



Registration Form For Creative Cove Holistic Childcare Centre Inc.

(Please complete both sides of this form for each child)

Date of Enrollment: _____

Name of Child: _____ Birthdate: ____/____/____ Sex: M ___ F ___
yy mm dd

Full name of Parent(s)/Guardian:

1. _____

2. _____

Address:

1. _____

2. _____

Telephone Numbers: HOME: 1. _____ WORK: 1. _____

2. _____ 2. _____

Place of work: 1. _____

2. _____

Care Card Number: _____

Family Doctor:

Phone Number:

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HOLISTIC CHILD CARE CENTRE INC.

200-22709 Lougheed Highway, Maple Ridge, V2W 0B3, BC

Ph: 604 720 0861

Email: info@creativecove.org

PERSONS AUTHORIZED TO CALL FOR THE CHILD AND CONTACT IN EMERGENCY:

Name	Telephone Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Names of other children in family: _____ Birthdate: _____
_____ (yy/mm/dd)
_____ (yy/mm/dd)

Has the child had previous experience away from home? NO YES If YES, explain:

Do you think your child feels comfortable leaving parents? NO YES If YES, explain:

Special instructions concerning Care, Medication, Diet, or **Custody**:

NO YES **ATTACH DOCUMENTATION**

HEALTH HISTORY

Has this child any known health problems or depressed immune system?
NO YES - If YES, attach documentation.

List communicable diseases child has had: _____

Has he/she had any recent illness? NO YES - If YES: _____

Any allergies? NO YES - If YES, list ALLERGENS: _____

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Attach special instructions to follow in the event of an allergic reaction.

What are the child's eating habits? _____

Favorite foods: _____

Strong dislikes: _____

Basic Schedule and Record of Immunization as submitted by Parent or Guardian
(ATTACH IMMUNIZATION RECORD OR RECORD THE DATES)

Date (yy/mm/dd)

Date (yy/mm/dd)

1st visit – 2 months of age:

- Diphtheria _____
- Pertussis _____
- Tetanus _____
- Polio _____
- Haemophilus Influenzae Type b (Hib) _____
- Hepatitis B _____
- Pneumococcal _____

2nd visit – 2 months after 1st visit:

- Diphtheria _____
- Pertussis _____
- Tetanus _____
- Polio _____
- Haemophilus Influenzae Type b (Hib) _____
- Hepatitis B _____
- Pneumococcal _____

3rd visit – 2 months after 2nd visit:

- Diphtheria _____
- Pertussis _____
- Tetanus _____
- Polio _____
- Haemophilus Influenzae Type b (Hib) _____
- Hepatitis B _____
- Pneumococcal _____

4th visit – 12 months of age:

- Measles _____
- Mumps _____
- Rubella _____
- Meningococcal C _____

5th visit – 12 months after 3rd visit:

- Diphtheria _____
- Pertussis _____
- Tetanus _____
- Polio _____
- Haemophilus Influenzae Type b (Hib) _____
- Measles, Mumps, Rubella _____
- Pneumococcal _____

4 – 6 years of age:

- Diphtheria _____
- Pertussis _____
- Tetanus _____
- Polio _____

Other Immunizations:

I authorize the child care provider to obtain the following services for this child as necessary: Physician and/or Ambulance in the event of an emergency.

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Date

Signature of Parent/Guardian _____

Signature of Child Care Provide _____

Parent/Provider Agreement for Child Care

This agreement is intended to serve as a guideline in the development of a satisfactory child care arrangement between _____ and _____, (Care provider) (Parent) concerning the care of _____ (child's name(s)). The hours and days that care will be provided are:

_____. Any time, over and above the agreed hours of care, will be charged as overtime, at the rate of \$ _____ per hour. I will pay \$ _____ per (month, day, hour) to be paid: ___ daily ___ weekly ___ bi-monthly ___ monthly. If my child(ren) does not come to child care for any reason, I understand that I am still responsible for full payment unless otherwise arranged _____ in advance. I will not be required to pay for statutory holidays. Fees include: Snacks _____, Transportation _____ (Applicable to Out of School only). I agree to abide by the Illness/Wellness policy. I will notify the child care provider if my child has come in contact with any communicable disease and head lice. I will sign a consent form if I want the care provider to administer any medications to my child. I agree to deliver my child directly to the care provider and to speak to the care provider when picking up my child. I will not let my child to go into the child care centre by themselves or take my child from the Playground within the Valley Fair Mall without speaking to the care provider first. The care provider will release my child only to the persons listed on the registration form, unless alternative written instructions are given.

