



MOUNT PLEASANT  
COMMUNITY CENTRE ASSOC.

Winter / Spring Break

# Forms Package

**Our House Child Care Centre**

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MOUNT PLEASANT  
COMMUNITY CENTRE ASSOC.

## Winter / Spring Break 2011-2012

# Registration Form

Name of Child: \_\_\_\_\_ Child's Birthdate: M \_\_\_D\_\_\_Y\_\_\_

Name of Child: \_\_\_\_\_ Child's Birthdate: M \_\_\_D\_\_\_Y\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_ Other Phone: \_\_\_\_\_

Name of person to appear on receipt: \_\_\_\_\_

Every fun-filled day, will be spent enjoying a variety of activities within our community. Please ensure that your child is dropped-off at the program by **10:00am** daily. **(Watch for notices announcing early departures for some out trips)**

Winter program scheduling may change based on lack of cooperation on the part of the weather. We will advise you of any changes the morning of the trip in question. **Please send children prepared with rain gear and clothes appropriate for cooler weather. A change of DRY clothes is also recommended to bring along on daily out trips.**

### WINTER BREAK SCHEDULE & FEES

Please circle which time options you would like.

	7:30am - 9:00am	9:00am - 4:00pm	4:00- 6:00pm	5-8 yrs	9-12 yrs	Total
Dec. 19-23 5 Days	\$29	\$133	\$38			= \$
Dec 28-30 3 Days	\$17	\$80	\$23			= \$
<b>Grand Total →</b>						= \$

### SPRING BREAK SCHEDULE & FEES

Please circle which time options you would like.

	7:30am - 9:00am	9:00am - 4:00pm	4:00- 6:00pm	5-8 yrs	9-12 yrs	Total
March 12-16 5 Days	\$29	\$133	\$38			= \$
March 19-23 5 Days	\$29	\$133	\$38			= \$
<b>Grand Total →</b>						= \$

## **Registration Package**

Please read over the Family Winter Break Package.

It is your responsibility to request the following forms (if required) from the Out of School Care Supervisor:  
T      Permission to Administer Medication Form.

NOTE: The Winter Break receipt is proof of your child's enrollment. Please ensure that your child has been booked in the correct weeks and times when you receive your receipt back.

**Refunds:** The deadline for all refunds is THURSDAY closing two weeks prior to the start date. For example, if you are withdrawing your child from the program for Week 1, we require notice by Thursday closing Thursday, December 8<sup>th</sup>, 2011 for Winter Break and Thursday, March 8<sup>th</sup>, 2012 for Spring Break.

## **Acknowledgment and Assumption of Risk**

The participant and parent or legal guardian acknowledges that they are aware of the details of the program, trip, or event, and that there exists an element of personal risk of damage or serious injury in the activities. The participant and parent or legal guardian willingly agrees to assume responsibility for those risks as a condition of registering in the program.

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## **Parent/Guardian Agreement**

Your signature below indicates that you have accurately completed the Registration Package, and acknowledges that you have read and understand the information on this page in addition to the Family Winter Break Package. By signing below, you are agreeing to abide by the Daycamp procedures as a condition of your child's participation in the program.

Enrolling Parent/Guardian's Name: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Consent forms must be completed by the legal parent/guardian and returned by Friday, December 9<sup>th</sup>, 2011, or Friday, March 9<sup>th</sup>, 2012. We are a licensed program, and need to adhere to those policies, therefore without the proper paper work; we will remove your child from the program. If you register after December 9<sup>th</sup>, 2011 or March 9<sup>th</sup>, 2012, the forms must be in the Thursday before the camp starts.*

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# Registration & Health Form

**CHILD'S STARTING DATE:**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**YY MM DD YY MM DD**

**SEX:**

M \_\_\_\_ F \_\_\_\_

**DATE OF BIRTH:**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**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: \_\_\_\_\_

**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:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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
_____	_____	_____
_____	_____	_____

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.

<b>Custody Agreement</b> YES <input type="checkbox"/> N/A <input type="checkbox"/>	<b>Provided to Facility</b> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Immunization Documents Returned to Facility</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b><u>Information Provided By:</u></b> _____	
Print Name	Signature
<b>DATE:</b> ____/____/____	
YY	MM DD
<b><u>Information Received By:</u></b> _____	
Print Name	Signature
<b>DATE:</b> ____/____/____	
YY	MM DD

<i>Office Use Only</i>
<b>Date Child Leaves the Facility: DATE:</b> ____/____/____
YY MM DD



**IMMUNIZATION INFORMATION**



Dear Parent/ Guardian;

VCH must have a record of each child's immunization history. If one of the diseases listed below occurs in your school/childcare facility and immunizations are not complete, the Medical Health Officer may require your child to stay at home. Please complete and return this form to the school/childcare facility.

