

**Name of Facility: BRITANNIA OUT OF SCHOOL CARE**

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

**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):

<b>NAME</b>	<b>PROFESSION/AGENCY</b>	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   
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:**

<b>Medication</b>	<b>Times Given</b>	<b>Reason for Medication</b>
_____	_____	_____
_____	_____	_____

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> _____	_____
DATE: ____/____/____ YY MM DD	Print Name Signature
<b><u>Information Received By:</u></b> _____	_____
DATE: ____/____/____ YY MM DD	Print Name Signature

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



**Please complete and return this form to your childcare facility**

Dear Parent/ Guardian:

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.

**PART A: CHILD AND FAMILY INFORMATION** \*\*\*\*\* Please print clearly \*\*\*\*\*

Childcare facility \_\_\_\_\_

Child's name \_\_\_\_\_  
Surname Given Name Preferred Name

Sex  M  F Birthdate    Place of birth \_\_\_\_\_  
circle dd mm yyyy City Province Country

Child's personal health number (BC Care Card)

Home address \_\_\_\_\_ Postal code \_\_\_\_\_ Home phone \_\_\_\_\_

Father's name \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Surname Given Name

Mother's name \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Surname Given Name

Guardian's name \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Surname Given Name

Health care provider's name \_\_\_\_\_ Health care provider phone \_\_\_\_\_

**PART B: CHILD'S VACCINATION INFORMATION**

**1. Has your child had chickenpox disease at 12 months of age or older?**

✓ check the correct answer  Yes  No

*Children who have not had chickenpox disease at 12 months of age or older need chickenpox (Varicella) vaccine.*

**2. ATTACH A PHOTOCOPY** of your child's vaccination record to this form.

For example: BC Child Health Passport OR immunization record. Attach a copy of the original record as it appears in English or any language. Translations not required. Ensure your child's name and date of birth are written on each page.

**Please turn over for more information**

**THIS IS AN IMPORTANT NOTICE.  
PLEASE HAVE SOMEONE TRANSLATE IT.**

<b>AMHARIC</b> <i>(Ethiopia)</i>	ይህ ጠቃሚ ግንባታውን ነው። እባክዎን ሌላ ሰው ያስተርጉሙልዎት።
<b>BURMESE</b>	ဤစာသည်အရေးကြီးသောသတိပေးအကြောင်းကြားစာဖြစ်ပါသည်။ ကျေးဇူးပြု၍တစ်ယောက်ယောက်ကိုဘာသာပြန်ခိုင်းပါ။
<b>CHINESE</b>	這是一份重要通告，請找人為您翻譯。
<b>CROATIAN</b>	OVO JE VAŽNO OBAVJEŠTENJE. ZAMOLITE NEKOGA DA VAM GA PREVEDE.
<b>FRENCH</b>	CECI EST UN AVIS IMPORTANT. PRIERE DE LE FAIRE TRADUIRE.
<b>HINDI</b>	यह एक बहुत जरूरी सूचना है। कृपया किसी से इसका अनुवाद करा लें।
<b>ITALIAN</b>	QUESTO È UN AVVISO IMPORTANTE, SIETE PREGATI DI FARVELO TRADURRE DA QUALCUNO.
<b>KHMER</b> <i>(Cambodia)</i>	នេះគឺជាសេចក្តីប្រកាសដ៏សំខាន់មួយ សូមអ្នកអង្គុយអង្គុយស្រឡាតម្តង ។
<b>KOREAN</b>	중요한 안내사항입니다. 번역을 할 수 있는 분에게 도움을 청하시기 바랍니다.
<b>PERSIAN</b> <i>(Iran)</i>	این یک اطلاعیه مهم است. لطفا از کسی بخواهید آن را برای شما ترجمه کند.
<b>POLISH</b>	TO JEST WAŻNE ZAWIADOMIENIE. POPROŚ KOGOŚ ABY JE PRZETŁUMACZYŁ.
<b>PUNJABI</b>	ਇਹ ਇਕ ਜ਼ਰੂਰੀ ਸੂਚਨਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਕੋਲੋਂ ਇਸ ਦਾ ਉਲਥਾ ਕਰਵਾ ਲਵੋ।
<b>SERBIAN</b>	OVO JE VAŽNO OBAVEŠTENJE. ZAMOLITE NEKOGA DA VAM GA PREVEDE.
<b>SOMALI</b>	KANI WAA OGEYSIIS MUHIM AH. FADLAN QOF HA KUU TURJUMO.
<b>SPANISH</b>	ÉSTE ES UN AVISO IMPORTANTE. POR FAVOR, BUSQUE A ALGUIEN QUE SE LO TRADUZCA.
<b>TAGALOG</b> <i>(Philippines)</i>	ITO AY ISANG MAHALAGANG PAUNAWA. MANGYARING IPASALIN ITO PARA MAUNAWAAN.
<b>VIETNAMESE</b>	ĐÂY LÀ THÔNG BÁO QUAN TRỌNG. HÃY NHỎ NGƯỜI DỊCH GIÚP.

