

Name of Facility: BRITANNIA CHILD CARE-OUT OF SCHOOL CARE
MAIN REGISTRATION FORM

CHILD'S STARTING 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) authorized to pick up child and be contacted in case of emergency:

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:

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: _____

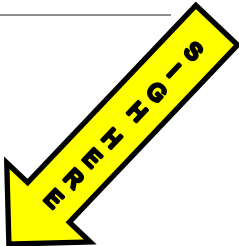
List all prescription and “over the counter” medications your child receives:

Medication	Times Given	Reason for Medication
_____	_____	_____
_____	_____	_____

You may be asked to complete additional forms if you answered yes to any of the above.
This health information may be made available to the staff of Vancouver Coastal Health.

PLEASE FILL IN BELOW

CUSTODY AGREEMENT YES N/A Provided to Facility YES NO N/A
Immunization Documents Returned to Facility YES NO



Information Provided By: _____

Parent/Guardian-Print

Parent/Guardian Signature

DATE: ____/____/____
YY MM DD

Information Received By: _____

Print (Staff)

Signature

DATE: ____/____/____
YY MM DD

Office Use Only

Date Child Leaves the Facility: DATE: ____/____/____
YY MM DD



IMMUNIZATION (VACCINATION) INFORMATION FOR CHILD CARE

Dear Parent/ Guardian:

All childcare facilities in BC under the *Child Care Licensing Regulation* *are required to keep a record of each child’s immunization status within their facility. Returning this completed form to your child’s childcare facility meets this requirement.

The information you provide can be requested by Vancouver Coastal Health Authority (VCH) - Medical Health Officers (MHOs) for public health programs and enables them to respond appropriately when a communicable disease outbreak occurs in a child care facility.

Please complete and return this form when registering your child for a child care facility.

** Reference: Section 57 (2) (a) of the Child Care Licensing Regulation*

CHILD INFORMATION

Date: _____

Child Care Facility: _____

Child’s Name: Surname (Last) _____ First Name _____ Preferred 1st Name _____

Date of Birth: Day _____ Month _____ Year _____ Sex of child: _____

Place of Birth: City _____ Province _____ Country _____

Child’s (BC) Personal Health Card # _____

Home Address: Suite/Apt: _____ Street: _____ City: _____ Postal Code: _____

Physician/Health Care Provider: _____ Office Phone# _____

PARENT/GUARDIAN NAME and CONTACT INFORMATION:

Please provide contact information for at least one parent/guardian to enable a public health nurse to reach you if clarification or confirmation of any information is required.

Primary: Name: _____ **Home: #** _____ **Mobile:#** _____ **Work#** _____

Email Address: _____

Alternate: Name: _____ **Home: #** _____ **Mobile:#** _____ **Work#** _____

Email Address: _____

CHILD’S VACCINATION INFORMATION

Please attach your child’s vaccination record with this form:

- BC Child Health Passport or other vaccination record (in the original language and in a translated English version).
- Write your child’s name and date of birth on each page.
- Tick here if you do not have a record of your child’s immunization history.
- Tick here if your child is not immunized

Please turn over for more information

THIS IS AN IMPORTANT NOTICE. PLEASE HAVE SOMEONE TRANSLATE IT.