I give permission for my child to go on spontaneous walks with the child care provider. I give my permission for my child to ride in the child care provider's vehicle with appropriate restraints. Any other outings will require a separate consent form. I agree to supply the following items each day for the use of my child: The first two weeks are to be an adjustment period and either party may terminate this agreement

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during that time if the arrangement turns out to be unsatisfactory. Thereafter _____ weeks notice is required to terminate this agreement, if notice is not given, full payment is expected. This contract will be reviewed yearly.

Date _____

Signed _____

(Parent) Signed _____

Drop Off and Pick Up Policy:

Please notify me if an unauthorized person will be picking up your child. Verbal or written permission must be received before we will release a child to anyone who is not authorized on the registration form. We will not allow your child to leave with an unauthorized person without previous permission. This is for the safety and protection of your child. A parent or guardian must authorize up to 3 individuals to pick up their child from child care. Authorized individuals will be required to present valid identification to pick up any child from the child care.

I authorize the following individuals to pick up my child from the child care:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

If an authorized individual without valid identification or an unauthorized individual comes to pick up my child from child care, I can be contacted at this number:

_____ All parents and guardians must make sure that a staff person recognizes that the child has been dropped off or is being picked up from child care. _____ Parent name

Drop Off and Pick Up Policycontinued:

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Release of a Child Parents are required to indicate the name and phone number of all authorized individuals who are clear to pick up the child. All parents and/or authorized individuals are to sign-in and sign-out on the provided sheet, each day the child is dropped off and picked up from the day-care. Only persons designated to pick up a child will be allowed to do so. Unauthorized Pick Up The parent/guardian is required to notify the caregiver in writing if someone else, other than the authorized persons, will pick up the child. Please provide name, phone number, and description of the person. The person will be asked to show photo identification. If necessary, police will be called for assistance. Custody and Related Court Orders The day care staff cannot become involved in the marital or custody issues of the families that we serve. If a custody or court order exists, a copy of the order needs to be placed in the child's file. The guardian is responsible for providing up to date and accurate information concerning the legal guardianship of the child. Without a custody or court order on file, the caregiver cannot deny access to the non-enrolling parent. If the non-enrolling parent is not listed on the pick-up list, the policy on unauthorized persons will be implemented. The guardian will provide all consents.

Date _____

Parent Signed _____

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Child Care Subsidy Policy

Child Care Subsidy, administered by the Ministry of Children and Family Development BC Provincial Government, is a monthly payment that helps eligible British Columbia families with the costs of child care. Families fill out an application and provide supporting documentation to apply. Once the family is approved and authorization is established, the provider receives an authorization number and billing forms. Child care can not start until authorization and billing forms are received unless the parent agrees to pay the regular fee. Providers can only bill for the maximum number of the days that the family is qualified for, if the child actually attends. If the child is booked to attend but does not, the provider can only bill subsidy for that day if the parent informs the provider that the child or their parent was ill or on holidays. It is up to the parent to ensure that the provider is informed if the child is away because of illness or vacation. If the provider is not informed, the parent will be responsible for the regular fee. The fee for missed days that are not covered by subsidy is to be paid before the end of the month. The parent is responsible for any fees over and above what subsidy pays on behalf of the family. The parent portion is due on the first of the month.

Parent signature to attest to understanding and agreeing to the above policy.

Confidentiality:

It is the policy of _____ child care that any information or records held regarding your family and child will be kept confidential. The only release of information or records would be for a legal matter that is requested or required by law. It is also appreciated that any information you become aware of regarding other families at child care be kept confidential.

Child Care Name _____

Child Care Provider _____

Child Care Address _____

Child Care Phone Number _____

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Authorization For Pick-up:

The children will not be released to an unauthorized person or anyone whom I deem incapable of providing safe care. Only people who have been previously authorized to do so, will be allowed to pick up children from child care. If, in an emergency situation, you need to send someone else to pick up the children, please call in advance with the name and description of the person who will be coming. I will require identification. The person should then be added to the list of people authorized to pick up the child. If children are not picked up at the agreed upon time, the authorized alternate will be called. If you or an authorized alternate cannot be contacted and a reasonable amount of time has passed, I will consider the children abandoned and call the appropriate Ministry. If someone whom I deem incapable of providing safe care arrives to pick up the children, they will be refused and you or your authorized alternate will be called to pick up the children. If an alternate cannot be reached within a reasonable length of time, Ministry for Children and Family Development will be called. If it appears that you are incapable to providing safe care, I will suggest we call an authorized alternate to pick up the children. If you insist on taking the children, I will release them to your care and call the RCMP.

