



MOUNT PLEASANT
COMMUNITY CENTRE ASSOC.

Preschool

Forms Package

Located at:

Our House Child Care Centre
123 West 16th Avenue at Manitoba

Ileana Gavrilă

Our House Child Care Centre Supervisor

Ileana.gavrila@vancouver.ca

Phone: 604-707-0311

Fax: 604-707-0315

123 West 16th Avenue

Vancouver, BC V6J 1M9

Kim Hempler

Child Care Manager

kim.hempler@vancouver.ca

Phone: 604-257-3061

Fax: 604-257-3081

#1 Kingsway

Vancouver, BC V5T 3H7

Amy Butler

Child Care Administrative Assistant

amy.butler@vancouver.ca

Phone: 604-257-3061 x 2

Fax: 604-257-3081

#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 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.

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

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

Office Use Only

Date Child Leaves the Facility: DATE: ____/____/____

YY MM DD



MOUNT PLEASANT
COMMUNITY CENTRE ASSOC.

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: _____

PARENT'S NAME: _____

Cell phone: _____

Cell phone: _____

Home phone: _____

Home phone: _____

Work 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

BLANK

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 _____ Daytime phone _____

Surname Given Name

Mother's Name _____ Daytime phone _____

Surname Given Name

Guardian's Name _____ Daytime phone _____

Surname Given Name

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 (WHOOPING 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 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
COMMUNITY CENTRE ASSOC.

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: _____

Date: _____



MPCCA Child Care - Preschool **Parent/Guardian Agreement**

The Mount Pleasant Community Centre Preschool is a non-profit program run by the Mount Pleasant Community Centre Association. This agreement is an outline of the parental responsibilities necessary to providing quality service to all children in the preschool program.

I have read the Mount Pleasant Preschool Family Handbook and agree to the following conditions of enrollment:

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 or Childcare Manager – Kim Hempler at kim.hempler@vancouver.ca

FINANCES

1. I will be required to pay a \$35 charge per NSF cheque. An NSF cheque must be paid in full within 3 business days once the family has been notified. We will accept cash, certified cheque or credit card as the only form of payment for returned cheques.
2. I understand that it is my responsibility to notify the child care administration office when I have changed chequing accounts or credit cards to provide current documentation.
3. I understand that my fee reserves my child's space in the program and fees must be paid in full during periods when my child is away from the program (illness, vacation or other).
4. I understand that my fees will remain unchanged regardless of shorter sessions during March and December. The fees are calculated over the 10 month period and then divided evenly by 10 months.
5. I understand that if my child has not been picked up by the class dismissal time, I will be charged a late fee. I will be expected to pay a \$5.00 late charge - per family which will apply to 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 front office or your child's care will be withdrawn until the fee has been paid in full.
6. I will give one month's written notice to the Preschool Teachers or by email to Rebecca.hachey@vancouver.ca when withdrawing my child from the Preschool program. In order to withdraw my child from the program, I am required to give my notice by the first calendar day of the month. For example, if I decide to withdraw my child from the program for September 1st, then I must give one month's notice to the office **on or before** August 1st.

Withdrawal notices are **not** permitted for the months of **May and June**. April can be the last month to withdraw, which means your withdrawal notice would have to be in by April 1st.

I also understand if I fail to give one month's written notice, I will lose my June 2017 deposit.

THE M.
IT'S YOUR COMMUNITY

CHILDREN’S RECORDS:

- 1. It is my responsibility to keep all my children’s records up to date and inform the preschool staff of any changes (address, phone number, legal documentation, etc.).
- 2. I accept that photos or video recordings may be taken of my child throughout the preschool year.

HEALTH AND SAFETY

- 1. I understand that the preschool staff will notify me to have my child taken home if the health and wellbeing of all children is being affected.
- 2. I am aware that it is my responsibility to arrange the drop-off and pick-up of my child to the classroom each day of attendance. I will also notify the preschool staff when my child will be absent from the program.
- 3. I will notify the preschool staff in writing or by phone if someone other than persons listed on the consent form are picking up my child. The person will be asked to show photo identification and be expected to sign my child out.
- 4. If, after a half an hour of the program’s closing time, the staff has been unable to reach the parent or alternate persons on the pickup list, the Ministry of Children and Family Development will be notified. The Ministry Child Emergency number is 604-310-1234.

TERMINATION OF SERVICES

If a conflict arises, it is our goal to resolve differences in a peaceful way and find solutions that everyone can accept. However, termination of services may be required if:

- 1. The family does not abide by the expectations in the family handbook and successful resolution of differences is not achieved.
- 2. The program is unable to satisfactorily resolve problems of late pick up with a family or the family has an overdue payment.
- 3. A family member harasses, threatens abuse or commits a violent act toward a staff person, child or other participants (e.g., parent).
- 4. The child’s behaviour is severely disruptive or physically threatening to the well-being and safety of other children or staff, and additional avenues of support to accommodate the child are unavailable.

If a child is dismissed from the program, fees will be refunded in lieu of notice.

Child’s Name: _____

Enrolling Parent/Guardian Name (please print)

Enrolling Parent/Guardian Signature

Date: _____