



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 16th Avenue at Manitoba

Kelly Bodkin

Our House Child Care Centre Supervisor

kelly.bodkin@vancouver.ca

Phone: 604-707-0311

Fax: 604-707-0315

123 West 16th Avenue

Vancouver, BC V6J 1M9

Lindy Gray

Child Care Admin Assistant

lindy.gray@vancouver.ca

Phone: 604-257-3061 ext 2

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#1 Kingsway

Vancouver, BC V5T 3H7

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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.

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"/>	
Information Provided By: _____	_____
Print Name	Signature
DATE: ____/____/____	
YY MM DD	
Information Received By: _____	_____
Print Name	Signature
DATE: ____/____/____	
YY MM DD	

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



CHILD CARE EMERGENCY CONSENT 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

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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								



MPCCA - Licensed Child Care Photo Release Form

I _____, the parent of _____ at Mount Pleasant Community Centre Association Child Care centres (3 Corners or Our House), agree to the following:

I understand and that staff may take photographs of my child(ren) during regular program operating hours, field trips or events. These photographs may be used internally as print or electronic media, to be displayed in the child care centre or in parent newsletters.

In order to advertise programs in brochures and online, MPCCA may seek to use photos from current programs/activities. Please indicate below if you give permission/consent to MPCCA using photos of your child(ren) for external purposes.

PERMISSION OPTIONS:

- Full Release:** I give permission/consent for all uses as specified above. We may post pictures including your child on our website, in promotional flyers or the MPCCA seasonal brochure.
- Internal Release:** I give permission/consent for internal uses only, including monthly newsletters and printed photos posted within 3 Corners/Our House programming space.
- No Release:** I DO NOT give my permission/consent for any photos to be taken or shared of my child(ren). You and/or your child will not be included in photos and documentation posted at the centre or in newsletters.

I understand that this form will remain in effect during the term of my child's enrollment and I understand that it is my responsibility to update this form in the event that my preferences change regarding the above permissions.

Child's Name(s): _____
(please print)

Parent/Guardian Name (please print): _____

Signature of Parent/Guardian: _____ Date: _____



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: _____



MOUNT PLEASANT
COMMUNITY CENTRE ASSOC.

MPCCA - Licensed Child Care Code of Conduct

In order to provide and maintain a peaceful and safe environment, Mount Pleasant Community Centre Association (MPCCA) Child Care has established clear standards of behavior which apply to all MPCCA parents, guardians, children, teachers, employees and volunteers. The following protocols have been set forth as expectations of these individuals:

Respect: MPCCA Child Care practices a culture of respect and dignity regardless of race, colour, ancestry, nationality, place of origin, ethnic background, religion, age, sex, gender-determined characteristics, sexual orientation, marital or family status, source of income, political belief or disability. Discrimination against any person or group may be subject to disciplinary action and may result in immediate termination/expulsion.

Bullying/Harassment: MPCCA Child Care will not tolerate any acts of harassment or bullying (physical, verbal, emotional, social or cyber-bullying) perpetrated against or by parents, guardians, children, teachers, employees or volunteers for any reason. An individual that subjects another person to harassment or otherwise violates this policy may be subject to disciplinary action which may include immediate termination/expulsion.

Privacy and Confidentiality: MPCCA Child Care recognizes an individual's right to privacy and is committed to maintaining the accuracy, confidentiality and security of any personal information in its custody. In the event of a suspected breach, the Child Care Manager should be contacted immediately.

By signing this document, you acknowledge and agree to the terms as stated above. Failure to comply with the responsibilities outlined in this contract may result in a termination of services. If a child is dismissed from the program, the Child Care Admin Assistant will refund fees in lieu of notice.

I, _____ have read, understood and agree to the terms of this contract and will abide to the policies as set above.

Signature of Enrolling Parent/Guardian

Date



MPCCA Child Care
Our House Child Care Centre
Spring Break Activity Consent Form 2020

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

Child's Name:

Scheduled Out Trips:

(PT) – Public Transportation (W) – Walking (CB) - Chartered Bus

***Parent/Guardian
Initial Required***

Week 1 – Tuesday March 17th – Science World – (W)

Week 1 – Wednesday March 18th – Bear Creek Park – (CB)

Week 1 – Friday March 20th – Crash Crawly's – (CB)

Week 2 – Tuesday March 24th – Centennial Beach Park – (CB)

Week 2 – Wednesday March 25th – Play Dome at BC Place – (PT)

Week 2 – Friday March 27th – Indoor Rock Climbing @ MPCC – (W)

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, Swimming, etc.

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 – Kelly Bodkin at kelly.bodkin@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.

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: _____