

Aboriginal Mother Centre Society

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ABORIGINAL MOTHER CENTRE SOCIETY DAYCARE CENTRE

PARENT PACKAGE CHECKLIST

- 1. Parent Contract
- 2. Consent Form
- 3. Registration Form
- 4. Contact Form
- 5. Emergency Consent Form (x4)
- 6. Immunization Information
- 7. Policy Handbook Contract
- 8. Financial Agreement Contract
- 9. What Your Child needs to bring to daycare
- **10. Daily Program Schedule**
- 11. Gradual Entry

Welcome to the Aboriginal Mother Centre Society Daycare, we look forward to a full-filling and enriching experience. Our goal is to provide the best quality care for your child/children at our Daycare and working with you to instill common practices and values. Together we will make a positive difference in the lives of young children.



PARENT CONTRACT

I give permission for my child to take part in local outings. I understand that I will be notified in advance if any outing involves transportation.

If my child is unable to attend the centre due to illness or holidays, I agree to pay the full fees when due.

If it becomes necessary to withdraw my child, I agree to give one calendar month prior to written notice to the Daycare Manager or pay one month's fees in lieu of the notice.

I understand that no medication can be administered by the staff of the centre, unless under a doctor's prescription. Non-prescription medication (such as Tylenol, decongestant, and other over-the-counter medications) must be accompanied by a doctor's note, setting out specific instructions with respect thereto.

I understand that it is the staff's legal responsibility, not to release a child to an unauthorized person who appears to be incapable of providing safe care.

In order to determine if the centre is meeting your child's needs, the Centre will conduct on-going assessments. I understand if, in the opinion of the Daycare Manager and the staff, the centre is not able to meet my child's needs, I will request to find alternative childcare.

I understand that the Daycare Manager must receive a one months' written notice of withdrawal of my child from the program.

I understand the parent contract and agree to abide by these agreements

Parent/Guardian:

Date:

Information Received by:

Date:



Aboriginal Mother Centre Society Daycare Registration Form

Childs Starting Date:		Sex:		Date of B	irth:
// YY MM DD		MF		// YY MM D	
Name of Child:					
(Surname)		n Name)	(Also Kı	nown As)	
Name	the	child		responds	to:
Address:					
Postal Code:					
Phone:					
Person(s) with whom	n the child lives w	ith (adults and childr	ren):		
Childs first	language:			Other	Languages:
Parent(s)/Guardian(s):				
Name:		Home Pł	none:		
Cell Phone:		Work Ph	one:		
Email:		Days/hours	of work:		
Name:		Home Ph	none:		
Cell Phone:		Work Ph	one:		
Email:		Days/hours	of work:		
Person(s) authorized	to pick up the c	hild and be contacte	ed in case of e	emergency. These	people should
be available during h	hours of care, (in	clude mother/father	r/guardian):		
Name:		Relations	ship to Child: _		_
Home Phone:					
Cell Phone:		Relations	ship to Child: _		_
Work Phone:					
Name:		Home Ph	none:		
Cell Phone:		Relations	ship to Child: _		_
Work Phone:					
Name:		Home Ph	none:		
Cell Phone:		Work Pho	one:		
If appropriate, list a	n English speakin	<u>g contact:</u>			
Name:					
Has the child previou Yes No Comments	•	ycare/preschool?			



Comments instructions to help us care for y	our child. (Please feel free to add additional pages)	
Toileting/Diapering (Special words)		
Health Information:		
Care Card Personal Health NO		
Family Doctor:		
Family Dentist:		
Other Health professionals involved with you	ır child:	
Name:	Phone:	
Name:	Phone:	
Name:	Phone:	
If appropriate, comment on the following he	ealth issues:	
Special Medications:		
Speech or Language:		
Vision or Hearing:		
Allergies or asthma:		
a.) Do the child and/or family have a history of allergy or asthma?		
b.) Has the child had a number of su	rgeries?	
If yes fill out a child allergy/asthr	na info form	
Parents Comments (If any):		

This Health Information is to be made available to the staff of Vancouver Coastal Health. I hereby give my consent for my child to be involved in drop-in visits by Vancouver Coastal Health staff.

 Information Provided By:

 Name:

 Signature:

 Information Received By:

 Name:

 Signature:

 Date:
 /_/__

 Dd mm yy



CONSENT FORM

Play and activities:

I give consent for my child _______ to use all play equipment and participate in all activities at the Aboriginal Mother Centre Society Daycare Centre including supervised outings and field trips during the course of the program.

Parent/Guardian Signature

Print Name

Date

Photos:

I give permission for staff and practicum students at the Aboriginal Mother Centre Society Daycare Centre to take pictures of my child ______ for educational and documental purposes, within the AMCS Building.

