



South Delta Wee Clubhouse & South Delta Wee Acorn Registration Bundle

- ☐ Child's Information
- ☐ Health Information
- ☐ Emergency Contacts/Authorized Pick-up Contact
- ☐ Emergency Consent Form
- ☐ Immunization Record
- ☐ Facility Care Contract
- ☐ Agreement of Contract terms
- ☐ Permission Form
- ☐ Personal Emergency Preparedness Kit
- ☐ Family Photo & Child's photo
- ☐ Copy of custody agreement *(if applicable)*
- ☐ Fees *(posted cheques made out to South Delta Wee Clubhouse)*
 - \$100 non-refundable registration fee
 - \$350 non-refundable deposit (will be applied to the Child's first month tuition)



Registration Package

Start Date:

Child's First Name	Child's Middle Name	Child's Last Name
Child Responds to		
Birthdate	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Child Information

Name		Relationship	
Address		City	Postal Code
Main Phone/ Cell Phone	Work Phone	Email	
Place of Work		Hours of Work	

Parent/Guardian #1

Parent/Guardian #2

Name		Relationship	
Address		City	Postal Code
Main Phone/ Cell Phone	Work Phone	Email	
Place of Work		Hours of Work	

Siblings

Name(s)

Custody Agreement

<input type="checkbox"/> Yes (if yes please provide documentation)	<input type="checkbox"/> No
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Registration Package

Health Information

Family Physician	Phone Number
Care Card Number	

Allergies/Dietary Restrictions (please circle) YES NO	If yes, provide information
Medication/Therapies YES NO	Consent/Instructions Regarding Medications
Does your child have a medical/developmental concern/diagnosis? YES NO	If yes, provide information
Does your child have asthma? YES NO	
Has your child had a seizure in the past year? YES NO	If yes, provide information
Immunizations Up to Date? YES NO <i>Please provide an updated copy of immunization records</i>	
Specific Religious Observations:	
Dislikes/Fears:	

Has Your Child Been in Childcare Before? <i>(Where/for how long?)</i>



Registration Package

Emergency Contact (Please provide at least one)

Name	Relationship
Cell Phone Number	Work Phone Number

Name	Relationship
Cell Phone Number	Work Phone Number

Persons Authorized to Pick Up (*Other than parents*)

Name	Relationship
Cell Phone Number	Work Phone Number

Name	Relationship
Cell Phone Number	Work Phone Number

Out of Area Contact (*Not in the lower mainland*)

Name	Relationship
Cell Phone Number	Work Phone Number

Persons Unauthorized to Pick up (if any)

Name	Relationship
Cell Phone Number	Work Phone Number

Community Care Facilities (that are licensed to provide care to children are required to have a copy of the Immunization Status on file for each child in care, in the event that an outbreak of a communicable disease should occur. This information will assist in identifying those that may require exclusion because they are not immunized.

This form has been provided to:

- Assist in identifying those children who are not fully immunized and
- Assist licensee's in meeting Section 57(2)(a) of the *Child Care Licensing Regulation*.

To be completed by Parent/Guardian:

Child's Name

Date of Birth

Complete Immunization:

- ☐ Record on vaccinations attached
- ☐ Record on vaccinations unavailable

Received immunization in:

Year of last Vaccine

City

Province

(If not in Canada, include country)

Incomplete Immunization:

- ☐ My child has had some vaccinations
- ☐ My child has no vaccinations
- ☐ I do not know

Parent's/Guardian's Printed Name

Date

Parent's/Guardian's Signatures



CHILDCARE EMERGENCY CONSENT FORM

Child's Name		Birthdate	
Address			
Parent/Guardian Name	Cell Phone	Home Phone	Work Phone
Parent/Guardian Name	Cell Phone	Home Phone	Work Phone

Emergency Contact	Cell Phone	Work Phone
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Out of Town Contact	Phone
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Child's Doctor	Phone
Allergies/Medication	Date of most recent Tetanus Shot

Child's Dentist	Phone
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Care Card Number

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



Registration Package

Items Needed from Home

- Nap Bedding – We need a crib sheet/blanket that they sleep on, and you must provide a blanket for them to cover up with, as well as any comfort items that they may need to sleep (blanket, soother, etc.) Please no large pillows as they will not fit inside of their bin/cot.
- Diapers/Rash Ointment/Wipes (Training pants or pull-ups for those who are potty training).
- Spare Clothing – including underwear and socks, 2 complete sets and at least 3 complete sets for those potty-training. Please pack a pair of inside shoes that stay at the daycare.
- Spray sunscreen and a wide-brimmed hat.
- Weather appropriate clothing - jacket/splash/snow pants (muddy buddy) hats/mitts, boots etc. – lack of weather appropriate clothing will prevent your child from enjoying our outdoor play time, please ensure you dress your child for outdoor play every day.
- Please label all items with your child's name.
- Please no bento boxes for all ages.
- If your child is under the age 2.5 years old, please pack a bib. Preferably a silicone bib as they work the best and leave the least mess.
- Please provide a " wet bag " for accidents as plastic bags have now been banned.
- 2 kleenex boxes
- Ice pack in your child's lunch bag each day and cutlery, if needed.

