

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.

***Daycare is used in this document interchangeably and refers to Little Munchkin Daycare Ltd.**

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. In the scenario where the contract is terminated before care starts - the deposit is non-refundable. Furthermore, failure to provide 30 day advance notice before termination of care will render the deposit non-refundable. Lastly, condition on termination/change of service (see below) must also be met.

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:

Name: Rachel Oh

Email Contact: 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.

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 be 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.

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 statutory 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

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 statutory 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:

____/____/____
 YY MM DD

SEX:

M ____ F ____

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: _____

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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: _____
 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:

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
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

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

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 _____ Place of birth _____
dd / mm / yyyy

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 Policy

We request that parent(s) keep their child home if they develop any of the below outlined symptoms. If you have a doctor's note stating that your child is able to attend, please leave the note with manager (i.e. Rachel Oh). If you have further questions, feel free to email (holland@littlemunchkindaycare.ca) or contact the centre (6047814357). We apologize in advance but we will not be providing medication to children when sick due to licensing reasons.

COMMON COLD/FLU (influenza): A viral infectious disease of the upper respiratory tract that primarily affects the nose.[6] The throat, sinuses, and voice box may also be affected.

WHEN TO KEEP THE CHILD HOME: A child with heavy cold symptoms such as deep or uncontrollable coughing or significant lack of energy belongs at home even without a fever. See additional information on fever, sore throat and influenza.

COUGH: A mild hacking cough often starts after the first few days of a common cold. A child with mild symptoms, no fever and otherwise feeling well may be fine at school.

WHEN TO KEEP THE CHILD HOME: A child with deep or uncontrollable coughing belongs at home even without a fever. A child with cough and fever must stay home for at least 24 hours after they no longer have a fever or signs of a fever without the use of fever-reducing medicine.

DIARRHEA/VOMITING: An increase in the frequency of bowel movements, an increase in the looseness of stool. Vomiting is the involuntary, forceful expulsion of the contents of one's stomach through the mouth and sometimes the nose.

WHEN TO KEEP THE CHILD HOME:

Children who have vomited or had diarrhea should be kept at home and should return to centre only after being symptom-free for 24 hours.

EAR ACHE: Consult a medical provider for earaches. Ear infections may require medical treatment.

WHEN TO KEEP THE CHILD HOME: A child should stay at home until pain free.

FEVER: Fevers are a common symptom of viral and bacterial infection. Children are likely to be contagious to others when they have a fever. If there is no thermometer, feel their skin with your hand - if it is much warmer than usual they probably have a fever. Please do not give your child fever reducing medication and

send them to centre. The medicine will wear off, the fever will probably return and you will need to pick up at a later time.

WHEN TO KEEP THE CHILD HOME: Any child with a fever of 100°F or higher should not attend the centre and should not return until they have been fever free for 24 hours. A child with flu-like illness (fever and a cough) must stay home for at least 24 hours after they no longer have a fever or show signs of a fever, without the use of fever-reducing medication.

HEAD LICE: tiny insects that live only on human scalps and hair - they do not cause illness or carry disease. An itchy scalp is the most common symptom. Adult lice are reddish brown, about the size of a sesame seed and can be hard to see. Lice lay nits (eggs) on strands of hair close to the scalp. Nits are easier to see than lice, look like tiny tan or white dots and are firmly attached to hair. Nits can usually be seen near the scalp behind ears, at the nape of the neck and under bangs. The most important step for getting rid of head lice is daily careful nit removal for at least 14 days using a special lice comb and by “nit picking”. In addition, over the counter and prescription treatments are available.

WHEN TO KEEP THE CHILD HOME: Keep your child home until deemed non-contagious by a medical practitioner.

IMPETIGO: a contagious bacterial skin infection that usually begins with small fluid filled blisters that cause a honey-colored crust on skin after bursting. It is important to have these symptoms evaluated by a medical provider because untreated infection can lead to serious complications. Approximately, 24 hours after starting prescribed antibiotics, impetigo is no longer contagious.

WHEN TO KEEP THE CHILD HOME: Child may attend centre if drainage can be effectively kept covered and is not extensive.

PINK EYE (Conjunctivitis): a common infectious disease of one or both eyes caused by several types of bacteria and viruses. The eye typically appears very red and feels irritated. There may be drainage of mucous and pus or clear liquid. Prescription medication may be needed to treat bacterial infection. Virus-caused pink eye will not need antibiotic treatment.

WHEN TO KEEP THE CHILD HOME: A child with the above symptoms should be kept at home until evaluated by a medical provider and return to centre with or without treatment depending on the diagnosis.

RASHES: A rash may be one of the first signs of a contagious childhood illness such as chickenpox. Rashes may cover the entire body or be in only one area and are most contagious in the early stages.

WHEN TO KEEP THE CHILD HOME: Do not send a child with a rash to school until a medical provider has said it is safe to do so – especially with additional symptoms such as itching, fever or appearing ill.

SORE THROAT: A child with a mild sore throat, no fever and otherwise feeling well may come to the centre.

WHEN TO KEEP THE CHILD HOME: Keep a child at home and contact a medical provider for a severe sore throat and if white spots are seen in the back of the throat, with or without a fever.

STREP THROAT: A significantly sore throat could be strep throat, a contagious illness. Other symptoms may include fever, white spots in the back of the throat, headache and upset stomach. Untreated strep throat can lead to serious complications.

WHEN TO KEEP THE CHILD HOME: Keep your child home from if above listed symptoms are seen and contact a medical provider. A child diagnosed with strep throat can return to centre 24 hours after antibiotic treatment has been started and cleared by a medical practitioner.

STOMACH PAIN: sharp pain, or stomach cramps, abdominal pain.

WHEN TO KEEP THE CHILD HOME: Consult a medical provider and do not send a child to centre with a stomach ache that is persistent or severe enough to limit activity. If vomiting or diarrhea occurs, keep the child home until symptom free for 24 hours.

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

CCFL3, Rev 04-2009

Provided by VCH – Community Care Facilities Licensing

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