- ARABIC . هذا الإشعار مهم جداً. رجاءاً أطلب من شخص أن يترجمه لك.
- AMHARIC (Ethiopia) ይህ ጠቃሚ ማስታወቂያ ነው። እባክዎን ሌላ ሰው ያስተርጉሙልዎት
- BURMESE ဤစာသည်အရေးကြီးသောသတိပေးအကြောင်းကြားစာဖြစ်ပါသည်။ ကျေးဇူးပြု၍တစ်ယောက်ယောက်ကိုဘာသာပြန်နိုင်ပါ။
- CHINESE Simplified 这是一份重要通告，请找人为您翻译。
- CHINESE Traditional 這是一份重要通告，請找人為您翻譯。
- CROATIAN OVO JE VAŽNO OBAVJEŠTENJE. ZAMOLITE NEKOGA DA VAM GA PREVEDE.
- FRENCH CECI EST UN AVIS IMPORTANT. PRIÈRE DE LE FAIRE TRADUIRE.
- HINDI यह एक बहुत ज़रूरी सूचना है। कृपया किसी से इसका अनुवाद करा लें।
- ITALIAN QUESTO È UN AVVISO IMPORTANTE, SIETE PREGATI DI FARVELO TRADURRE DA
- JAPANESE これはたいせつなお知らせです。誰かに日本語に訳してもらいましょう。
- KHMER (Cambodia) នេះគឺជាសំខាន់ណាស់សំខាន់មួយ សូមអ្នកគេអ្នកសម្រេចជួយ ៗ
- KOREAN 중요한 공지 사항입니다. 이 공지 사항의 번역을 의뢰하십시오.
- PERSIAN/FARSI این یک اطلاعیه مهم است. لطفاً از کسی بخواهید آن را برای شما ترجمه کند.
- POLISH TO JEST WAŻNE ZAWIADOMIENIE. POPROŚ KOGOŚ ABY JE PRZETŁUMACZYŁ.
- PORTUGUESE ESTE É UM AVISO IMPORTANTE. FAVOR PEDIR PARA ALGUÉM TRADUZI-LO.
- PUNJABI ਇਹ ਇਕ ਜ਼ਰੂਰੀ ਸੂਚਨਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਕੋਲੋਂ ਇਸ ਦਾ ਉਲਥਾ ਕਰਵਾ ਲਵੋ।
- RUSSIAN ВНИМАНИЕ! В ЭТОМ СООБЩЕНИИ СОДЕРЖИТСЯ ВАЖНАЯ ИНФОРМАЦИЯ. ПОЖАЛУЙСТА, ПОПРОСИТЕ КОГО-НИБУДЬ ПЕРЕВЕСТИ ЕГО.
- SERBIAN OVO JE VAŽNO OBAVEŠTENJE. ZAMOLITE NEKOGA DA VAM GA PREVEDE.
- SOMALI KANI WAA OGEYSIIS MUHIIM AH. FADLAN QOF HA KUU TURJUMO.
- SPANISH ÉSTE ES UN AVISO IMPORTANTE. POR FAVOR, BUSQUE A ALGUIEN QUE SE LO TRADUZCA.
- TAGALOG/ FILIPINO ITO AY ISANG MAHALAGANG PAUNAWA. MANGYARING IPASALIN ITO PARA MAUNAWAAN.
- VIETNAMESE ĐÂY LÀ THÔNG BÁO QUAN TRỌNG. HÃY NHỜ NGƯỜI DỊCH GIÚP.

Personal information on this form is collected, used and disclosed by VCH in accordance with the *Freedom of Information and Protection of Privacy Act*. Statistical information may be provided to the Ministry of Health for healthcare planning, program evaluation and quality improvement. We may contact you in the future to ask whether you would like to participate in the evaluation of the school immunization program. VCH may need to email or text you information relating to your child’s immunizations. Please be aware that your personal information may be stored outside of Canada by your email/messaging service provider and will be subject to the laws of that jurisdiction. If you have any questions about privacy, please contact VCH’s Information Privacy Office at 604.875.5568 or privacy@vch.ca.

If you have any questions about immunizations or the collection and use of this information, or you would like to withdraw your consent to receive emails or texts, contact your local public health nurse at the community health centre nearest you - see list below.

*For vaccination schedules and more information go to www.vch.ca or www.immunizebc.ca

Community Health Centres (CHCs) in Vancouver Coastal Health

Vancouver					
Evergreen 3425 Crowley Dr 604.872.2511	Raven Song 2450 Ontario St 604.709.6400	Robert and Lily Lee Family 1669 East Broadway 604.675.3980	Pacific Spirit 2110 West 43rd Ave 604.261.6366	South 6405 Knight St 604.321.6151	Three Bridges 1128 Hornby St 604.331.8903
Richmond 8100 Granville Ave 604.233.3150	North and West Vancouver 604.983.6700	Squamish 1140 Hunter Place 604.892.2293 or 1.877.892.2231	Whistler 202 - 4380 Lorimer Rd 604.932.3202	Pemberton 1403 Portage Road 604.894.6939	
Coastal					
Gibsons 821 Gibsons Way 604.984.5070	Sechelt 5571 Inlet Ave 604.885.5164	Pender Harbour 5066 Francis Peninsula Rd 604.883.2764	Powell River 3rd Floor, 5000 Joyce Ave 604.485.3310		
Central Coast					
Bella Bella Heiltsuk Health Centre 250.957.2308 ext 229	Bella Coola Public Health 250.799.5722	Bella Coola Nuxalk Health & Wellness 250.957.5441			

CHILD CARE EMERGENCY CONSENT FORM

CHILD'S NAME: _____ BIRTHDATE: _____
SURNAME, FIRST NAME(S) YEAR/MONTH/DAY
 ADDRESS: _____
 PARENT'S NAME: _____ HOME PHONE: _____
 CELL PHONE: _____ WORK PHONE: _____
 PARENT'S NAME: _____ HOME PHONE: _____
 CELL PHONE: _____ WORK PHONE: _____
 EMERGENCY CONTACT: _____ CELL: _____ 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 _____