Examples of food items for each mealtime:

Morning snack:

Fruit/vegetables, yogurt, cheese, eggs etc. We will have them choose these options first as it could spoil.

Lunch time:

Main meal (sandwich or a warm lunch that is in a thermos, this can consist of pasta, potatoes, meat etc.) and a small snack to go with it (dry snacks such as, crackers, granola bars and/or vegetables/fruit).

Afternoon snack:

Dry snacks (crackers, granola bars etc.) as well as pouches or fruit cups.

Please ensure that children come dressed in "play" clothes. Although we are careful while doing art and playing outside; there are instances where clothes could become dirty and stained. We appreciate your understanding. Extra supplies can be left at the daycare and replenished, when necessary, space permitting.



Registration Package

Personal Emergency Preparedness Kit

Below is a list of items that should be included in your child's Emergency Disaster Kit. In the unlikely event that there is an emergency, these kits will be used to help make this time as calming and safe for your child as possible.

Please compile all the items below into a large Ziploc bag labeled with your child's name and return to the daycare.

- **Bottle of water**
- **Small snack (Granola or energy bar, crackers – must be perishable)**
- **Rain poncho**
- **Small blanket (receiving blanket and or foil emergency blanket)**
- **Small toy**
- **Family photo**
- **Pair of socks**
- **Travel sized Kleenex**

Release of Liability Waiver/Consent Form

South Delta Wee Clubhouse and Wee Acorn Academy

I/We, the undersigned, as the parent(s) or legal guardian(s) of _____
(the "Child") do hereby give my/our full consent and approval for my/our child to participate in activities
at South Delta Wee Clubhouse/South Delta Wee Acorn Academy and on classroom outings.

I/We understand that there are certain risks of play that **may** result in damages and injuries in the
participation of my/our child during these activities and I/we hereby accept these risks on behalf of
my/our child.

"Activity" or "Activities" include but are not limited to inside or outdoor playtime at Wee
Clubhouse/Wee Acorn Academy (the "Premises"), outdoor playtime away from the Premises,
community walks, special events/days, soccer at the Delta Manor field, Taekwondo, and any other
regular preschool programming.

I am aware that there are inherent and significant risks associated with the Activities (the "Risks"). I am
aware that those Risks include but are not limited to the potential for serious personal injury to the
Child caused by any event, or condition on the Premises, land, or equipment, where the activities take
place.

NOTICE TO PARENT(S)/GUARDIAN(S)

It is a condition to the Child's participation in the Activity that you, the undersigned
parent(s)/guardian(s) of the Child, must carefully read and understand this document and sign it to
acknowledge that you have read and understand it and that you understand that the Child's
participation in the activity will expose the Child to risks of harm and that you accept full responsibility
for exposing the Child to such risks.

I/We hereby certify that my/our child is fully capable of participating in activities at South Delta Wee
Clubhouse/South Delta Wee Acorn Academy and that my/our child is healthy and has no known/hidden
physical or mental disabilities or infirmities that would restrict his/her full participation in such activities.

Note: All references herein to "South Delta Wee Clubhouse and South Delta Wee Acorn Academy"
include any organization, society or association involved in the operation of and/or provision of services
at the childcare facility and all of their respective official, directors, officers, employees, volunteers and
agents.

Anyone under 19 years of age- infant, child or youth – is defined as child in legal terms.

**Please list any and all restrictions below that may affect your child's physical participation that we
should be aware of:**

Release of Liability Waiver/Consent Form

South Delta Wee Clubhouse and Wee Acorn Academy

I/We hereby, for myself/ourselves and on behalf of my/our child, agree to save and hold harmless and fully indemnify South Delta Wee Clubhouse/South Delta Wee Acorn Academy and Staff, Licensee, Subcontractors, Owners and Partners from any and all liability for any personal injury or injury to any third-party child resulting from my/our child's actions/participation in the above-mentioned activities.

