Pick-Up Policy" form will be picking up my child. Parents are encouraged to notify staff in writing or in person if possible. Picture identification will be requested and a signature on the "Sign-Out Sheet" will be required.
8. If after 30 minutes from the centre closing time, the staff has been unable to make contact with me or the designated emergency contacts, my child will be turned over to the Ministry of Children and Family Emergency Services.

D. Scheduling

1. I will abide by the centre's hours of operation. I will not drop my child off before the centre opens and will pay an overtime fee of \$1.00 per minute for late pick-up. Continued inability to abide by the centre's operating hours will be brought to the Board of SPG for discussion of penalties, potentially a request for termination of care.
2. SPG will be closed on all Statutory Holidays, any day school is closed due to adverse weather conditions, and in the event a labour dispute has pickets on the school grounds. Local media and the SPG website will advise of these closures. All other closures will be posted in advance.

E. Liability

1. In the case of injury to my child while in the care, custody or control of the centre, I hereby waive all claims against the centre in excess of the public liability insurance carried by the centre.
2. If any questions arise regarding the supervision and/or care of my child, I will request clarification or action from the Executive Director at the appropriate time. If I am not satisfied, I will seek the guidance of the Parent Liaison Officer. If I am still not satisfied, I will be granted a hearing before the Board of Directors.
3. I have completed the SPG permission forms including pick-up policy, self-sign-out (Grade 4 and older), activities and excursion waiver and photo release.

F. Parent Involvement

1. I agree to meet with the Executive Director should there be any problems concerning my child at the centre that the Executive Director feels warrant discussion.
2. I will take an active interest in my child's centre by participating in parent meetings such as the Annual General Meeting and fundraising events and functions organized by the Board.

Signature of Parent: _____

Print Name: _____

Signature of person receiving information: _____ Date: _____

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Child Pick-Up Policy Form

Child(ren) named: _____

I give the following people authority to pick-up my child(ren), in my absence:

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Anyone NOT listed above is NOT authorized to pick up my child(ren). Should there be an exception, I will give written or verbal consent.

Parent signature: _____ Print name: _____

Self Sign-Out Form (Grade 4 and Up Only)

I give consent for my child(ren) named _____ to sign out and walk home unaccompanied at (time) _____ each day.

Parent signature: _____ Print name: _____

Photo Release Form

I give permission for centre staff to photograph my child(ren) named _____ engaged in centre activities for the purpose of promotion of the centre. This may include posting photos in the centre, using photos on brochures and/or on the centre's website.

Parent signature: _____ Print name: _____

Signature of person receiving information: _____ Date: _____

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Activities and Excursion Waiver

Name of Child: _____

I give permission for my child to participate in various activities both within and away from the licensed childcare space. I hereby agree to indemnify and hold harmless Shaughnessy Point Grey Out of School Society of any and all demands, actions, proceedings, liability claims, damages, together with the costs and expenses thereof, that may hereafter at any time be made or brought by or on behalf of my child for any injury, loss, damage, expense and costs sustained or alleged to have been sustained by my child arising from the activities provided.

To Parents:

Additional waivers may be required for special field trips such as indoor rock climbing and kayaking. If you have any questions or unsure about a field trip, please do not hesitate to inquire. Transportation to and from activities and excursions may include walking, biking, public transportation (bus and SkyTrain) and yellow school bus.

Nature of Activities:

This waiver covers:

- Participation in all general activities within the childcare space including indoor sports and games, yoga, drama, cooking, baking, sewing and all crafts.
- Participation in all outdoor playground activities and visits to local parks, beaches and places of interest (museums, tourist attractions, restaurants, waterparks).
- Participation in field trips outside the centre including skating, swimming, bowling, golfing, hiking, biking, fishing, indoor rock climbing, and kayaking (some activities may require additional waivers).

Parent signature: _____ Print name: _____

Signature of person receiving information: _____ Date: _____

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Personality Survey Child(ren) named: _____

1. My child's personality and temperament:

2. Activities my child enjoys:

3. How my child plays with other children:

4. Recent changes I have seen in my child:

5. My child communicates by:

6. The most challenging aspect of raising my child:

7. Specific areas where I would like my child to experience growth:

8. I would like to add:

Parent signature: _____ Print name: _____

Signature of person receiving information: _____ Date: _____

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Pre-authorized Debit (PAD) Agreement

1. Payor Information (Please print clearly)

Name: _____

Mailing Address: _____ City: _____
Province: _____ Postal Code: _____ Telephone

Number: _____

2. Bank Account Information (or attach a void cheque)

Payor Account Number: _____

Branch Transit Number (5 digits): _____

Financial Institution Number (3 digits): _____

Chequing _____ or Savings _____

Financial Institution:

Name _____ Branch

Address _____

3. Pre-Authorized Debit (PAD) Details

I/We authorize SPG Out of School Society and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our SPG account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on or shortly after the 1st day of each month.

This authority is to remain in effect until SPG has received written notification from me/us of its change or termination. This notification must be received at least thirty 30 calendar days before the next debit is scheduled.

Signature of Account Holder

Name (Please print)

Date

Immunization Information for Child Care

Section 57(2) (a) of the Child Care Licensing Regulation requires licensed child care programs to have a record of each child's immunization status.

The completion of this form meets the requirement to maintain a record of children's immunization status and will assist in identifying those that may require exclusion in the event of an outbreak of a communicable disease because they are not immunized.

To be completed by Parent/Guardian of:

Child's Name

Date of Birth

Complete Immunization:

- Record of vaccinations attached
- Record of vaccinations unavailable

Incomplete Immunization:

- My child has had some vaccinations
- My child has had no vaccinations
- I do not know

If available, please attach a photocopy of your child's vaccination record to this form.

For example: BC Child Health Passport OR immunization record either in English or any language. Ensure your child's name and date of birth are written on each page.

Parent/Guardian Printed Name

Date

Parent/Guardian Signature