Personal information on this form is collected, used and disclosed by VCH in accordance with the Freedom of Information and Protection of Privacy Act. Statistical information may be provided to the Ministry of Health Services for healthcare planning, program evaluation and quality improvement purposes. If you have any questions about the collection and use of this information, contact your local public health nurse or VCH’s Information Privacy Office at 604.875.5568 or email us at [privacy@vch.ca](mailto:privacy@vch.ca)

For vaccination schedules and more information  
Call your local public health nurse or go to [www.immunizebc.ca](http://www.immunizebc.ca)

**Community Health Centres in Vancouver Coastal Health**

<b>Vancouver</b>					
<b>Evergreen</b>	<b>Raven Song</b>	<b>Robert and Lily Lee Family</b>	<b>Pacific Spirit</b>	<b>South</b>	<b>Three Bridges</b>
3425 Crowley Dr 604.872.2511	2450 Ontario St 604.709.6400	1669 East Broadway 604.675.3980	2110 West 43rd Ave 604.261.6366	6405 Knight St 604.321.6151	1290 Hornby St 604.736.9844
<b>Richmond</b>	<b>North and West Vancouver</b>		<b>Squamish</b>	<b>Whistler</b>	<b>Pemberton</b>
8100 Granville Ave 604.233.3150	604.983.6700		1140 Hunter Place 604.892.2293 or 1.877.892.2231	202 - 4380 Lorimer Rd 604.932.3202	1403 Portage Road 604.894.6939
<b>Coastal</b>					
<b>Gibsons</b>	<b>Sechelt</b>	<b>Pender Harbour</b>	<b>Powell River</b>		
494 South Fletcher Rd 604.886.5600	5571 Inlet Ave 604.885.5164	5066 Francis Peninsula Rd 604.883.2764	3rd Floor, 5000 Joyce Ave 604.485.3310		
<b>Central Coast</b>					
<b>Bella Coola:</b> 250.799.5722		<b>Nuxalk:</b> 250.799.5441	<b>Hailika’as Heiltsuk Waglisla:</b> 250.957.2308		

### CHILD CARE EMERGENCY CONSENT FORM

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: \_\_\_\_\_

OUT OF TOWN CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILD'S DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF MOST RECENT TETANUS SHOT: \_\_\_\_\_

ALLERGIES / MEDICATIONS: \_\_\_\_\_

CHILD'S DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

CARE CARD NUMBER \_\_\_\_\_

**Please attach child's photo to form.**

#### 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

**BRITANNIA CHILD CARE**  
**(Preschool and Out of School Care)**  
***Parent Agreement; General Information; Fee Payment***

Programme:       Pre-School                       Out of School Childcare

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

Dear Parents,

It is in our licensing policy that the parents or guardians of any child in our Out of School Care or Preschool programs follow these guidelines, thus ensuring your child's safety and well-being.