Parent/Guardian Signature

Print Name

Date

Website:

I give permission for the publication of the photographs, films, video tapes of my child,

______ for use on the Aboriginal Mother Centre Society Website. Note – the document will represent a typical day in the playroom of children being engaged in activities and routines.

Parent/Guardian Signature

Print Name

Date

Sunscreen:

I give my permission for the Aboriginal Mother Centre SOCIETY Daycare Centre to apply sunscreen to my child ______ before going outside; when staff believes it is necessary. I will notify the staff immediately if my child develops any allergies or skin sensitivities to the sunscreen applied, alternatively I will provide sunscreen for my child ______.

Parent/Guardian Signature



CONTACT FORM

The Aboriginal Mother Centre Society Daycare Centre staff will call a Parent/Guardian in an emergency. It is our policy to call the alternative contacts listed on the contact form below, if we cannot reach you, in case of an emergency.

Please prove 3 people who will be authorized to pick up your child			
Name:		Relationship to Child:	
Home #:	Cell #:	Work #:	
Name:		Relationship to Child:	
Home #:	Cell #:	Work #:	
Name:		Relationship to Child:	
Home #:	Cell #:	Work #:	



Child Care

EMERGENCY CONSENT FORM

CHILDS NAME:	BIRTHDATE:	
Surname First		
ADDRESS:		
	HOME PHONE:	
CELL PHONE:	WORK PHONE:	
PARENTS NAME:	HOME PHONE:	
CELL PHONE:	WORK PHONE:	
EMERGENCY CONTACT:	CELL PHONE:	
OUT OF TOWN CONTACT:	PHONE:	
CHILDS DOCTOR:	PHONE:	
DATE OF MOST RECENT TETANUS SHOT:		
CHILDS 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:

Witness



Immunization Form



Policy Handbook Contract

The following contract pertains to the policies set forth in the Parent Policy Manual handbook governed by The Aboriginal Mother Centre Society. It is the parent's responsibility to read the Policy Handbook Manual completely before signing and it is the Parents' responsibility to abide by all the policies stipulated in the Handbook. This is a legal and binding Contract and signing it obligates you to this contract legally.

By signing each section I, ______ am agreeing that I _____ Have read and understand the Policies in the Parent Policy Manual Handbook.

Parent/Guardian please initials each section:

Aboriginal Mother Centre Society: ____Mission Statement ____Message from Board of Directors AMCS Daycare Centre: ___Mission Statement ___Program Philosophy __Staff Qualifications Operational Procedures: ___Hours of Operation Registration: ___Program Conditions __Program Fees and Payments __Late Fees __Waitlist ___Registration Procedures __Custody and Related Court Orders __Family Orientation Meeting __Gradual Entry __Withdrawal __Morning Drop Off __Afternoon Pick up __If parent/Guardian appears unable to Provide Safe Care __Withdrawal of Services Safety: __Children's Records __Immunizations __Illness __Medication __Public Health Nurse __Children who Require Extra Support __Food: we provide healthy a.m. /p.m. snacks and lunch __Allergies Emergency Procedures: __Principles and guidelines __Child Abuse Reporting __Concerns from Parents/Guardians

Aboriginal Mother Centre Society Daycare Program: __Curriculum __Daily Schedule __Clothing __Toys __Sun Protection __Fieldtrips __Birthdays & Celebrations

I ______ hereby acknowledge that I ______

Am aware of the conditions stated in the Aboriginal Mother Centre Society Daycare Centre Parent Policy Manual, and agree to abide by the above signed policies and requirements, and in conjunction with the financial agreement for the Child Care Services



FINANCIAL AGREEMENT CONTRACT

Fees for Childcare	Ages 30 months to age of 5		
Days	Under 9 Hours of Care	Over 9 Hours of Care	
Full Time	\$800.00	\$900.00	
3 Days	\$580.00	\$660.00	
2 Days \$420.00		\$480.00	
I will enroll my child		for 9 hours/more than 9 hours a day.	
The Monthly child care fee will be \$		Please circle one	

All Payments must be received by the 1st of each month/ 6 postdated cheques are encouraged. Please make cheques payable to: Aboriginal Mother Centre Society Centre.