Field Trip Authorization It is suggested that providers have 2 field trip permission forms. One should be a general form that is signed once by the family, for everyday activities such as walking to the school or park. A second, more specific permission form should be used for each field trip that is a little more out of the ordinary such as swimming, out of town destinations or to farm. General, Local Field Trip

Authorization I, _____ give _____, (Parent's name) (Care Provider's name) and her employees (if applicable), permission to take my child, _____ (Child's name) on short field trips and other outings as part of the Daycare program. This includes transportation by car, bus, taxi, or on foot AND is granted only if my child will be appropriately restrained in any vehicle. _____

Parent Signature Date _____ Care Provider Signature Specific Field Trip Authorization I,

_____ give _____, (Parent's name) (Care Provider's name) and her employees (if applicable), permission to take my child, _____ (Child's name) to _____ . This includes transportation by

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_____ . (specific location) This permission is granted only if my child will be appropriately restrained in any vehicle and for this trip only.

Signature Date _____ Parent

Illness/Wellness Policy

The health and well-being of the children is my first concern. In order to promote a healthy environment, I will undertake to ensure:

- Proper hygiene is maintained;
- Universal precautions are used for handling all bodily fluids;
- Proper hand washing techniques are used by all children and adults; and
- Families are informed of any outbreak of a contagious diseases. Families are advised to keep their child at home or to seek alternate care arrangements for the following conditions:

- Pain - any complaints of unexplained or undiagnosed pain;
- A common cold with listlessness, runny nose and eyes, coughing and sore throat. Once the child's temperature, well-being and energy have returned to normal, the child may no longer be contagious, and may be able to return to the child care even though coughing and runny nose may persist. If the symptoms (runny nose and eyes, coughing) are caused by a known allergy (e.g. hay fever, asthma) the child is not contagious and does not have to be excluded;
- Difficulty in breathing - wheezing or a persistent cough;
- Fever (100 degrees F/38.3 degrees C or more);
- Sore throat or trouble swallowing;
- Infected skin or eyes, or an undiagnosed rash;
- Headache and stiff neck (should see physician);
- Unexplained diarrhea or loose stool (may or may not be combined with nausea, vomiting or stomach cramps). These symptoms may indicate a bacterial or viral gastrointestinal infection which is very easily passed from one child to another via the fecal-oral route. The child should be kept home until all symptoms have stopped;
- Nausea and vomiting;
- Severe itching, dry skin of either body or scalp if caused by head or body lice or scabies; or
- Children with known or suspected communicable diseases. A doctor's note may be required before the child can return. In Summary, a child must be kept at home (or taken home) when the child:

- Is suffering from one or more of the above symptoms; or
- Is not well enough to take part in the regular programs of the program.

• Ultimately, the care of a child who is ill is the parent's responsibility. If your child becomes ill at child care, I will call you or your alternate to come and pick up the child. I will endeavour to keep the child quiet and comfortable until you arrive. If I feel it is an emergency situation, I will call an ambulance for the child and contact you or your alternate immediately.

It is your responsibility to make alternative child care arrangements.

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Date: _____

Parent Signature: _____

Missing Child Policy

We anticipate no such incidents, but as a precaution I have instituted the following procedures: As soon as I realize that a child in my care is missing from the group, I will secure the other children with a responsible adult and begin a search of the immediate area. • After two minutes: I will expand the search area. If we are in a public building, I will have the child paged if possible. • Get as many people involved as I can in the search. • After ten minutes: I will call the police and inform them of the child's name, age, weight, height, clothing and footwear and record the file number that the police will give me. • Then I will call the parents to inform of what has happened, what is being done, and that I will call them back in a few minutes to update them. • When the child is found: I will contact the parent/guardian, alert everyone else involved, hold a debriefing as soon as possible. • As a follow-up: I would assess the problem and make changes, if necessary, to avoid the risk of a similar incident. As well, I would further educate the children in my care about the importance of staying with the group. _____

Parent Signature _____

Date _____

Childcare Provider _____

Outing Permission

I, _____ hereby give the child care provider, _____ (Parent's name) (Care Provider name) permission to take my child/ren, _____ to and from school (child's name(s)) and on outings in her vehicle. The child care provider will ensure that proper restraints are used and that the vehicle is adequately insured. I agree that that child care provider will not be held responsible in case of accident and/or injury while transporting my child(ren). _____

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Date Parent's Signature _____ has my permission to transport

Photograph Release/Permission Form:

This is an agreement between child care provider _____
(child care provider) and parent _____.

(parent) I consent to the use of any photographs in which I or my child(ren) appear,
taken by _____ on _____.

(Child Care Provider) (date) For use in the _____ (Purpose of

use). I give full copyright and permission to use my photograph in the above-named
production and any subsequent presentation of that production and in any subsequent
promotional materials such as newsletter and brochures.

