



MOUNT PLEASANT  
COMMUNITY CENTRE ASSOC.

# **Our House Seasonal Programs**

## Winter / Spring / Summer Break

# **Consent Forms Package**

### **Located at:**

Our House Child Care Centre  
123 West 16<sup>th</sup> Avenue at Manitoba

**Ileana Gavrilă**

*Our House Child Care Centre Supervisor*

[ileana.gavrila@vancouver.ca](mailto:ileana.gavrila@vancouver.ca)

Phone: 604-707-0311

Fax: 604-707-0315

123 West 16<sup>th</sup> Avenue

Vancouver, BC V6J 1M9

**Kim Hempler**

*Child Care Manager*

[Kim.Hempler@vancouver](mailto:Kim.Hempler@vancouver)

Phone: 604-257-3061

Fax: 604-257-3081

#1 Kingsway

Vancouver, BC V5T 3H7

# Registration & Health Form

**CHILD'S STARTING DATE:**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**YY MM DD YY MM DD**

**SEX:**

**M** \_\_\_\_ **F** \_\_\_\_

**DATE OF BIRTH:**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**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 davcare/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.

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

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



# CHILD CARE EMERGENCY CONSENT FORM

Please attach  
child's **Photo**  
to this form.

**CHILD'S NAME:** \_\_\_\_\_ Birthdate: \_\_\_\_\_  
First Name Middle Surname year / month / day

Address: \_\_\_\_\_

**PARENT'S NAME:** \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

**PARENT'S NAME:** \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home 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:** \_\_\_\_\_

*Please turn over*

## 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

Provided by VCH – Community Care Facilities Licensing



MOUNT PLEASANT  
COMMUNITY CENTRE ASSOC.



**IMMUNIZATION INFORMATION**



Dear Parent/ Guardian;

VCH must have a record of each child's immunization history. If one of the diseases listed below occurs in your school/childcare facility and immunizations are not complete, the Medical Health Officer may require your child to stay at home. Please complete and return this form to the school/childcare facility.

Return of completed form is my consent for my child's immunization history to be entered into a Vancouver Coastal Health (VCH) confidential electronic database. If you do not wish to have this information recorded in an electronic database, please inform us in writing.

**PLEASE PRINT CLEARLY**

School/Childcare Facility \_\_\_\_\_

Child's name: Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Sex: M F Birthdate: dd / mm / yyyy \_\_\_\_\_ Place of birth \_\_\_\_\_

Child's personal health number (Care Card) \_\_\_\_\_

Home address \_\_\_\_\_ Postal code \_\_\_\_\_ Home phone \_\_\_\_\_

Father's Name: Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Mother's Name: Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Guardian's Name: Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Doctor's name \_\_\_\_\_ Doctor's phone \_\_\_\_\_

My child had chicken pox.  Yes  No  Don't know.

Attach a photocopy of your child's immunization record OR fill out the following record.

IMMUNIZATION	DATES GIVEN							
	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy
DIPHTHERIA								
PERTUSSIS (WHOOPIING COUGH)								
TETANUS								
POLIO								
HAEMOPHILUS INFLUENZAE TYPE B (HIB)								
MMR (MEASLES, MUMPS, RUBELLA)								
MEASLES (RUBEOLA)								
RUBELLA (GERMAN MEASLES)								
MUMPS								
HEPATITIS B								
MENINGOCOCCAL CONJUGATE								
PNEUMOCOCCAL CONJUGATE								
VARICELLA (CHICKENPOX)								
LIST OTHER VACCINES								



MOUNT PLEASANT  
COMMUNITY CENTRE ASSOC.

## MPCCA - Licensed Child Care Photograph/Multimedia Consent Form

I give my consent for the recording and/or photographing of myself/my child by the for the Mount Pleasant Community Centre Association (MPCCA) Child Care staff.

I understand that the photographs, digital images, or video segments may be used in print or electronic media and that the photographs may be displayed in the child care centre, on websites owned or sponsored by the Mount Pleasant Community Centre Association (MPCCA). I give MPCCA permission to publish, exhibit, and distribute these materials. Possible uses include but not limited to, educational research and development, training, newsletters or marketing activities. I understand that the MPCCA owns the copyright to the multimedia material in which I or my child may appear. The MPCCA will assure that it conveys positive images of children and reflect early and middle childhood recommended practice.