I agree to notify the Centre:

- a.) If my child will be absent from the program and/or will be absent from school.
- b.) When a child suffers from an illness or accident or other infectious condition and keep my child home.
- c.) If your child is on short term medication (i.e. antibiotics). If your child requires an EpiPen for severe allergic reactions, one must be provided. We require a medical consent form to administer medication
- d.) When there will be another person other than the one authorized for pick-up who will bring photo ID and arrive at pick up time.
- e.) When there is a change of address, phone number or any other crucial information needed for the registration form.
- f.) When there is another adult left in charge of the child, for instance when a parent goes on vacation, there is illness in the family, grandparents are visiting etc.
- g.) When the child needs to be picked up early. Children get involved in special activities or sign up for field trips and we want to ensure that they are available for early pick up so that they are not disappointed.
- h.) If you will be withdrawing your child. We need one month's notice or one month fee payment in lieu of notice.

You also agree to:

- Escort your child right into the Centre.
- Leave your child's toys at home
- If any centre toys (i.e. puzzle pieces) come home in pockets you will return them to us
- Dress your child appropriately. i.e. rubber boots, rain gear, play clothes.  
**PLEASE LABEL ALL CLOTHING**
- If you have any information re: your child/program you will speak to the teachers.
- To provide a healthy nut-free lunch/snack (in a labeled container)

*Children must be toilet-trained prior to being enrolled in the Preschool as our facility is not designed to accommodate those who are not.*

We recognize the different needs of each child in our child care programs. We are committed to providing a respectfully, safe, comfortable and nurturing environment for all children. New children attending our program may have difficulties with this new transition. We will work with the child and family to create solutions that will make the transition more successful.

Once a child has become familiar with the centre, staff, children and routines in the program, we may observe challenging behaviours outside the normal scope expected for the child to adjust to a new program. When needed we will:

- Speak to the family regarding the child's behaviours/difficulties and work on implementing a plan;
- Seek out other professional organizations for resources and advice (Vancouver Supported Childcare, PACE etc);
- Recommend another program for additional supports.

However, we may not be able to meet the child's needs based on his/her developmental levels and spaces designated for children with extra support needs as per our contract with Centre for Abilities, Supported Child Care Services.

If during the initial transition or beyond the transition time period a child's support needs is found to be consistently and severely challenging and/or puts at risk the welfare of him/herself, other children, or staff, services will be terminated as stated in our family handbook. We work with Supported Child Care for the inclusion of children within the child to staff ratio we are licensed for. It is very important that we are aware of any concerns or support your child might be receiving prior to registering into our program.

If you have any further questions please call our Child Care Manager at 604-718-5816 or the Senior Supervisor at 604-718-5843.

## Fee Payment Policy

- Fees are due on the 1st of every month
- Electronic Funds Transfer are for families not on subsidy and are due the 1<sup>st</sup> of every month and requires that you fill in a pre-authorized account debit (PAD) form and submit a VOID cheque. You will be provided with one receipt for all your PAD payments at the end of service or school year
- If you are paying by cheque or cash you will be given a receipt for each payment
  - ✓ Make cheque payable to Britannia Community Services Centre (BCSC)
  - ✓ Please keep your receipts for your tax record. There will be an additional \$25 fee charged for duplicate receipts requested
  - ✓ Cheques must include your child's name in the memo section
- There is a non-refundable registration fee at the time of registration and this is not deducted from your monthly fee payment.
- Monthly fees are not adjusted due to illness, absences, vacation, statutory holidays or other time off
  - ✓ For Preschool program - fees are not adjusted for gradual entry, winter break, Christmas, Spring Break closures.
- You will be charged any bank charges plus the original dollar amount for any non-sufficient funds cheques. NSF payments must be replaced by cash, certified cheques or money order
- If you are on subsidy you are responsible for the entire fee payment, if subsidy fails to cover any amount of the fees due. Parents are responsible to apply, renew and update subsidies on time prior to the expiry date.
- Invoices are only given to families with outstanding balances. Invoices are time-consuming and can be eliminated by prompt monthly fee payments.
- **One month's written notice** is required for changing your child's registration days and is based on space availability.
- **One month's written notice** is required when withdrawing your child from the program or one month's fee payment in lieu of one month's notice. For families on subsidy, your subsidy will be billed for the entire month.
- FOR the Out of School Care program
  - ✓ Part time families: Children can attend on full days if they are already registered for that day. If NOT registered an additional \$55 is charged for a professional day. Families are required to register with the Senior Supervisor for additional days.
- Termination of childcare services may be required if fees are not paid or if suitable arrangements cannot be agreed upon.