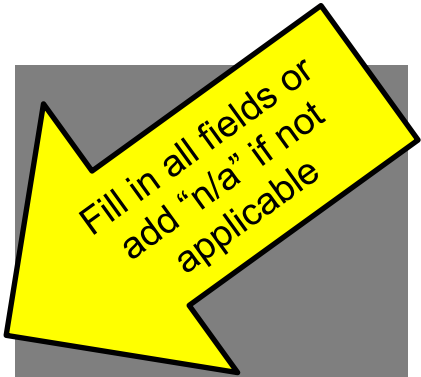
Please attach child's photo to form

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



LEAVE THIS AREA BLANK

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BRITANNIA CHILD CARE
(Preschool and Out of School Care)
Parent/Guardian Agreement Pages 1-3

Programme: Pre-School Out of School Child

Care Child's Name: _____

Dear Parent/Guardian,

It is in our licensing policy that the parents or guardians of any child in our Out of School Care or Preschool programs follow these guidelines, thus ensuring your child's safety and well-being.

I agree to notify the Centre:

- a.) If my child will be absent from the program and/or will be absent from school.
- b.) When a child suffers from an illness or accident or other infectious condition and keep my child home.
- c.) If your child is on short-term medication (i.e. antibiotics). If your child requires an EpiPen or medication for severe allergic reactions, one must be provided. We require a medical consent form to administer medication.
- d.) When there will be another person other than the one authorized for pick-up who will bring photo ID and arrive at pick up time.
- e.) When there is a change of address, phone number or any other crucial information needed for the registration form.
- f.) When there is another adult left in charge of the child, for instance when a parent goes on vacation, there is illness in the family, grandparents are visiting etc.
- g.) When the child needs to be picked up early. Children get involved in special activities or sign up for field trips and we want to ensure that they are available for early pick up so that they are not disappointed.
- h.) If you will be withdrawing your child. We need one month's notice, by the last day of the previous of the calendar month, or one month fee payment in lieu of notice.

You also agree to:

- Escort your child right into the Centre.
- Leave your child's toys at home.
- If any centre toys (i.e. puzzle pieces) come home in pockets you will return them to us.
- Dress your child appropriately. i.e. rubber boots, rain gear, play clothes.
PLEASE LABEL ALL CLOTHING.
- If you have any information re: your child/program you will speak to the teachers.
- To provide a healthy nut-free lunch/snack (in a labeled container).

Children must be toilet-trained prior to being enrolled in the Preschool as our facility is not designed to accommodate those who are not.

We recognize the different needs of each child in our child care programs. We are committed to providing a respectfully, safe, comfortable and nurturing environment for all children. New children attending our program may have difficulties with this new transition. We will work with the child and family to create solutions that will make the transition more successful.

Once a child has become familiar with the centre, staff, children and routines in the program, we may observe challenging behaviours outside the normal scope expected for the child to adjust to a new program. When needed we will:

- Speak to the family regarding the child's behaviours/difficulties and work on implementing a plan;
- Seek out other professional organizations for resources and advice (Vancouver Supported Child Care, PACE etc);
- Recommend another program for additional supports.

However, we may not be able to meet the child's needs based on his/her developmental levels and spaces designated for children with extra support needs as per our contract with Centre for Abilities, Supported Child Care Services.

If during the initial transition or beyond the transition time period a child's support needs is found to be consistently and severely challenging and/or puts at risk the welfare of him/herself, other children, or staff, services will be terminated as stated in our family handbook. We work with Supported Child Care for the inclusion of children within the child to staff ratio we are licensed for. It is very important that we are aware of any concerns or support your child might be receiving prior to registering into our program.

OUT-TRIP CONSENT:

PRESCHOOL PROGRAM

Preschool children will sometimes go on Britannia Community Centre on-site field trips consisting of walking trips to the library, Information Centre, schools etc.

BRITANNIA OUT OF SCHOOL CARE

Britannia Out of School Care offers a variety of activities, including many on-site and off-site field trips (i.e. city parks, pools, entertainment venues, provincial parks, roller rinks, museums etc). Children may be transported by public transit, rented bus, centre Variety vehicle or by foot. You will be informed about all excursions in advance except outings that are within walking distance from the community centre. I also understand that my child may go on local excursion within walking distance from the community centre.

IF I DO NOT WISH FOR MY CHILD TO ATTEND/PARTICIPATE IN ANY POSTED FIELDTRIP I WILL FIND ALTERNATIVE CHILD CARE FOR THE DAY.