Parent/Guardian Responsibility for Child

I/We, the undersigned Parent(s)/Guardian(s) of the Child, understand and accept that, in respect of the Child's participation in the Activities, it is my/our responsibility (1) to ensure that I/we consider and understand the risks, dangers, hazards and consequences of injury inherent in the Activity, (2) to determine, taking into consideration those risks and the Child's behavioural characteristics, physical health and abilities, whether the Child should be allowed to participate in the Activity, (3) to ensure that the Child is appropriately covered by medical insurance for any harm occurring in the Activity, and (4) to provide emergency medical information regarding the Child as required in this document.

Aware of Risks

I AM/WE ARE AWARE OF AND NOW FREELY ACCEPT AND ASSUME FOR ME/US AND THE CHILD RESPONSIBILITY FOR ALL RISKS TO THE CHILD IN CONNECTION WITH HIS OR HER PARTICIPATION IN THE ACTIVITIES, INCLUDING AS FOLLOWS:

- (1) the Child's participation in the Activities, even if the Child possesses behavioural characteristics, physical health and abilities appropriate for the Activities, poses risks of harm to the Child;
- (2) the nature of the Activities are such that the South Delta Wee Clubhouse and South Delta Wee Acorn Academy cannot identify all risks associated with the Activities and cannot guarantee that South Delta Wee Clubhouse and South Delta Wee Acorn Academy staff participating in the Activities will not make errors therein or that other children participating in the Activities will not cause injuries therein others that staff can or might be able to prevent.

I/WE, THE UNDERSIGNED PARENT(S)/GUARDIAN(S), AM/ARE THE PARENT(S) AND/OR LEGAL GUARDIAN(S) OF THE CHILD AND FOR THE CHILD I/WE HEREBY CONSENT TO HIM OR HER PARTICIPATING IN THE ACTIVITIES, AND, FOR MYSELF/OURSELVES AND THE CHILD, IN RETURN FOR SOUTH DELTA WEE CLUBHOUSE/SOUTH DELTA WEE ACORN ACADEMY ALLOWING THE CHILD TO PARTICIPATE IN THE ACTIVITY:

- 1) I/We, and my/our heirs, next of kin, executors, administrators and assigns ("Legal Representatives") now waive all legal rights to sue. I/we or the Child or our respective successors and assigns may have against the South Delta Wee Clubhouse and South Delta Wee Acorn Academy in connection with any loss, injury, damage, or expense that I/we or the Child may suffer, incur or may suffer, incur or experience in connection with the Child's participation in the Activities; and
- 2) I/WE HEREBY RELEASE the South Delta Wee Clubhouse and South Delta Wee Acorn Academy from any and all liability for any complaints, demands, claims, actions, suits, judgements and orders for any and all losses, injuries, damage or expenses I/we or the Child may suffer, incur or experience in connection with the Child's participation in the Activities; and
- 3) FOR MYSELF/OURSELVES, I/WE AGREE TO INDEMNIFY South Delta Wee Clubhouse and South Delta Wee Acorn Academy for and hold it harmless from any and all losses, injuries, damages

Release of Liability Waiver/Consent Form

South Delta Wee Clubhouse and Wee Acorn Academy

and expenses of any kind that South Delta Wee Clubhouse and South Delta Wee Acorn Academy may suffer, incur or experience and for any and all complaints, demands, claims, actions, suits, judgments and orders for any and all losses, injuries, damages or expenses of any kind anyone else may suffer, incur or experience in connection with the Child's participation in the Activities.

- 4) I agree that this waiver and all terms contained within are governed exclusively by the laws of the Province of British Columbia. I hereby irrevocably submit to the exclusive jurisdiction of the courts of British Columbia. Any litigation to enforce this waiver must be instituted in the Province of British Columbia.
- 5) I/we confirm that I/we have had sufficient time to read and understand each term in this waiver in its entirety and have agreed to the terms freely and voluntarily. I understand I have the right to consult with my/our own lawyer concerning the terms and my/our rights within this waiver. I understand that this waiver is legally binding on my/our Legal Representatives and myself/ourselves.

Signed this _____ day of _____
Date Month Year

Signature of Parent or Guardian #1

Signature of Parent or Guardian #2

On behalf of _____
Child's Printed Name

Reviewed for Completeness by Manager – Signature



Facility Care Contract

This contract is made between the parent(s)/guardians:

_____ name of parent(s)

_____ address of parents(s)

and South Delta Wee Clubhouse/South Delta Wee Acorn Academy for the care of the following child:

Child's Name: _____

Date of Birth: _____

Financial

The payment for care shall be \$_____ per month (after govt fee reduction). Payment shall be paid on the 1st of each month in the form of post-dated cheques. (Our fees are a year's worth of care broken down into 12 equal payments that include stat holidays and centre closures). Please ensure to write your child's name on the memo line.

