



www.bowenchildrenscentre.ca

Bowen Children's Centre
650 Carter Road
Bowen Island, B.C. V0N 1G2
Phone: (604) 947-9626 Fax: (604) 947-9644
info@bowenchildrenscentre.ca

Bowen Children's Centre Registration

Child's Last Name: _____ Given: _____
Date of Birth: _____ Girl: ___ Boy: ___
Home address: (mailing and street addresses) _____

Email(s): _____

People with whom child lives:

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

Parent(s) / Guardian(s)

1. Name _____ Mobile (____) ____ - ____
Workplace _____ Work phone (____) _____ Home phone (____) ____ - ____

2. Name _____ Mobile (____) ____ - ____
Workplace _____ Work phone (____) _____ Home phone (____) ____ - ____

If there is a custody arrangement, please explain. _____

Health information

Doctor _____ Phone (____) ____ - ____
Dentist _____ Phone (____) ____ - ____
Other health professional who treats/cares for your child _____ Phone (____) ____ - ____
Care Card Personal Health _____

Please explain any immunization exemptions. Please attach a brief letter explaining that such exemptions are your choice and that you are fully informed of the benefits of immunization and the potential consequences of not immunizing your child.

Health Issues – allergies, medical conditions, etc. _____

I understand that the above information may be provided to Vancouver Coastal Health Authority if requested.

Person(s) authorized to pick up child from time to time, and/or be contacted in case of emergency. In addition to parents/guardians, please list at least three. Please note that with this form you are authorizing these individuals to pick up your child from the program without specific notice from you. If, in case of emergency or other reason, I am unable to pick up my child from the Bowen Children's Centre (BCC), I authorize staff of BCC to release my child to:

1. Name _____ Relationship to child _____
Home phone (____)____ - _____ Work phone (____)____ - _____ Mobile (____)____ - _____

2. Name _____ Relationship to child _____
Home phone (____)____ - _____ Work phone (____)____ - _____ Mobile (____)____ - _____

3. Name _____ Relationship to child _____
Home phone (____)____ - _____ Work phone (____)____ - _____ Mobile (____)____ - _____

Does your child attend another program or school? _____

Has your child previously attended daycare/preschool? Yes _____ No _____

If yes, name of facility: _____ Date attended: _____

Child's First Language: _____ Second language: _____

Is your child toilet trained? Yes _____ No _____

Parents'/Guardians' skills, hobbies, interests: _____

Does your child have any developmental or behavioral conditions that have been diagnosed by a medical practitioner? No _____ If yes, please explain: _____

Parents'/Guardians' Agreement (all BCC Programs)

1. I, the undersigned, agree to abide by the Bowen Children's Centre's policies and procedures and to keep myself apprised of events at the Centre.
2. I will not send my child to the Centre if there is any question that (s)he is ill, nor will I come myself if I am ill. If my child contracts a communicable disease, I will notify the staff or the executive director immediately.
3. I understand that, in the classroom and on the playground, the staff has overall responsibility for the program, teaching methods, guidance, and health and safety measures.
4. I will keep the staff informed of any event or change of routine at home that might affect my child's behavior.
5. I understand that if my child needs to have any medication administered, the medication will be given directly to the teacher (with written instructions and in the original packaging) and not sent in care of the child.
6. If my child/ren becomes ill and I am not available, I hereby give my permission for the staff to send my child home in the care of an authorized, responsible adult listed on my emergency pickup consent form.
7. In case of emergency, I hereby give consent for the staff to call a qualified physician, my family doctor, an ambulance if needed, and to authorize treatment for my child in the event I cannot be reached.
8. In case of injury to my child while in the care, custody or control of the Bowen Children's Centre, I hereby waive all claims against Bowen Island Preschool and Community Daycare Society at Bowen

Children's Centre (BCC), including its directors, staff, contractors, volunteers and the Society's membership, in excess of public liability insurance carried by BCC.

9. I agree to furnish BCC with a record of my child's immunization status with the registration forms at the time of enrollment, and I understand that this may be provided to Vancouver Coastal Health upon VCH's (or my) request.
10. I agree to supply proof of my child's age at registration time (i.e. Birth certificate, Care Card.)
11. If my contact information changes, I will inform the staff of Bowen Children's Centre promptly.
12. I will pay my child's tuition fees promptly, whether or not my child attends class. I understand that absences due to illness, holidays or other reasons are not exempt from payment.
13. If it becomes necessary to withdraw my child from the Centre, I will give one full calendar months' notice in writing to the executive director, or pay one month's dues in lieu thereof. I understand and accept that Bowen Children's Centre reserves the right to request the withdrawal of any child at the discretion of the teachers and the administration.
14. I will donate a minimum of one and a half hours/month of my time to BCC's yearly fundraising or maintenance initiatives or pay \$250 in lieu thereof. I understand that this donation of volunteer time is unrelated to my commitment to undertake a job (see #15) within BCC.
15. I agree to commit to a job that supports BCC's maintenance or pay \$250 in lieu thereof by August 1. I understand that this commitment to undertake a job within the Centre is unrelated to my donation of a minimum of one hour/month of volunteer time.
16. I will attend the BCC Annual General Meeting, which is usually held in late September/early October.

Preschool only

17. On my child's Special Helper days (if attending Preschool), I will provide a healthy snack for all the children in the class. I will be mindful of children with allergies.
18. I will make every effort to be prompt in bringing my child to the Centre (9 a.m. for the morning Preschool classes, 1pm for the afternoon class — no earlier please) and in picking him/her up after Preschool closes (11:30 a.m. for the morning classes, 3:30p.m. for the afternoon class). I will deliver my child directly to a staff member and not remove my child without letting a staff member know.
19. If I give notice of withdrawal after March 1st, I will forfeit my April, May and June fees as the space cannot be filled.

Signed: (Parent/Guardian) _____

Name: (printed) _____ Date: _____

Signed: (Parent/Guardian) _____

Name: (printed) _____ Date: _____

Consents and Permission

Emergency Consent

Bowen Children's Centre (BCC) will contact parents in the event that their child becomes unwell or is injured while attending one of the Centre's programs. However, staff members may not be able to contact parents before it becomes necessary to take action. By signing below, you are giving your consent for BCC's staff members to exercise their judgement if your child becomes unwell or is injured while in their care. The signature of one parent constitutes the consent of both.

In the event that my child/ren become unwell or are injured while in the care, custody or control of Bowen Children's Centre (BCC) and I cannot be contacted - and/or if the situation is such that medical attention is urgently needed -- I hereby authorize BCC's staff members to administer first aid – including, but not limited to: giving an injection with an EpiPen, to call the family doctor or other physician, to take my child to the nearest physician's office, or to call for the ambulance to attend. Further, I give my consent for BCC's staff members to authorize treatment for my child, including but not limited to authorizing emergency surgery.

In the event of illness, allergic reaction, or injury to my child while in the care, custody or control of BCC and/or one of its programs, I hereby waive all claims against BCC, including its directors, staff, contractors, volunteers, and the Society's membership, in excess of the public liability insurance carried by BCC.

Permission: Walks and Other Excursions

I hereby give permission for my child to go on supervised excursions within walking distance from Bowen Children's Centre.

I understand that these walks may be of a spontaneous nature – influenced, perhaps by the weather, a child's suggestion, a curriculum theme, or other circumstances – and as such I may not receive advance notice. My permission for my child to take part in such excursions extends to situations where I do not receive advance notice.

In the event of harm to my child or misadventure relating to the aforementioned outings, I hereby waive all claims against BCC, including its directors, staff, contractors, volunteers, and the Society's membership, in excess of the public liability insurance carried by BCC.

Permission: Photographs

I hereby give my permission for pictures to be taken of my child, while attending programs at BCC. I understand that these photographs may be used in the program's activities, BCC newsletters, MailChimp emails, website, Facebook, online advertising, promotional materials or submitted to The Undercurrent.

I hereby give consent to the emergency pick-up, alternative pick-up, walks and other excursions, transport consent, and photo consent listed above for my child/ren _____, and I hereby release the Society's directors, staff, volunteers, contractors and members from any liability whatsoever relating to situations and attendant circumstances written above.

Initials parent: _____ **Initials staff member:** _____

Financial Matters

As the parent/guardian of a child who attends BCC, I understand and accept the following conditions:

DAYCARE

Registration fee: \$35.00 (non-refundable; Payable upon completion of registration forms)

Registration fee if registering two or more children simultaneously: \$35 for the first child, \$10 for each additional child.

Deposit: A deposit equal to one half of one month’s fees is due upon registration. This deposit confirms your child’s enrollment. It is forfeited if your child does not actually occupy the space accepted within two weeks of registration. The deposit is also forfeited if all financial obligations are not fulfilled at such time as your child ceases to attend BCC. It will be refunded providing proper notice has been given. *For fee details, please speak to the Daycare Coordinator.*

Invoices: Invoices are delivered or mailed at the beginning of each month for services rendered the previous month.

Payment: Fees are due in full, within 7 (seven) days of receipt of the invoice. (Occasional drop-in users are encouraged to pay upon pick-up.)

PRESCHOOL

Registration fee: \$50 at the time of registration.

Deposit: One month’s fees (these will be used to pay your child’s June Preschool fees).

Payment: Nine (9) post-dated cheques dated for the first of each month from September to May. Please remember to change the year on the cheques starting in January.

DAYCARE and PRESCHOOL

BCC accepts payment by cheque, e-transfer, or money order. The program will not accept cash. Payment may be given to one of the program’s staff members or mailed to BCC, at 650 Carter Road, Bowen Island, B.C., V0N 1G2. Please make cheques or money orders payable to Bowen Children’s Centre or BCC.

Interest may be charged on past due accounts at the rate of 2% per month.

BCC will charge a \$10 fee for any cheques that are returned NSF.

I have read and understand the attached Fee Schedule, and the Cancellation Policies for both Regular and Drop-in bookings.

Initials parent: _____ **Initials staff member:** _____

Health and Safety Policies

- I understand that to attend the program, my child must be well enough to participate in all aspects of the program, including outdoor play.
- If my child becomes ill while at the BCC, I will arrange to pick him/her up promptly. If requested, I will provide a note from a doctor affirming my child's good health before (s)he next attends the program.
- I will inform BCC, in writing, of any allergies and medical conditions that my child may have, as well as significant behavioural or developmental issues.
- I will supply my child's immunization records, and keep these current, or:
- If my child has not been immunized, then, in accordance with Vancouver Coastal Health Authority's regulations, I will provide a letter stating that this has been my informed choice, and that I understand that I must remove your child from the Centre if a child who attends this Centre, or one of that child's family members, contracts an immunizable communicable disease. I realize that I may not bring my child back to the Centre until the infectious period has passed and that my fees will not be adjusted to reflect my child's absence.
- I will keep contact and health information updated.
- I will keep staff informed of any events, circumstances or change of routine at home that might affect my child's behaviour.
- I will accept the decision of the BCC staff and the BCC executive director if a behavioural problem develops which, in their judgement, cannot be adequately managed and causes them to request my child's withdrawal from the program until adequate support can be put in place.
- I understand that Vancouver Coastal Health Authority licensing regulations require that only medication prescribed or recommended for my child in writing by a physician and provided in its original packaging with full, legible instructions and precautions will be administered to my child by the BCC staff. The staff will only administer the medication once parents have completed a 'Permission to Administer Medication' form. This form will be kept on file at BCC.
- In the event that my child is involved in an accident or suddenly becomes ill, I authorize the BCC staff to call my family physician and/or to authorize emergency medical treatment for my child.
- I will notify BCC staff if someone other than myself will be picking up my child from the program.

I understand that these measures are intended to ensure the health and safety of all the children who attend the program, including my own.

Bowen Children’s Centre Responsibilities

The Bowen Children’s Centre will provide care for children in accordance with the terms of its license and in compliance with the regulations set out in the Community Care and Assisted Living Act.

The Bowen Children’s Centre will issue receipts for income tax purposes, usually in February.

The Bowen Children’s Centre will give one month’s notice of any change to its fees.