I understand that my/my child's name or any other personal information regarding the identification by name of myself/my child (except as contained in the actual photograph or recording) will require my additional consent.

Yes, I authorize the MPCCA to record, photograph, and use the Released Media of my child/myself as described to promote or document any MPPCA programs or events.

No, I do not authorize the MPCCA to record, photograph, and use the Released Media of my child/myself as described.

### General Terms for Released Media:

I acknowledge there will be no money or other compensation payable by the MPCCA to me for the Released Media. The copyright in the Released Media is and will remain the exclusive property of the MPCCA. I agree that the MPCCA is granted the right to edit and modify the Released Media as it sees fit without my/my child's consent (otherwise known as "waiver" of artistic or moral rights under copyright law).

I understand that this consent form is legally binding and so affects my child's/my legal rights on the basis set out above.

I have read and understand this consent form.

Child's Name: \_\_\_\_\_  
(please print)

Parent/Guardian Name : \_\_\_\_\_(please print)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



MOUNT PLEASANT  
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## MPCCA – Licensed Child Care

### Local Field Trip Consent Form

It is our policy that we notify parents/guardians when we plan special field trips. However, we do go on spontaneous short field trips, e.g. parks, walks. We undertake these activities to provide a stimulating program for your child and wish to obtain your support and consent.

**Please complete the following:**

I give consent for my child/ren to go on spontaneous short field trips.

Child's Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

### Face Painting Consent Form

It is our policy that we notify parents/guardians when we plan face painting as an activity. However, we tend to face paint spontaneously and wish to obtain your support and consent to allow your child to participate.

**Please complete the following:**

I give consent for my child to participate in face painting.

Child's Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_



Our House Child Care Centre - Sensational Summer  
**2018 OSC Summer Program Activity Consent Form**

*Parent / Guardian: Please sign your initials for each week your child is registered in.*

**Child's Name:** \_\_\_\_\_

Scheduled Activities: (PT) – Public Transportation      (W) – Walking      (CB) Chartered Bus      (OH) Our House	<b>Parent/Guardian Initial Required</b>
Week 1 – Burnaby Village Museum – `10-`12(CB), Hillcrest Pool – `05-`09 (W), Centennial Beach – all (CB)	<input type="checkbox"/>
Week 2 – Kits Beach & Pool – all (CB), Maplewood Farm – `10-`12 (CB), Deer Lake Pedal Boat– `05-`09 (CB), Queen's Park - all (CB)	<input type="checkbox"/>
Week 3 – Fitness Day- all (OH), Zumba- `10-`12 (OH), Climbing Wall- `05-`09 (W) Berry Picking @ Driediger Farms – all (CB), John Lawson park– `10-`12 (CB), MOA- `05-09 (PT) Sandcastle Competition @ Spanish Banks – all (CB)	<input type="checkbox"/>
Week 4 – 2 <sup>nd</sup> Beach & Pool – all (CB), BC Sports Hall of Fame- `10-`12 (CB), Queen Elizabeth Pitch and Putt-`05-`09 (W), Steveston Waterpark/ Cannery Tour - all (CB)	<input type="checkbox"/>
Week 5 – Terra Nova Adventure Park- all (CB), Kitropolis – `10-`12 (CB), BC Sports Hall of Fame- `05-`09 (PT) Bear Creek Park - all (CB)	<input type="checkbox"/>
Week 6 – Mike Scritters – all (OH), Douglas Park –`10-`12 (W), Beaty and Biodiversity Museum `05-`09 (PT) Blue Mountain Waterpark – all (CB)	<input type="checkbox"/>
Week 7 – Play It Fair – all (OH), HR MacMillan M\Space Centre – `10-`12 (CB), Canadian baseball Game – `05-`09 (W), Forth Langley National Historic Site – all (CB)	<input type="checkbox"/>
Week 8 – Dundarave Beach – all (CB), Kidoodles– `10-`12 (CB), HR MacMillan M\Space Centre – `05-`09 (CB), Centennial Beach - all (CB)	<input type="checkbox"/>
Week 9 – Rocky Point Spray Park – all (CB), Lynn Valley Ecology Centre – all (CB), Blue Mountain Waterpark – all (CB)	<input type="checkbox"/>
Swimming Ability: Good ____ Poor ____ None ____ Level: _____	
I understand the following alternate activities may occur due to rainy days or other necessary scheduling changes: Bowling, Movie, Science World.	<input type="checkbox"/>
By signing this form I agree that my child may attend the out trips initialed above.	
Signature of Parent / Guardian: _____ Date: _____	