NSF cheques are required to be replaced the following day with a \$20.00 charge added

If the government funding is taken away, all parents will be required to pay the full price of daycare.

The daycare reserves the right to fee increases on January 1st of each year.

This monthly fee may increase by 2-4% from the time of registration to the actual start date; the increased fee will be required.

Your fees reflect the schedule as follows:

Arrival time _____am and pick up time _____pm - Monday to Friday

Monday____Tuesday____Wednesday____Thursday____Friday____ (Check days of care)

Our hours are:

7:30am-5:30pm (subject to change) Wee Clubhouse

8:00-5:30 (subject to change) Wee Acorn Academy



Scheduling

Your child's start date is _____

Your child's end date is _____

Late Fees

- From 5:30 p.m. to 6:00 p.m. the fee for the first time late is \$20.00.
- The fee for the second time late is \$3.00 per minute.
- If late four times in any four-week period, the family faces removal from the centre.
- The daycare clock is the time used to determine the late payment.
- Late fees are required to be paid at the start of the following day.

When a child is ill or on holidays, the parents are expected to make every effort to give the provider as much notice as possible. Parents are expected to pay on child sick days and holidays. Our expenses and staff do not change if your child is absent therefore nor do your fees. Your fees reflect your spot not attendance.

This contract may be terminated by the parent(s) with required 2 calendar months' notice prior to the last day of care. If a child does not attend during the final 2 calendar months, payment is still required.

The provider may immediately terminate this contract without any notice if payment is not made on time.

In the event that the child is not adjusting to daycare, and the provider has made every effort, termination of childcare will be exercised in the best interest of the child.



Agreement of Contract Terms

Please have both parents initial the section below.

	Initial	Initial
Deposits are non-refundable and non-transferrable		
Once a child's registration package (including deposits and the first month's fees) is collected, South Delta Wee Clubhouse/South Delta Wee Acorn Academy will not be in contact with the family until 4-6 weeks before their start date. If you have any questions prior to that time please contact us at southdeltaweclubhouse@gmail.com or southdeltaweacorn@gmail.com .		
If a family decides not to start at our facility, the deposit will <u>not be refunded.</u>		
Withdrawal must be done through our withdrawal notice form and a minimum of 2 calendar months' notice is required.		
If for any reason the child or family cannot adjust to our facility, we reserve the right to terminate without notice.		
If for any reason the child has behavioural issues that cannot be resolved, we reserve the right to terminate without notice.		
The contract can be revised at any time by the provider if necessary.		
I have read and understood the Parent Handbook.		
I have read, understand, and will follow without dispute the centres Illness Policy.		
I understand that staff are always treated with respect.		
I understand that if I have a concern, I will speak to the manager/director directly.		
You agree to these terms as it is a binding agreement.		
The start date given when registered is your official start and when fees are due.		
We do not reduce the number of days you set and signed in this contract. For example, if you signed up and registered for 5 days a week, you cannot reduce them to 4 days a week.		
If the provider chooses not to enforce any portion of the contract, it does not give up the providers right to enforce any other portion of the contract.		
All communication is done through Seesaw. We require that you check in with us if your child has been sent home sick or has been at home sick before returning.		



Permission Form

Please have both parents initial the section below.

	Initial	Initial
I give permission for my child to use all the play equipment and to participate in all daycare activities. Including, but not limited to Taekwondo, Soccer Shots, walking field trips, and outside play.		
I give permission for my child to be included in photos that are connected to the daycare. Website Newspaper Advertising Instagram Facebook		
I authorize South Delta Wee Clubhouse/South Delta Wee Acorn Academy to take photographs of my child for the sole use of the daycare.		
I grant permission for staff members to take whatever steps necessary to obtain emergency medical care if warranted. These steps include contacting paramedics. Any expenses incurred will be borne by the child's family.		
The daycare will not assume responsibility for a child who has not been handed over to a teacher directly once he/she arrives for the day.		
I authorize South Delta Wee Clubhouse/South Delta Wee Acorn Academy to apply sunscreen to my child.		
I authorize South Delta Wee Clubhouse/South Delta Wee Acorn Academy to use soap and water to clean cuts/scrapes to my child to avoid infection.		
As per Licensing Regulations we are required to provide a separate sleeping area located away from any activity for children younger than 36 months of age.		



Signatures

The signatures below indicate agreement with this contract and with the written policies of the provider. The provider may change policies/contract as needed with written notice.

Signature of Parent or Guardian #1

Date

Signature of Parent or Guardian #2

Date

Childcare Provider's Signature

Date

If the parent or legal guardian is under the age of 18, a co-signer must sign this agreement and act as guarantor to the contract and agree to be bound by all financial terms.