## PHOTOS CONSENT:

Photos of participants and the projects they have created are often taken in order to document and promote our programs and services. Testimonials are used to promote active living and to promote our facilities. These photos, artworks and/or stories may be used in program brochures, annual reports, leisure activity guides, photo displays, and on Britannia website(s). We will not release names or give out any other information regarding the identification of individuals in the photos without their prior consent. **This consent form is to obtain permission to use your child's image and/or their story/artwork ONLY.**

My signature below means I understand that the photographs and/or video/audio footage taken of my child and my child's project may be used for promotional and archival purposes for the ongoing work of Britannia Community Services Centre. I also understand that I will not be paid for the use of my image.

I consent to this usage as set out above and I release the authorized photographer and/or video/audio recorder, Britannia Community Services Centre, from any and all claims I may have in connection to the photograph and their usage.

### **OUT-TRIP CONSENT FORM** *Please check the correct box*

#### ***PRESCHOOL PROGRAM***

Preschool children will sometimes go on Britannia Centre on-site field trips consisting of walking trips to the library, Information Centre, schools etc.

- I DO give permission for Britannia Centre onsite fieldtrips***

#### ***BRITANNIA OUT OF SCHOOL CARE***

Britannia Out of School Care offers a variety of activities, including many off-site field trips (i.e.: city parks, pools, Science World, provincial parks, roller rinks, museums etc).

- I DO give permission for my child to participate in weekly field trips***

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

## ***Out of School Child Care Child Profile***

Your child is a unique and special person. Our program aims to assist in his/her social, emotional, physical and intellectual development. As your child is unknown to us, we ask that you provide us with some background information in helping us meet her/his needs.

***All information is confidential.***

1. What are your child's favourite activities?

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2. Has your child attended other recreational programs? (ie: daycare/OSC, community programs, camps, swimming lessons, or other sports)

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3. Select your child's preferred playing style: leader  follower

4. Does your child enjoy school? Why/why not?

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5. Can you describe an area of your child's development that concerns you? (ie: emotional, behavioral, social, physical, intellectual).

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6. What is your child's favourite home activity?

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7. How does your child display discomfort with any particular person/situation?

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8. What would you like your child to obtain from attending our programs?

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9. What kind of guiding (discipline, consequences) does your child respond to at home?

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10. What special holidays, festivities or events are celebrated in the home?

Name of Holiday, Festivity, Event	Date

11. What languages are spoken in the home?

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12. If applicable:      Does your child dress him/herself?      Yes  No   
                                 Tie her/his own shoes?                                      Yes  No

13. What is your child's favourite family activity?

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14. Any other information you would like to add:

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hello..

Dear Parents/Guardians or Family Members

**RE: Custody Agreements**

To ensure that we have the legal right to deny a parent from picking up their children from the childcare programme, we require that you provide us with a legal custody agreement.

**CUSTODY**

When enrolling a child in the program, parents are asked to provide a copy of the current custody agreement and related court orders if applicable. Staff should follow the written custody agreement and court orders at all time.

**Changes In Custody**

If the child is no longer in the custody of the enrolling parent, the new guardian must complete the registration package to continue services. This includes children in the care of the Ministry for Children and Families. If the child is being withdrawn from the program, the parent/guardian is required to provide one month's notice.

As per our Policy, please provide us with a copy immediately for our files. We want to ensure your child's safety at all times.

Thank you,

Child Care Supervisor

\_\_\_\_\_  
*Date*

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

