



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 Supervisor

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Child Care Manager

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#1 Kingsway

Vancouver, BC V5T 3H7





# MPCCA Child Care Registration & Health Form

CHILD'S STARTING DATE:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

SEX:

Female  Male  Other

DATE OF BIRTH:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
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: \_\_\_\_\_

## AUTHORIZED PICK-UP:

**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.):

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: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_  
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.**

**The above health information may be made available to the staff of Vancouver Coastal Health.**

Custody Agreement YES  NO  N/A  Provided to Facility YES  NO  N/A

**IMMUNIZATION STATUS:**

Immunization Documents Returned to Facility YES  NO

Information Provided By: \_\_\_\_\_

Print Name

Signature

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
YY MM DD

Information Received By: \_\_\_\_\_

Print Name

Signature

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
YY MM DD

Date Child Leaves the Facility: DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
YY MM DD



# MPCCA Child Care 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 the Parent / Guardian of:**

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

\_\_\_\_\_ Date of Birth

**Compete Immunization:**

- Record of vaccinations attached
- Record of vaccinations unavailable

**Incomplete Immunizations:**

- 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 birth date are written on each page.

\_\_\_\_\_ Parent / Guardian Printed Name

\_\_\_\_\_ Date

\_\_\_\_\_ Parent / Guardian Signature

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# CHILD CARE EMERGENCY CONSENT FORM

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

**CHILD'S NAME:** \_\_\_\_\_  
= \_\_\_\_\_  
First Name Middle Surname

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Year / Month / Day

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

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

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

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

**EMERGENCY CONTACT:** \_\_\_\_\_

**OUT OF PROVINCE CONTACT:** \_\_\_\_\_

**CHILD'S DOCTOR:** \_\_\_\_\_

Date of most recent tetanus shot: \_\_\_\_\_

**ALLERGIES / MEDICATIONS:** \_\_\_\_\_

**CHILD'S DENTIST:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**PERSONAL HEALTH NUMBER:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

*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







## MPCCA 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/ren and wish to obtain your support and consent.

**Please complete the following:**

I give consent for my child to go on spontaneous short field trips:

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

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## MPCCA Child Care Vancouver Coastal Health - Public Health Information

**MPCCA Child Care Staff will:**

- ❖ Provide an enrollment list which contains your children's names, gender, parent/guardians' names, child's birthdate, telephone number and address (or copy emergency card or registration form). Parent's will not have to fill out consent forms.
- ❖ Parent/Guardians will be notified through a notice about screening and you will be provided information about how to contact public health staff if you **do not** want your child screened or if you **do not** want the information shared. Parent/Guardians must call public health if they **do not** want their child to be screened. Parents have the right to opt out of screening without consequences to future public health service delivery
- ❖ After screening, you will receive a notice to let you know your child was screened.
- ❖ Parent/Guardians of children requiring follow up will be contacted by public health staff.
- ❖ If you have a concern about a child's eye sight please discuss this with public health staff.
- ❖ All information will be collected, used and/or disclosed in accordance with the Freedom of Information and Protection of Privacy Act.

**For more information please contact your local Vision Screening Program: Vancouver 604-654-2640**

**I have read and understood the above information:**

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

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## 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.

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

Parent/Guardian Name: \_\_\_\_\_

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

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

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## MPCCA Child Care 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: \_\_\_\_\_

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# MPCCA Child Care 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 Gavrila at [ourhouse123w16@gmail.com](mailto:ourhouse123w16@gmail.com) or Child Care Manager – Kim Hempler at [kim.hempler@vancouver.ca](mailto:kim.hempler@vancouver.ca)

## 2. Health and Safety

- a. I understand that a staff member will administer only medication that has been prescribed by a physician and that is in the original prescription container/bottle to my child.
- 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 myself 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.

**AUTHORIZATION:**

Your agreement to this e-sign consent confirms your ability and consent to all sections of this document requiring a signature.

\_\_\_\_\_  
Enrolling Parent/Guardian Signature

**FAMILY MANUAL / PARENT/GUARDIAN AGREEMENT**

I, ) \_\_\_\_\_ have read, understood and agree to abide by the operation policies as stated in the Family Manual and Parent / Guardian Agreement.

\_\_\_\_\_  
Child’s Name and Class Attending

\_\_\_\_\_  
Enrolling Parent/Guardian Signature

\_\_\_\_\_  
Signature of Supervisor/Licensee

\_\_\_\_\_  
Date