Return of completed form is my consent for my child's immunization history to be entered into a Vancouver Coastal Health (VCH) confidential electronic database. If you do not wish to have this information recorded in an electronic database, please inform us in writing.

PLEASE PRINT CLEARLY

School/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: \_\_\_\_\_

My child had chicken pox.  Yes  No  Don't know.

Attach a photocopy of your child's immunization record OR fill out the following record.

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



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## MPCCA Child Care Photo Release Form

I, \_\_\_\_\_ hereby grant the Mount Pleasant  
Name

Community Centre Association's Child Care Programs permission to photograph my child

\_\_\_\_\_  
Child's Name

I understand that these photos may be displayed in the daycare centre and/or used in publications or on the Mount Pleasant Community Centre website.

I understand that I have the right to request removal of any photos.

By signing below, I acknowledge my understanding of the above and grant my permission for use of the photograph/s.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

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Winter / Spring Break  
**Local Field Trip Consent Form**

Dear Parent/Guardian:

It is our policy that we notify parents/guardians when we plan special field trips. However, we do go on spontaneous short field trips, e.g. parks, walks. We undertake these activities to provide a stimulating program for your child/ren and wish to obtain your support and consent.

**Please complete the following:**

I give consent for my child/ren to go on spontaneous short field trips.

Child's Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Out of School Care Staff: \_\_\_\_\_

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## Winter / Spring Break Parent/Guardian Agreement

### 1. Health and Safety

- a. I understand that only medication that has been prescribed by a physician and that is in the original prescription container/bottle will be administered to my child by a staff member.
- b. I am aware that my child must be well enough to participate in all program activities, including outdoor play to attend the program.
- c. I will notify a staff member when my child will be absent from the program. I am also responsible for notifying a staff person when my child has a communicable illness.
- d. I understand that if my child becomes ill or injured during the day, then the program will contact me or my emergency contacts to have the child taken home.

### 2. Excursions

- a. I give permission for my child to go on excursions off site. I understand that my child may be transported by public transit, rented bus, or by foot.
- b. I will be informed about all excursions in advance except outings that are within walking distance from the community centre.

### 3. Delivery and Pick-Up

- a. I will contact the program staff if person(s) other than those mentioned on the Emergency-Consent Card will be picking up my child (photo identification will be required).
- b. I understand that if my child has not been picked-up by the scheduled pick-up time, I will be charged a late fee. I will be expected to pay a \$5.00 charge for the first 5 minutes past the scheduled pick-up time and \$1.00 for each additional minute thereafter. The overtime fine must be paid within 24 hours to the front office or my child's care will be withdrawn until the fee has been paid in full.
- c. The Ministry of Children and Family Development will be contacted for assistance if a staff person is unable to reach: the person(s) authorized for pick, or have not heard from the enrolling parent/guardian within thirty minutes of the program's closing time.
- d. I am responsible for the care and transportation of my child to and from the community centre and will deliver my child directly to a program staff member.
- e. I understand that my child will not be released at pick-up time if a staff person is concerned for the child's safety.

#### 4. Termination of Services

- a. I understand that termination of services will occur when:
    - i. I fail to comply with the expectations outlined in the parent/guardian agreement.
    - ii. The program is unable to satisfactorily resolve a conflict with a family.
    - iii. The child's behaviour is severely disruptive or physically threatening to the well-being and safety of the other children or staff.
  - b. If a child is dismissed from the program, the Childcare Coordinator will refund fees in lieu of notice.
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#### Acknowledgment and Assumption of Risk

The participant and parent or legal guardian acknowledges that they are aware of the details of the program, trip, or event, and that there exists an element of personal risk of damage or serious injury in the activities. The participant and parent or legal guardian willingly agrees to assume responsibility for those risks as a condition of registering in the program.

#### Parent/Guardian Agreement

Your signature below indicates that you have accurately completed the registration page, and acknowledges that you have read and understand the information above in addition to the family package. By signing below, you are agreeing to abide by the procedures as a condition of your child's participation in the program.

Enrolling Parent/Guardian's Name: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_