



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

Ileana Gavrilă

Our House Child Care Centre Supervisor

Ourhouse123w16@gmail.com

Phone: 604-707-0311

Fax: 604-707-0315

123 West 16th Avenue

Vancouver, BC V6J 1M9

Kim Hempler

Child Care Manager

Kim.Hempler@vancouver

Phone: 604-257-3061

Fax: 604-257-3081

#1 Kingsway

Vancouver, BC V5T 3H7

Vera Meza

Child Care Admin Assistant

vera.meza@vancouver.ca

Phone: 604-257-3061

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 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

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

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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								



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
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: _____



Our House Child Care Centre - Sensational Summer
2019 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

***Parent/Guardian
Initial Required***

JULY 2019

Week 1 –Blue Mountain Water Park (CB), Space Centre (CB), Heather Park(W)

Week 2 –Rocky Point Park and Station Museum (CB), Mural Walk on Main Street (W), Fort Langley National Historic Site (CB), Douglas Park (W)

Week 3 –Berry Farms (CB), Prince Edward Park (W), Lynn Valley Ecology Centre (CB), Riley Park (W)

Week 4 –Queens Water Park (CB), Science World (W), Beaty Biodiversity Museum (CB), Creek side Park (W)

Week 5 –Spanish Banks beach (CB), Vancouver Symphony Orchestra (CB), Chaldecott Park (CB), Heather Park (W)

AUGUST 2019

Week 6 – Mike Critters (OH), Centennial Beach (CB), Maple Wood Farms (CB), Douglas park (W)

Week 7 – Play It Fair – all (OH), Blue Mountain Water Park (CB), BC Sports Hall of Fame (PT), Riley Park (W)

Week 8 – Climbing Wall (W), Explore the Sea Wall (W), Prince Edward park (W), Zumba (OH), Pitch and Putt (W), Creek side Park (W)

Week 9 – Museum of Anthropology (CB), Tour of a movie studio (CB), Terra Nova Adventure park (CB)

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...

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 Gavrila at ourhouse123w16@gmail.com or Child Care Manager – Kim Hempler at 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.

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: _____

THE M.
IT'S YOUR COMMUNITY