# **Our House Seasonal Programs**

## Winter / Spring / Summer Break

### **Parent/Guardian Agreement**

#### **1. Registration**

Registration is not a guarantee that the program will be able to accommodate my child. It is important for each child to be successful and that the program can meet the needs of the entire group. Should we require more information for your child to successfully participate in our program please contact the Our House Supervisor – Ileana Gavrilă at [Ileana.gavrila@vancouver.ca](mailto:Ileana.gavrila@vancouver.ca) or Child Care Manager – Kim Hempler at [kim.hempler@vancouver.ca](mailto:kim.hempler@vancouver.ca)

#### **2. Health and Safety**

- a. I understand that only medication that has been prescribed by a physician and that is in the original prescription container/bottle will be administered to my child by a staff member.
- b. I am aware that my child must be well enough to participate in all program activities, including outdoor play to attend the program.
- c. I will notify a staff member when my child will be absent from the program. I am also responsible for notifying a staff person when my child has a communicable illness.
- d. I understand that if my child becomes ill or injured during the day, then the program will contact me or my emergency contacts to have the child taken home.

#### **3. Excursions**

- a. I give permission for my child to go on excursions off site. I understand that my child may be transported by public transit, rented bus, or by foot.
- b. I will be informed about all excursions in advance except outings that are within walking distance from Our House Child Care Centre.

#### **4. Delivery and Pick-Up**

- a. I will contact the program staff if person(s) other than those mentioned on the Emergency-Consent Card will be picking up my child (photo identification will be required).
- b. I understand that if my child has not been picked-up by the scheduled pick-up time, I will be charged a late fee. I will be expected to pay a \$5.00 charge for the first 5 minutes past the scheduled pick-up time and \$2.00 for each additional minute thereafter. The overtime fine must be paid within 24 hours to the Our House Supervisor or Child Care Admin Assistant or my child's care will be withdrawn until the fee has been paid in full.
- c. The Ministry of Children and Family Development will be contacted for assistance if a staff person is unable to reach: the person(s) authorized for pick, or have not heard from the enrolling parent/guardian within thirty minutes of the program's closing time.
- d. I am responsible for the care and transportation of my child to and from Our House Child Care Centre and will deliver my child directly to a program staff member.

- e. I understand that my child will not be released at pick-up time if a staff person is concerned for the child's safety.

**5. Termination of Services**

- a. I understand that termination of services will occur when:
  - i. I fail to comply with the expectations outlined in the parent/guardian agreement.
  - ii. The program is unable to satisfactorily resolve a conflict with a family.
  - iii. The child's behaviour is severely disruptive or physically threatening to the well-being and safety of the other children or staff.
- b. If a child is dismissed from the program, the Child Care Manager will refund fees in lieu of notice.

**6. Withdrawal Policy**

The deadline for all refunds is the THURSDAY, 9pm, two weeks prior to the start date. Ex: If you are withdrawing your child from the program for Week 7, we require notice by Thursday at 9pm of Week 5.

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**Acknowledgment and Assumption of Risk**

The participant and parent or legal guardian acknowledges that they are aware of the details of the program, trip, or event, and that there exists an element of personal risk of damage or serious injury in the activities. The participant and parent or legal guardian willingly agrees to assume responsibility for those risks as a condition of registering in the program.

**Parent/Guardian Agreement**

Your signature below indicates that you have accurately completed the registration page, and acknowledges that you have read and understand the information above in addition to the family Handbook. By signing below, you are agreeing to abide by the procedures as a condition of your child's participation in the program.

Enrolling Parent/Guardian's Name: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_