

South Okanagan Quality Childcare (OES Preschool)
REGISTRATION FORM

CHILD'S INFORMATION:

Date of Enrollment: _____ Date of Withdrawal: _____

Child's Name: _____ Gender: _____

Care Card #: _____ Date of Birth: _____

Doctor: _____ Doctor's Number: _____

Immunizations Up to Date: YES___NO___ Not Immunized ___

Medical Problems or Concerns (Including Disabilities): _____

Allergies or Special Dietary Requests: _____

Significant Changes in the Last Year: _____

PARENT'S INFORMATION: Email: _____

Custody Agreement: YES__NO__
(If yes, copy **MUST** be attached before child can attend)

Parent Name: _____ Address: _____

Home Phone: _____ Work: _____ Cell: _____

Co-Parent Name: _____ Address: _____

Home Phone: _____ Work: _____ Cell: _____

EMERGENCY CONTACTS:

(Excluding parents of child. Called if parents are unavailable. Also authorized to pick up children.)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

PEOPLE AUTHORIZED TO PICK-UP MY CHILD FROM THE PRESCHOOL:

(Excluding parents and emergency contacts if necessary.) IN ADDITION TO EMERGENCY CONTACTS

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Persons not permitted access to my child: _____

I give permission to the staff of OES Childcare to take a photograph or digital image of my child to comply with licensing regulations. I understand that this photo will be kept in my child's file or on their emergency card only.

YES **NO**

If "NO" you must submit a picture for their file in order for us to comply with licensing regulations.

In addition, I give permission to use photographs of my child for in class displays

YES **NO**

I also give permission to use photographs of my child for advertising or promotional purposes (ie. In the paper or on our website or social media.)

YES **NO**

All information is kept confidential. Please use the bottom of this form to write down any special likes and dislikes, security items, fears, or anything at all you would like the caregiver to know about your child. This will help the caregiver better understand your child.

(Parent Signature)

(Date)

(Co-Parent Signature)

(Date)

(Manager or Administrator Signature)

(Date)

Registration Fees:

- Preregistration fee is \$50.00 and non-refundable
- \$30.00 is an administration fee towards field trips and memory books
- \$20.00 is applied to your first months payment

Registration fee is \$30.00 as above for those not preregistered.

OES Preschool
Contract

Child's Name: _____ Date: _____

This contract is for the care of the above-mentioned child.

My child will attend the following days and hours, unless otherwise discussed with the caregiver:

I have agreed to pay: Monthly

- \$198.00 Mon/Wed/Fri Preschool (210.00 if paid after the 1st)
- \$132.00 Tues/Thurs Preschool (140.00 if paid after the 1st)
- \$330.00 Monday thru Friday (350.00 if paid after the 1st)

I understand that I will not be reimbursed for any day my child did not attend preschool that month. This includes Statutory holidays and school closures for that month, such as Christmas, Easter and Spring break.

No refunds are given for absences due to family Vacations, illness, or legal holidays, or school holidays (such as Christmas, Easter, spring break, etc.)

I agree to renew my subsidy contracts on time (if applicable). I also agree to pay in advance for care and if I receive subsidy, I understand that I will be reimbursed after the daycare receives the payment.

I have agreed to pay my total monthly fee, due on or before the first of each month. I understand that payment is by post dated cheques, e-transfer or cash. (Please make cheques payable to South Okanagan Quality Childcare.) I will receive a receipt upon payment of my bill. I also agree that if I do not pay in advance by the first of the month, then I forfeit the early payment discount and must pay the full amount. If I do not pay by the seventh of the month I will be assessed a 10 % late fee and my child will not be permitted to attend until my fees are paid. I further understand that if payment is not made in full by the 15th of the month, that my child will no longer be able to attend and his/her spot will be taken by a child on the Preschool waiting list.

Parent signature: _____

If my child is going to be absent for any reason during any time period, I agree to inform the Preschool in advance, giving as much notice as possible.

I understand that during the trial period of four (4) weeks, no notice is required to terminate care. I agree to give two (2) weeks notice after this trial period if I am going to terminate the service. I understand that this is the same procedure the Preschool will follow if they are to terminate care. If I have prepaid with post dated cheques, I will be reimbursed all except the current month.

If I realize I am going to be late on any day, I will call the Preschool as soon as possible. I understand that if I am in excess of 10 minutes late picking up, I will be charged \$1.00 for every minute or part thereof that my child is still at the Preschool. I also understand that if I am in excess of 30 minutes late, and I have not phoned, or could not be reached by the caregiver, he/she will phone my emergency contacts to come get my child. If they cannot be reached, I understand that the caregiver will phone the Ministry for Children and Families to come pickup my child.