(Signature of person/guardian in photo)

(Witness)

Requirement to Report Suspected Abuse or Neglect

As a citizen of British Columbia, I am required to report any suspicion of child
neglect or abuse to the Ministry for Children and Family Development. I will report
any abuse I suspect, that a child discloses to me or that a third party discloses to me.
It is not my responsibility to investigate or question the circumstances of the
suspected abuse. I will not inform you or anyone else of my suspicions and
subsequent report to the Ministry. It is the Ministry's responsibility to investigate any
report and to inform all those involved of their investigation. The health and well-
being of the children is my first concern.

Parent Signature _____

Date _____

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Sample Plan of Activities:

High quality child care includes planned activities appropriate for each child's age, interests and abilities. Children do best with routines and a balance of activities that allows for quiet and active play, indoor and outdoor activities, and the opportunity to play with others and play alone. The following is a sample of what a typical day might look like.

6:30 to 9:00 AM	Arrival time: set out a few quiet activities that children can move to without much direction as they arrive. This gives you the opportunity to talk with parents or assist school aged children get ready for school.
9:00 to 10:00 AM	Continue with free or unstructured play and introduce either a craft or game that you participate in as well.
10:00 to 10:30 AM	Tidy up, have snack and maybe a story.
10:30 to 11:30 AM	Outdoor activity, weather permitting. Active indoor play if too cold or wet to go outside. Active play might include action songs and games, indoors or outside
11:30AM to 12:30PM	Clean up, wash up and have lunch.
12:30 to 2:30 PM	Quiet time, starting with a story or soothing music. A nap for the younger children and possibly art, painting or play dough for children who are still awake.
2:30 to 3:00 PM	Children wake up, clean up and have a snack.
3:00 to 4:00 PM	Circle time with songs, games and stories
4:00 PM to 6:00 PM	Pick-up. Free or unstructured play indoors or outside if weather permits. While being flexible to account for individual needs is important, planning activities and keeping to a routine helps the day go by more smoothly. Children know what to expect and that there is enough variety to keep the day interesting. It is sometimes useful to have a few 'special' activities for those days when everyone is feeling a little out of sorts. Have two or three different games or activities that you bring out once in a while. This could include things like a special type of building block or a tub with fancy scissors, markers and glitter glue. For those days when everyone has too much energy, set up an obstacle course with tables, chairs and blankets or bring out some beach balls for a little bit of rolling, bouncing and throwing indoors.

Parents/Guardians & Creative Cove Holistic Childcare Centre Agreement

1. The monthly fee is payable on the first (1st) of each month. A late fee will be charged for payments not received by the fifteenth (15th) of each month. The Centre reserves the right to terminate care if accounts are delinquent.

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2. There is a charge of \$48.00 for any returned payments and replacement cash payment to be made immediately.

Parent(s) agrees to bear all costs incurred in collecting any unpaid amounts including but not limited to collection agencies, legal fees and court costs.

3. The parent shall not be entitled to any refund, full or in part, for any time during which the child is absent from the Centre due to vacation, illness or any other reason. If the child is absent more than three consecutive days for any reason, Parents/Guardians shall advise the Centre in writing, explaining the reason for the child's absence and when the child might be expected to return.

4. Parents/Guardians shall give **one month written notice on the 1st of the month** to the Centre in the event that they decide to withdraw the child from this enrollment and failure to provide such notice shall result in the forfeit of one-month tuition. **The Centre will not accept any withdrawal notice in the last three months of the academic year (April 1st – June 30th)**

5. Parents/Guardians understands and acknowledges that in the event that the child is not suited for the programs of the Centre, or if the terms of this agreement are not complied with; the Parent may be required to withdraw their child from the Centre. They will be consulted regarding the suitability of the child prior to being given not less than one week's notice for the withdrawal of the child from the Centre.

6. In the event that another individual(s) other than those noted in the records of the Centre, are picking up the child from Centre, Parents/Guardians shall advise the Centre in writing.

7. Parents/Guardians shall fully disclose in writing (Annual Care-Plan), any medical conditions, allergies, special dietary needs or any other special requirements of the child before and during the child's enrollment, to the Centre. Written notification of any changes to the child's personal information is required immediately.

8. Parents must provide the Centre with a copy of a **legal custody agreement** before any requests pertaining to such matters will be entertained.

9. Parents/Guardians acknowledge that if the child is not collected at the end of their scheduled program, they **shall pay an additional fee of \$1.00 per minute per child of late pick up, directly to the closing staff in cash.**

10. The Centre is closed on all statutory holidays, Easter Monday, Spring break week, and Christmas 2 weeks winter break coinciding with SD42 calendar spring and winter break .

I, _____ hereby certify that the information I have provided in this Contract and Application form is true and correct. I have read and understood the Centre's policies, rules and regulations as stated above and in the Creative Cove Holistic Childcare Centre Parent Handbook (existing and amended periodically) and agree to abide by them at all times.

_____ Parent/Guardian Signature Date

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