



MOUNT PLEASANT  
COMMUNITY CENTRE ASSOC.

# Our House Child Care Centre

## Seasonal Camps Consent Forms Package

**Kelly Bodkin**

*Centre Coordinator*

Phone: 604-707-0311

[kelly.bodkin@vancouver.ca](mailto:kelly.bodkin@vancouver.ca)

**Sarah Dempsey**

*Child Care Director*

Phone: 604-257-3083

[sarah.dempsey@vancouver.ca](mailto:sarah.dempsey@vancouver.ca)

**Vera Lara**

*Child Care Admin Assistant*

Phone: 604-257-3061 x 2

[vera.lara@vancouver.ca](mailto:vera.lara@vancouver.ca)

Address: 123 W.16<sup>th</sup> Avenue, Vancouver, BC V5Y 0B3

**BLANK PAGE**

# Registration & Health Form

Name of Facility: Our House Child Care Centre

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

CHILD'S START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

Gender: \_\_\_\_\_

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: \_\_\_\_\_

**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): \_\_\_\_\_

Dietary Restrictions/Preferences (Dairy, Vegan, No Pork etc.): \_\_\_\_\_

Eating/Mealtime (include food likes/dislikes): \_\_\_\_\_

Fears: \_\_\_\_\_

**Please tell us anything else that 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      Does your child require an Epi Pen? 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.**

**Do you have a Custody Agreement:** YES or N/A

**Have you provided it to the Facility:** YES / NO or N/A

**Copy of Immunization Record Provided to the Facility:** YES / NO

**Registration Form Parent/Staff Sign Off:**

<b>Parent/Guardian:</b> _____	_____	_____ / _____ / _____
Name	Signature	YY MM DD
<b>Staff/Caregiver:</b> _____	_____	_____ / _____ / _____
Name	Signature	YY MM DD

***Office Use Only***

**Date child withdrew/left the facility:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (YY MM DD)



## Basic Schedule and Record of Immunization

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Immunizations are recommended as one of the most effective ways of preventing the spread of communicable diseases. However, the decision to immunize a child rests with the family. If one of the diseases below is suspected at the centre, you may be asked to keep your child home until after the incubation period is over. In some situations, the program will request written medical clearance from a physician before a child can return to the program.

**Please fill in the below Immunization Schedule or attach a copy of your child's Record.**

**If your child is NOT IMMUNIZED please sign below**

My Child \_\_\_\_\_ is not immunized. I understand I may have to keep my child at home during an outbreak. \_\_\_\_\_ (Parent Signature)

**2 months of age - 1st set of immunizations**

Date (y/m/d)

- Diphtheria, Pertussis, Tetanus, Polio,  
*Haemophilus influenzae* type b (Hib), Hepatitis B
- Pneumococcal Conjugate
- Meningococcal C Conjugate
- Rotavirus

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4 months of age - 2nd set of immunizations**

Date (y/m/d)

- Diphtheria, Pertussis, Tetanus, Polio,  
*Haemophilus influenzae* type b (Hib), Hepatitis B
- Pneumococcal Conjugate
- Rotavirus

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6 months of age - 3rd set of immunizations**

Date (y/m/d)

- Diphtheria, Pertussis, Tetanus, Polio,  
*Haemophilus influenzae* type b (Hib), Hepatitis B

\_\_\_\_\_

**On, or after 1st birthday - 4th set of immunizations**

Date (y/m/d)

- MMR (Measles, Mumps, Rubella)
- Pneumococcal Conjugate
- Meningococcal C Conjugate
- Varicella (Chickenpox)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**18 months of age - 5th set of immunizations**

Date (y/m/d)

- Diphtheria, Pertussis, Tetanus, Polio,  
*Haemophilus influenzae* type b (Hib)

\_\_\_\_\_

**Kindergarten Booster (starting at age 4)**

Date (y/m/d)

- Diphtheria, Pertussis, Tetanus, Polio
- Varicella (Chickenpox)
- MMR (Measles, Mumps, Rubella)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Grade 6 level**

Date (y/m/d)

- Meningococcal C Conjugate
- Hepatitis B – dose 1\*
- Hepatitis B – dose 2\*
- Human Papillomavirus (HPV) – dose 1\*\*
- Human Papillomavirus (HPV) – dose 2\*\*
- Varicella (Chickenpox) – dose 1\*\*\*
- Varicella (Chickenpox) – dose 2\*\*\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Influenza (flu) vaccine** is available each year as early as October and can be given to children 6 months of age and older. Please speak with your immunization provider for more information.



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



MOUNT PLEASANT  
COMMUNITY CENTRE ASSOC.

## MPCCA Licensed 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: \_\_\_\_\_

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



**BLANK PAGE**





## 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 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 **Sunscreen Consent Form**

We require the children to participate in a minimum of 60 minutes of outdoor play/day. In order to protect your child from the sun we require them to wear sunscreen and/or UV protective clothing.

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

\_\_\_\_\_  
**Brand of Sunscreen**

I, \_\_\_\_\_, hereby give my permission to the Our House Child Care Centre staff to apply the sun blocking agent/sunscreen that I have provided, to my child, \_\_\_\_\_.

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

-----  
**In the event my child runs out of Sunscreen:**

In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by the centre.

\_\_\_\_\_ (initials)

I do not want my child to use any sunscreen other than the one that she/he brings.

\_\_\_\_\_ (initials)

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

*This authorization will expire 1 year from the date signed*



## 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 Licensed Child Care  
Our House Child Care Centre  
**2021 Winter Break Activity Consent Form**

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

<b>Child's Name:</b>	
Scheduled Out Trips: (PT) – Public Transportation (W) – Walking (CB) - Chartered Bus	<b><i>Parent/Guardian Initial Required</i></b>
<b>Week 1</b> – Tuesday December 21 <sup>st</sup> – Mount Pleasant Community Centre – (W)	<input type="checkbox"/>
<b>Week 1</b> – Thursday December 23 <sup>rd</sup> – Crash Crawly's – (CB)	<input type="checkbox"/>
<b>Week 2</b> – Thursday December 30 <sup>th</sup> – Movie @ Hollywood Cinemas – (CB)	<input type="checkbox"/>
Swimming Ability: Good ____ Poor ____ None ____ Level: _____	
Ice Skating Ability: Good ____ Poor ____ None ____	
I understand the following alternate activities may occur due to rainy days or other necessary scheduling changes: Bowling, Movie, Swimming, etc.	
<input type="checkbox"/>	
By signing this form, I agree that my child may attend the out trips initialed above.	
Signature of Parent / Guardian: _____ Date: _____	



# MPCCA Licensed Child Care Our House Seasonal Programs Winter / Spring / Summer Break

## Parent/Guardian Agreement

### 1. Inclusion Policy

**Vision:** Every child and family is unique and should have access to an inclusive and respectful child care experience.

**Policy:** MPCCA child care programs embrace diversity and celebrate environments of acceptance, respect, understanding and inclusion. We commit to learn, understand and appreciate each person's unique attributes, abilities and cultural history to ensure that each child is recognized, reflected and valued in our programs. Our educators support the unique abilities of each child to ensure they reach their highest potential. MPCCA works with BC Centre for Ability and other community partners to enhance our ability to support children of all abilities through training and consultation.

### 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.
- c. Our spring daycamp schedule may change based on poor weather. We will advise you of any changes the morning of the trip in question. Please send children prepared with lunch, snacks, water bottles, hats and clothes appropriate for the weather.

### 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: \_\_\_\_\_