I understand that the Preschool cannot allow my child to be sent home in a taxi, or to walk home. I understand that my child MUST be picked up by myself, the staff or an authorized person who is named on my child's registration form.

I understand that if I am under the influence of drugs or alcohol when picking up my child, the caregiver will offer to phone a taxi or find a designated driver to get the child and myself home safely. If I refuse, and insist on driving home, I understand that the caregiver is legally responsible to phone the local police and report my license plate number, direction of travel and also phone the Ministry for Children and Families. If an authorized pickup person is under the influence when coming to pick up my child, I understand that the caregiver will phone me and ask that I come pick up my child.

I understand that when I am dropping my child off, I am to be on time. If I am going to be late, I will call the Preschool to let them know. I understand that this is because the Preschool may have an activity or an outing planned for this day, and if I am late, it will inconvenience the Preschool and other children.

I understand that the Oliver Elementary School is a non-smoking premise. All cigarettes must be put out before entering the school property.

I agree not to send my child to Preschool when he/she has anything contagious, other than a cold, until he/she has been on antibiotics for at least 24 hours. I also will not send him/her when he/she has had a fever, diarrhea, or has thrown up within the last 12 hours. I understand that I need to contact the Preschool as soon as possible if this happens and my child is supposed to be attending within the 12 hour time span. I will also inform the Preschool if he/she has come in contact with a communicable disease.

Emergency management of Pandemic influenza or Covid-19

During a pandemic our centre will enforce strict cleaning and attendance rules.

Attendance – Staff will take and record each child's temperature and look for signs on the declaration of wellness. If a child has a fever or any symptoms the parent or emergency contact will be contacted for immediate pick up.

****DONOT bring your child if they or you are sick****

Cleaning – All toys and high touch areas are cleaned daily

Parents and children will be required to use hand sanitizer at drop off each day. In addition to regular hand washing before eating and after toileting, Children will be required to wash their hands if they cough, sneeze or put anything in their mouths. Any toys that are mouthed will be sanitized immediately as well as any areas that may have been coughed or sneezed on.

If a child becomes sick at daycare the parent or emergency contact will be called for immediate pick up. The child will be isolated (with a teacher) and required to wear a mask until picked up. All parents will be notified that a child became sick and will be asked to monitor their child for symptoms. The sick child's family will be asked to test for covid and self isolate.

In the event that the child tests positive for Covid-19 the daycare will close for 2 weeks and all families will be asked to self isolate and get tested should they become symptomatic.

In case of emergency, such as a reportable accident or illness, I authorize the caregiver to contact my child's doctor and/or ambulance, if necessary, if I cannot be reached immediately. I will accept responsibility for the ambulance expense.

I understand that if my child receives an injury that requires medical attention, either during or after daycare hours, the caregiver must complete and submit an Incident Report to the licensing officer. Therefore, I must contact the caregiver even if my child requires medical attention after daycare from an injury that occurred that day while in care.

I authorize the caregiver to administer to my child, if I have signed the agreement, ONLY medication as prescribed by my child's physician or myself, and provided in the original container.

I give permission for my child to participate in spontaneous walks, trips to the park and/or library with the caregiver. I understand that if the caregiver is out with the children, there will be a sign on the door, and I may contact the caregiver on the program cell phone to find out where they are. If other outings are

planned, such as field trips, a consent form will be provided by the caregiver for me to sign. I agree to make sure my child is dressed appropriately for the weather and/or field trips.

I understand my child must be potty trained before they can attend Preschool

I have read and agree to this information, as well as the information in the Parent

Handbook. I will notify the caregiver immediately if there are to be any changes.

(Parent Signature)

(Date)

(Staff signature)

(Date)

LOTION APPLICATION CONSENT FORM

SUNSCREEN

I hereby consent oes preschool to apply _____ Any _____
(Caregiver) (Name of Sunscreen)
to my child _____ as deemed necessary during my child's attendance
(Child's Name)
in the facility.

(Parent Signature)

(Date)

In addition to the above consent, I further agree to supply my own lotion if I have chosen a specific brand. I will provide a brand that is clearly labeled with my child's/children's first and last name(s).

(Parent Signature)

(Date)

No, I do not want sunscreen applied to my child

(Parent Signature)

(Date)

(Manager or Administrator Signature)

(Date)