

Komel's Daycare Registration

Dear Parents,

Please read this document thoroughly and keep a copy for your records. There is registration fee of \$245.00 associated with the completion of this application.

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.

Please initial here _____

Payment:

We collect payment through Pre-Authorized Debit (PAD) in partnership with Rotessa (third party payment solutions). Please click the link below and complete the Pre-Authorized Debit agreement (PAD). Once the PAD has been submitted, your spot is secure as we can charge the registration fee (\$245) and deposit (70% of the monthly full-time fee).

PAD: <https://app.rotessa.com/authorize/komelsdaycare>

There is a \$50 charge for any Non Sufficient Funds (NSF) declined charges. Our payment plans are on a fixed schedule system (i.e. same schedule each week throughout the course of the month) ranging from 1 day/week to 5 days/week dependent on enrollment/availability. Monthly payments are withdrawn at the start of the month (unless starting mid-month, in which case it is typically pro-rated for that month but subsequent months will be billed at the beginning of the month).

If parents are seeking to drop-in on a day outside their regular schedule – we cannot guarantee spot availability but you can check with your corresponding centre staff (either a few days prior or calling in the morning on the day of attendance). If you are dropping-in, our charge is \$90/day (cash only) and can be delivered to any staff on the floor.

Payments for drop-in must be made in cash on the day of attendance.

Deposit (Refundable)

A refundable deposit fee of 70% of the monthly full-time fee 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 60 day advance notice before termination of care.
- Meet termination conditions (see below)

Please initial here _____

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.

Termination/Change of Service:

We require a 60 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 60 day notice is provided after May 1, than full payment must be made for May, April and June [end of monthly cycle]. However, if notice is given on May 1 or before, end of billing cycle would be April).

Vacation

In the case of vacations taken by parents', full payment is required to reserve child's registration for that duration.

Administrator:

Name: Mohammad

Email Contact: komels_daycare@hotmail.com

Role: Payment, registration, parent vacation notification, etc. as well as any serious.

Direct Centre Contact Details:

To contact the centre, please call **604-655-1895** (please save and keep this number for your record). Please call this number if you need to inform of absence, late pick-up/drop-off. If we are unavailable, please leave a voice message and we will review later in the day.

Please initial here _____

Items list for 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) Water bottle
- 8) Milk bottle
- 9) Bibs

Snacks/Lunch

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

The daycare will be closed on statutory holidays and designated holiday closures (see below)

Child's **immunization records** (see immunization for childcare section below) must be included with this document.

Parent(s) agree to provide 60 day notice if this agreement is to be terminated.

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

Parent Name

Parent Signature

Please initial here _____

Schedule

Hours of Operation: Monday to Friday (8:00 am - 5:30 pm)

The daycare will be closed on all statutory holidays (see below, list may not be inclusive of all stat 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
National Day for Truth and Reconciliation

Daycare Holiday Closure *(Please note if statutory holidays fall on a weekend, the statutory holiday is moved to the next business day)*

Winter Holiday Schedule: Please see the website (<https://www.komelsdaycare.com/daycare-closure.html>) for closure dates [Please note Dec 25, Dec 26 and Jan 1 are stat holiday].

Summer Holiday Schedule: Please see the website (<https://www.komelsdaycare.com/daycare-closure.html>) for closure dates,

Pro-D Schedule:

We will have three days of (paid) closure in a calendar year for professional development. This will occur on the first Wednesday of the month in October, March and December (effective 2023 and onwards)

Fees

Daycare fees are listed on our website based on age & number of days attending. In April, we do fee increases and fees may be incremented by up to maximum of 10% to adjust for increased costs (labor, equipment, etc.)

Attendance The parents are responsible for informing the daycare early in the day (before 9 am) if the child will not be attending the care that day.

Please initial here _____

Registration

Name of Facility:

CHILD'S STARTING DATE:

SEX:

DATE OF BIRTH:

____/____/____
YY MM DD

M ____ F ____

____/____/____
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: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Please initial here _____

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 ___

Please initial here _____

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

Information Received By: _____

Print Name

Signature

DATE: ____/____/____
YY MM DD

Office Use Only

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

Please initial here _____

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 (HB)								
MENINGOCOCCAL CONJUGATE								
PNEUMOCOCCAL CONJUGATE								
MMR (MEASLES, MUMPS, RUBELLA)								
MEASLES (RUBEOLA)								
RUBELLA (GERMAN MEASLES)								
MUMPS								
HPV (HUMAN PAPILLOMAVIRUS)								
VARICELLA (CHICKENPOX)								
LIST OTHER VACCINES								

Please initial here _____

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 at the centre. If you have further questions, feel free to email (komels_daycare@hotmail.com) or contact the centre (6046551895). 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

Please initial here _____

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.

Please initial here _____

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.

Hand, Foot and Mouth Disease: Contagious viral infection common in young children. Symptoms include sores in the mouth and a rash on the hands and feet. Hand-foot-and-mouth disease is most commonly caused by a coxsackievirus

WHEN TO KEEP THE CHILD HOME: Must remain home for 10 days after symptoms start.

Please initial here _____

Please attach
child's photo to
this form

EMERGENCY CONSENT FORM (Please detach this section)

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

Please initial here