BRITANNIA CHILD CARE FEE PAYMENT POLICY

- Fees are due on the 1st of every month.
- Electronic Funds Transfer are for families not on subsidy and are due the 1st of every month and requires that you fill in a pre-authorized account debit (PAD) form and submit a VOID cheque. You will be provided with one receipt for all your PAD payments at the end of service or school year.
- If you are paying by cheque or cash you will be given a receipt for each payment
 - ✓ Make cheque payable to Britannia Community Services Centre (BCSC).
 - ✓ Please keep your receipts for your tax record. There will be an additional \$25 fee charged for duplicate receipts requested.
 - ✓ Cheques must include your child's name in the memo section.
- There is a non-refundable registration fee at the time of registration and this is not deducted from your monthly fee payment.
- Monthly fees are not adjusted due to illness, absences, vacation, statutory holidays or other time off
 - ✓ For Preschool program_- fees are not adjusted for gradual entry, winter break, Christmas, Spring Break closures or professional days.
- You will be charged any bank charges plus the original dollar amount for any non-sufficient funds cheques. NSF payments must be replaced by cash, certified cheques or money order.
- If you are on subsidy you are responsible for the entire fee payment, if subsidy fails to cover any amount of the fees due. Parents are responsible to apply, renew and update subsidies on time prior to the expiry date.
- Invoices are only given to families with outstanding balances. Invoices are time-consuming and can be eliminated by prompt monthly fee payments.
- One month's written notice, by the last day of the previous calendar month, is required when withdrawing your child from the program or one month's fee payment in lieu of one month's notice. For families on subsidy, your subsidy will be billed for the entire month.
- One month's written notice, by the last day of the previous calendar month, is required for changing your child's registration days and is based on space availability.
- FOR the Out of School Care program
 - ✓ Part time families: Children can attend on full days if they are already registered for that day. If NOT registered an additional \$55 is charged for a professional day. Families are required to register with the Senior Supervisor for additional days.
- Termination of Child Care services may be required if fees are not paid or if suitable arrangements cannot be agreed upon.

Your signature below indicates that you have read pages 1-3 and that you understand and agree to abide by the terms thereof.

Parent/Guardian signature

Date

PHOTOS CONSENT:

Photos of participants and the projects they have created are often taken in order to document and promote our programs and services. Testimonials are used to promote active living and to promote our facilities. These photos, artworks and/or stories may be used in program brochures, annual reports, leisure activity guides, photo displays, and on Britannia website(s). We will not release names or give out any other information regarding the identification of individuals in the photos without their prior consent. **This consent form is to obtain permission to use your child's image and/or their story/artwork ONLY.**

I understand that the photographs and/or video/audio footage taken of my child and my child's project may be used for promotional and archival purposes for the ongoing work of Britannia Community Services Centre. I also understand that I will not be paid for the use of my image.

I consent to this usage as set out above and I release the authorized photographer and/or video/audio recorder, Britannia Community Services Centre, from any and all claims I may have in connection to the photograph and their usage.

I _____ agree with the photo consent terms.
Parent/Guardian signature

CUSTODY AGREEMENTS

To ensure that we have the legal right to deny a parent from picking up their children from the Child Care programme, we require that you provide us with a legal custody agreement.

CUSTODY

When enrolling a child in the program, parents are asked to provide a copy of the current custody agreement and related court orders if applicable. Staff should follow the written custody agreement and court orders at all time.

CHANGES IN CUSTODY

If the child is no longer in the custody of the enrolling parent, the new guardian must complete the registration package to continue services. This includes children in the care of the Ministry for Children and Families. One month's written notice, by the last day of the previous calendar month, is required when withdrawing your child from the program or one month's fee payment in lieu of one month's notice. For families on subsidy, your subsidy will be billed for the entire month.

As per our Policy, please provide us with a copy of custody agreements immediately for our files. We want to ensure your child's safety at all times.

Out of School Child Care Child Profile

Your child is a unique and special person. Our program aims to assist in his/her social, emotional, physical and intellectual development. As your child is unknown to us, we ask that you provide us with some background information in helping us meet her/his needs.

All information is confidential.

1. What are your child's favourite activities?

2. Has your child attended other recreational programs? (ie: daycare/OSC, community programs, camps, swimming lessons, or other sports)

3. Select your child's preferred playing style: leader follower

4. Does your child enjoy school? Why/why not?

5. Can you describe an area of your child's development that concerns you? (ie: emotional, behavioral, social, physical, intellectual).

6. What is your child's favourite home activity?

7. How does your child display discomfort with any particular person/situation?

8. What would you like your child to obtain from attending our programs?

9. What kind of guiding (discipline, consequences) does your child respond to at home?



10. What special holidays, festivities or events are celebrated in the home? _____

Name of Holiday, Festivity, Event	Date

11. What languages are spoken in the home?

12. If applicable: Does your child dress him/herself? Yes No
Tie her/his own shoes? Yes No

13. What is your child's favourite family activity?

14. Any other information you would like to add:

