Little Munchkin Registration (Holland)

Dear Parents,

Please read this document thoroughly and keep a copy for your records. There is registration fee of $45.00 associated with the completion of this application. Please provide a **printed** copy of the registration form (no electronic submissions). You will also receive an email from Bright Wheels (our online platform) in a couple of weeks, please ensure to enroll into that.

This agreement is between:

Parent(s) name: _____

Address: _____

Phone number: _____

And

Daycare Name: _____

Address: _____

Phone number: _____

For the provision of child care for:

Child's name: _____

Child's name: _____

The terms of the agreement are as follows:

Hours of care: _____

Days of care: _____

Fees for care: _____

Please notify the daycare immediately if there is a change to the agreed upon hours and days.

Payment is due whether the child attends care on the agreed upon days or not. In the case of withdrawal from daycare* - a month's notice must be provided.

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Deposit (Refundable)

A refundable deposit fee of $450.00 is required to hold the child's space between the time of registration and the date when care commences. This deposit fee will be fully refunded during the last month of attendance at the daycare.

The following conditions will render the deposit to be non-refundable:

- Contract is terminated before care starts.
- 6 month probation period of withdrawal (i.e. child leaves daycare before 6 months of care from the start date)
- Failure to provide 30 day advance notice before termination of care.
- Meet termination conditions (see below)

Termination/Change of Service:

We require a 30 day notice prior to modification or termination of service. Additionally, services can only be modified/cancelled at the **end of the monthly billing cycle** (for example, if 30 day notice is provided on May 13, than full payment must be made for May & April [end of monthly cycle]. However, if notice is given on May 1 or before, end of billing cycle would be May).

Long-term Absence/Vacation

In the case of short-term absence/vacations (less than 3 months) taken by parents', it is required that full payment for those months be paid. However, if the vacation is for an extended period (3 months or longer) – half of the monthly charge is required to reserve/hold the child's registration.

Site Manager:

Email: holland@littlemunchkindaycare.ca
Role: Formulating activities, responding to parent concerns/emails, scheduling, etc.
Centre (Phone): 604-781-4357

Administrator:

Name: Mohammad
Email Contact: info@littlemunchkindaycare.ca
Role: Payment, registration, parent vacation notification, etc. as well as any serious concerns that are not handled by site manager.

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Direct Centre Contact Details:

To contact staff or employee at the centre (Holland location), please call 604-781-4357. This number is not available to the public – please save and keep this number for your record. Please call this number if you need to contact staff to inform of absence, late pick-up/drop-off or concerns about your child while at the centre. If we are unavailable, please leave a voice message and staff will return your call promptly.

Payment:

We collect payment through pre-authorized debit through partnership with Rotessa (third party payment solutions) for the IT Program. Please click the link below and complete the pre-authorized agreement. This needs to completed as part of the registration process. There will be $50 fee for any NSF charges.

https://client.rotessa.com/auth_signups/customer_info?auth_form_url=b8dde169d1b4fb95

Integration

We usually recommend a 3 day integration schedule [i.e. first 3 days of attendance] before commencing full-time:

1st day = 1.5 hours

2nd day = 3 hours

3rd day = 5 hours

However, please note that this is *flexible* and you can adjust it accordingly with staff at the centre.

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The following items will be supplied by the parents:

1) Diaper and Wipes

2) Daily Lunch

3) Muddy-Buddy (waterproof coverall for outdoor activities)

4) Extra pair of clothes

5) Blanket

6) Boots

7) Bedding (cover for sleeping)

8) Water bottle

9) Milk bottle

10) Bibs

Snacks/Lunch

The daycare will provide snacks two times a day and parents are responsible for providing lunches.

Sickness

Our sick policy was formulated based on guidelines as prescribed by Vancouver Coastal Health (VCH) to ensure health and well-being of both staff and children. Please refer to sickness policy in the sections below. If your child will not be able to attend (sickness or otherwise) - please let us know before 8:45 am on that day.

Daycare Closures

The daycare will be closed 12 business days in a calendar year as well as on all statuary holidays. Please refer to 'Schedule' section for more details.

Parent Vacations

In the case of vacations taken by parents', full payment is required to reserve child's registration for that duration. **[IMPORTANT]** Please let the administrator (Mohammad) know when you will be going away on vacation ahead of time - we need to know this ahead of time as we plan different activities and themes as part of our learning program for each child.

Pick-up/Drop-off Policy

Late pick-up policy – we will allow for late pick-up (10 min max) for the first 2 times without penalty. However, after the third time and onwards – you will be charged $15.00 for every 15 minutes – children must be picked up with-in 30 minutes after closure.

All children should be at the centre no later than 9:30 am as it affects our daily schedule and activities. If you are arriving late, please inform the centre. If you require alternative arrangement, please contact the administrator.

Fees

Daycare charges are available on our website: http://www.komelsdaycare.com/fees-enrollment-list.html (see Holland location)

End of annual fiscal year, fees may be incremented by up to maximum of 5% to adjust for increased costs (labor, equipment, etc.)

Immunization Records

Child's **immunization records** (see immunization for childcare section below) must be included with this document (all children must be immunized and have the full immunization history to attend at the centre).

Little Munchkin Daycare Ltd. and parent(s) agree to provide 30 day notice if this agreement is to be terminated.

We have read and agree to the terms of this agreement.

_____ _____

Parent Name **Signature**

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Schedule

Policies:

Days and Hours of Operation

Monday to Friday	**7:45am - 5:30pm**	**[IT Program]**
Monday to Friday	**8:00am - 5:30pm**	**[Multi-Age Program]**

The childcare will also be closed in the statuary Holidays:

New Year's Day
Good Friday
Easter Monday
Victoria
Canada Day
Civic Holiday
Labour Day
Thanksgiving Day
Remembrance Day
Christmas Day
BC Family Day

Daycare Holiday Closure:

First 6 business/working days of January [start of the month – excludes holidays]
First 6 business/working days from the second week of July [excludes stat holidays]

Fees

Fee is applicable as per age and duration of hours/days (please visit www.komelsdaycare.com).

Attendance

Parents are responsible for informing the centre early in the day (before 8:45 am) if the child will not be attending the care that day.

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CHILD'S STARTING DATE: **SEX:** **DATE OF BIRTH:**

_____/ _____/ _____ M ____ F ____ _____/ _____/ _____
YY MM DD 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: _____

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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:_____
_____	_____	Phone: _____
_____	_____	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:

_____

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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 ☐ N/A ☐ **Provided to Facility** YES ☐ NO ☐ N/A ☐

Immunization Documents Returned to Facility YES ☐ NO ☐

Information Provided By: _____ _____
Print Name Signature

DATE: _____/_____/_____
YY MM DD

Office Use Only

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

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IMMUNIZATION (VACCINATION) INFORMATION FOR CHILDCARE

All childcare facilities in BC are required by law under the *Community Care and Assisted Living Act* to keep a record of each child's immunization history. These records are required to be made available to Vancouver Coastal Health Authority (VCH) medical health officers for public health programs. The information you provide on this form will be used to update your child's health record at VCH in order that: medical health officers may respond if a disease outbreak occurs in your childcare facility; public health staff can recommend immunizations which your child may be missing; and VCH is able to provide better care to your child as part of its public health programs. **Please complete and return this form to your childcare facility.**

PART A: CHILD AND FAMILY INFORMATION

PLEASE PRINT CLEARLY

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 _____

PART B: CHILD'S VACCINATION INFORMATION

Attach a photocopy of your child's vaccination record OR complete the following record.

Has your child had chickenpox disease after one year of age? Yes No

Children who have not had the chickenpox vaccine or disease after 1 year of age need the vaccine.

VACCINES	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								
TETANUS								
PERTUSSIS (WHOOPING COUGH)								
HEPATITIS B								
POLIO								
HAEMOPHILUS INFLUENZAE TYPE B (HIB)								
MENINGOCOCCAL CONJUGATE								
PNEUMOCOCCAL CONJUGATE								
MMR (MEASLES, MUMPS, RUBELLA)								
MEASLES (RUBEOLA)								
RUBELLA (GERMAN MEASLES)								
MUMPS								
HPV (HUMAN PAPILLOMAVIRUS)								
VARICELLA (CHICKENPOX)								
LIST OTHER VACCINES								

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Sickness & Administration of Medication Policy

Parents/ guardians are strongly encouraged to keep children who are sick at home to prevent the spread of illness/disease at the centre (please email/call to let us know if your child will be absent). If a child comes to the centre ill, parents will be asked to find alternate care for that day. According to Vancouver Coastal Health, a child is considered too sick to attend when s/he has any of the following symptoms:

- Difficulty in breathing –wheezing or a persistent cough
- Fever of 100 degrees Fahrenheit (38.3 degrees Celsius or higher)
- Sore throat, trouble swallowing or excessive coughing
- Infected skin or eyes, or an undiagnosed rash
- Severe headache or stiff neck (should see a physician)
- Diarrhea, nausea or vomiting
- Severe itching, dry skin of either body or scalp caused by head or body lice or scabies
- Infectious or communicable diseases (including but limited to the list below):
    - Chickenpox and Shingles(Varicella)
    - Cold Sores (Herpes Simplex type 1,2)
    - Croup
    - Ear Infections
    - Fifty Disease (Parvovirus B19)
    - Hand, Foot and Mouth Disease
    - Impetigo
    - Influenza(Flu)
    - Measles
    - Meningitis (Bacterial & Viral)
    - Methicillin-Resistant Staphylococcus aureus (MRSA)
    - Molluscum Contagiosum
    - Mononucleosis (Mono)
    - Mumps
    - Norovirus
    - Pneumonia
    - Roseola
    - Rotavirus
    - Rubella (German Measles)
    - Streptococcal Infections
    - Thrush and Candida Diaper Rash (Yeast Infection)

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The child may not return to the centre until the above symptoms subside for **minimum period of 24 hours** and is well enough to participate in all areas of the program including outdoor play.

If your child becomes ill during the day, you will be notified to pick up your child immediately. If we cannot contact you, we will call the emergency contacts. Your child may be given a quiet area to rest, away from the other children, but within supervision of staffs, until an authorized person arrives to pick up your child.

☐ Dispensation of Medication [check only if you would like staff to administrate medication on your behalf (i.e. antibiotic course, etc)]

It is preferred that parents administer medications at home; however, staff will administer medication if your child is on a medication schedule, providing the following procedures are followed:

- Prescription medications require a parent to provide a completed '*Request for Administration of Medication Form'* (see section below – this excludes inhalers and epi-pens). Medication must be in the original container stating child's name, dosage and time to be given.
- Parents must hand deliver their child's medication to Little Munchkin staff.
- If your child has an inhaler - it must be with the child/staff at all time. Please coordinate with the centre manager.

If your child is receiving medication for a communicable disease, he or she must be on medication for a **minimum 24 hour period** and symptoms must subside during that period (i.e. **symptom free for minimum of 24 hours**) prior to returning to the centre.

The centre, staff or any of its affiliations is not liable/responsible for any adverse effects caused resulting from dispensation of medication to the child.

We agree to the terms of the sickness and medication policy outlined above.

Parant(s) Name: _____ Signature: _____

Parent(s) Name: _____ Signature: _____

Child(s) Name: _____

Date Signed: _____

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REQUEST FOR ADMINISTRATION OF MEDICATION FORM

(Complete only when providing prescribed medication to staff – detach this section and complete when required)

Name of Facility:_____ Date:_____

Child's Name:_____ Birthdate:_____/_____/_____

Medication to be prescribed by a physician and/or non-prescription medication provided by the parent – in the original container labelled with the child's name/dosage/time.

Parent or Guardian:_____ Phone #'s: _____

Physician's Name: _____ Phone: _____

Name of Medication: _____ Prescription Number:_____

(located on vial or bottle for prescription medications)

Medication is in the form of: Pills ☐ Drops ☐ Cream ☐ Other ☐_____

Dosage: _____ Time: _____

Reason for Medication: _____

_____

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Additional Comments: (possible reactions, consequences of missing medication, medication to be given with, etc.)

_____

_____

I hereby give permission for the staff to administer the above named medication to my child according to the orders and instructions I have provided. I agree to notify the staff and complete a new request form if there are any changes to the medication or instructions. The centre, staff or any of its affiliations is not liable/responsible for any adverse effects caused resulting from dispensation of medication to the child.

Signature of Parent/Guardian _____ Date:_____

RECORD OF MEDICATION ADMINISTERED (STAFF ONLY)

Date Commenced: _____ Date Stopped: _____

DATE	TIME	DOSAGE	COMMENTS	STAFF SIGNATURE

*Please use a separate form for each medication or refill.

*Please ensure unused medication is returned to the parent/guardian.

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Please attach child's photo to this form

EMERGENCY CONSENT FORM

(Note to Staff: Please detach this section and keep in Emergency Form Binder)

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: _____ 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_____

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

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