The Bowen Children’s Centre will give one month’s notice of any closures, except where such notice is not possible due to staff illness or other unforeseen circumstance.

I have read, understand and accept all of the foregoing consents and permission clauses and will abide by the terms and conditions of this agreement. I recognize that failure to comply with these terms and conditions may be deemed sufficient cause for BCC to withdraw services.

In the event of any misadventure or harm to my child while in the care and custody of Bowen Children’s Centre, I hereby release the Bowen Children’s Centre, and its directors, staff, contractors, volunteers and members, from any and all liability in excess of the insurance carried by the Society.

Parent’s name (print) Parent’s signature Date

Parent’s name (print) Parent’s signature Date

I recognize and accept that the signature of one parent/guardian constitutes the consent/authorization of both.

Child’s name

Staff member’s name Staff member’s signature Date

Bowen Children's Centre Emergency Consent

Child's Name: _____ D.O.B. _____ Girl ___ Boy ___
Surname First names

Address _____

1. Parent/Guardian: _____ Mobile (____) ____ - _____

Work phone (____) _____ Home phone (____) ____ - _____ Email: _____

2. Parent/Guardian: _____ Mobile (____) ____ - _____

Work phone (____) _____ Home phone (____) ____ - _____ Email: _____

3. Emergency Contact: _____ Mobile (____) ____ - _____

Work phone (____) _____ Home phone (____) ____ - _____

4. Emergency Contact: _____ Mobile (____) ____ - _____

Work phone (____) _____ Home phone (____) ____ - _____

People authorized to pick up child from BCC (Names): _____

Doctor: _____ Tel: _____ Dentist: _____ Tel: _____

Allergies/Medications/Disabilities: _____

BC Medical Plan #: _____

Bowen Children's Centre (BCC) will contact parents in the event that their child becomes unwell or is injured while attending one of the Centre's programs. However, staff members may not be able to contact parents before it becomes necessary to take action. By signing this form, you are giving your consent for BCC's staff members to exercise their judgement if your child becomes unwell or is injured while in their care. The signature of one parent constitutes consent of both.

In the event that my child becomes unwell or is injured while in the care, custody or control of BCC and I cannot be contacted – and/or if the situation is such that medical attention is urgently needed – I hereby authorize BCC's staff members to administer first aid, to call the family doctor or other physician, to take my child to the nearest physician's office, or to call for the ambulance to attend. Further, I give my consent for BCC's staff members to authorize treatment for my child.

In the event of illness, allergic reaction, or injury to my child while in the care, custody or control of BCC, I hereby waive all claims against BCC, including its directors, staff, contractors, volunteers, and the Society's membership, in excess of the public liability insurance carried by BCC.

Print name _____ Signature _____ Date _____

Print name _____ Signature _____ Date _____

Immunization Record

Child's Name _____ **Date of Birth:** _____

1st shots due at 2 months of age
____ DTaP-HB-IPV-Hib (diphtheria, tetanus, pertussis, hepatitis B, polio, Haemophilus influenzae type b)
____ Pneumococcal conjugate
____ Meningococcal conjugate C
____ Rotavirus

2nd shots due at 4 months of age
____ DTaP-HB-IPV-Hib (diphtheria, tetanus, pertussis, hepatitis B, polio, Haemophilus influenzae type b)
____ Pneumococcal conjugate
____ Rotavirus

3rd shots due at 6 months of age
____ DTaP-HB-IPV-Hib (diphtheria, tetanus, pertussis, hepatitis B, polio, Haemophilus influenzae type b)

4th shots due at 12 months of age
____ Pneumococcal conjugate
____ Meningococcal conjugate C
____ Rotavirus
____ MMR (measles, mumps, rubella)
____ Varicella (chickenpox)

5th shots due at 18 months of age
____ DTaP-IPV-Hib (diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b)

Kindergarten Immunizations (starting at age 4)
____ DTaP-IPV (diphtheria, tetanus, pertussis, polio)
____ MMRV (measles, mumps, rubella, varicella)

Other Immunizations: (e.g. flu shot, Hepatitis A)