I	hereby acknowledge that I		am aware of the conditions
stated in the Financial Agreemen	nt Contract and agree to abi	de by the above	e requirements.
Parent /Guardian Full Name			
Parent/Guardian Signature			
Staff Signature			
Date			



ABORIGINAL MOTHER CENTRE SOCIETY DAYCARE

WHAT YOUR CHILD NEEDS TO BRING TO DAYCARE

- INDOOR/OUTDOOR SHOES
- WATER BOTTLE
- Lunch Kit, Hot Thermos to keep foods hot and an ice pack to keep foods cold.
- 2 SETS OF COMPLETE CHANGE OF CLOTHES
 - o T-SHIRT
 - SWEATER
 - o PANTS
 - o SOCKS
 - UNDERWEAR
- OUTDOOR GEAR
 - RAIN PANTS/MUDDY BUDDY
 - WARM JACKET
 - o BOOTS
 - o HAT
 - WINTER GEAR –
 - HAT TO COVER EARS, MITTENS, EXTRA SWEATER, SNOW SUIT
 - SUMMER GEAR –
 - HAT WITH WIDE BRIM, SHORTS, EXTRA T-SHIRT, AND CLOSED TOE SANDAL
- DIAPERS OR TRAINING PANTS IF NEEDED as well as wipes, and any creams.

PLEASE CLEARLY LABEL ALL OF YOUR CHILDS CLOTHING AND FOOTWEAR.

CHILDREN ENGAGE IN MESSY ART PROJECTS OR GET WET IN WATER PLAY.

EXTRA CHANGE OF CLOTHES IS IMPORTANT.

ALWAYS CHECK YOUR CHILDS CUBBY DAILY AND TAKE HOME DIRTY CLOTHES AND REPLACE WITH NEW ONES.



DAILY SCHEDULE:

The following program plan provides an outline of your child's daily routine. We are flexible and adapt to the individual needs of children whenever necessary.

TIME	ROUTINE	ACTIVITY
7:45-9:00	FREE PLAY	Children are welcome to engage
Please have children dropped		with table toys, blocks, water
off by 10:00 a.m.		table, printing/coloring
9:00 - 9:30	Morning Snack	Children enjoy a healthy
		breakfast style snack with
		teachers and friends
9:30-10:00	Circle time	A staff member will lead an
		educational group time
		featuring important learning
		opportunities (cultural focus,
		calendar, weather, letters,
		numbers, animals etc.)
10:00-10:30	Art/Science	Arts and crafts with teachers
10:30- 11:45	Outdoor Play/Walk	Children spend time in the
		outdoor play area engaged in
		gross motor development.
11:45-12:00	Transition to Lunch	Children are transitioned inside
		to wash up for lunch
12:00-12:30	Lunch Time	Children enjoy a nutritious hot
		lunch with staff and friends
12:30-1:00	Transition to Nap	Children are cleaning up lunch,
		using bathroom and looking at
		books
1:00-3:00	Nap/Quiet Time	Children nap together in the big
		room, those who don't nap, ret
		on their matts until 2 and will
		get up and do quiet activities
3:00-3:30	Afternoon Snack	Children wake up transition to
		bathroom and afternoon snack
		with teachers and friends
3:30-5:00	Outdoor Time/Free Play	Children spend time engaged in
		art and outdoor play time or
		indoor play
5:00 5:20		Children and and the tria
5:00-5:30	Quiet Table Activities or	Children are engaged in quiet
	outdoor play	play or outdoor, until home
	Weather Permitting	time



ABORIGINAL MOTHER CENTRE SOCIETY DAYCARE

GRADUAL ENTRY PROCESS

It is our policy at the Aboriginal Mother Centre Society Daycare Centre to incorporate a gradual entry process into our program. We believe it is important for a child to be comfortable with our program and staff, before a parent or guardian is not present. The transitional period is 1 week the 5 day process is as follows:

Day 1 – Monday

9:00 Parent/Guardian stays with the child for one hour visiting the daycare centre together (introduction to the program, the staff, and observe morning play) _

Day 2 – Tuesday

9:00 – Parent/Guardian will stay for a few minutes; will tell the child they will be back before lunch time to pick up. Parent/Guardian will wait in the office or in the common room. Parent/Guardian must stay in the building. Child will stay for a.m. snack, circle time and one hour outside time. Pick up is at 11:30

Day 3 - Wednesday

9:00 Parent/Guardian will stay for a few minutes; tell the child they will be back after lunch time to pick up. Parent may leave (if child is adapting well to the program) Child will stay for lunch. Pick up is 12:30

Day 4 - Thursday

9:00 Parent/guardian will stay for a few minutes; tell the child they will be back after nap time to pick up. Parent may leave. Child will stay until after nap time. Pick up is at 2:30-3:00

Day 5 - Friday

9:00 Parent/Guardian will stay for a few minutes; tell child they will be back later in the afternoon after snack time or playtime.) Child will stay for a full day) Pick up is between 4:00-4:30

We are flexible to meet the needs of the children and families. Some children need extra support and longer time adjusting to the program, environment and new people. Some children may have already have daycare/program experience and may adapt well.

