USCC CHILDREN'S ORCHARD PRESCHOOL PARENT/SOCIETY AGREEMENT SEPTEMBER 2017 – JUNE 2018

Brilliant Cultural Centre Information

Location: 1876 Brilliant Road, Brilliant (Castlegar) BC

Mailing Address: Box 1876

Castlegar BC V1N 4K2

Phone: Main Office: 250-365-3613 ex: 21

Preschool: 250-365-3613 ex: 23

AGREEMENT BETWEEN USCC CHILDREN'S ORCHARD and PARENTS:

The start of the osci children's Orchard Preschool agrees to provide care for:
Child's Name: in a responsible and nurturing manner. Staff will discuss preschool care policies and concerns with parents/guardians on an ongoing basis. Staff will maintain strict confidentiality regarding information relating to the care of children and their families.
Signature of USCC Children's Orchard Preschool Manager:
Fees Fees for the 2017-18 season are \$120.00 for a three-hour morning session from 9:00 am – 12:00 pm/twice weekly Preschool sessions will run Monday/Wednesdays and Tuesday/Thursdays. You will also have the option of enrolling your child for 4 mornings per week if the space is available.
I agree to provide a post-dated cheque for Monthly Fees each month from September 2017 through June 2018 uporegistration OR sign up for the automatic monthly withdrawal that will go directly to the Preschool account on the for each month. I understand that one month's notice is required if the child is to be withdrawn from the program At such a time, the remaining post-dated cheques will be returned to me. If my child normally attends on a day that the centre is closed due to a statutory holiday, no reduction in or rebate of fees will be applied.
A cheque to cover the first month of preschool (September) is required upon registration and will secure your child' placement. The cheque is to be dated for the day you are submitting your registration form. ALL post-dated cheque for the rest of the year are to be submitted on the first day your child attends preschool in September.
I agree that I will supervise my child until they enter the classroom, and immediately upon dismissal from the classroom. If I am receiving childcare subsidy, I understand that I am responsible for the portion of the fees no covered by the subsidy.
The following space is provided for any clarification or amendments:
I agree to comply with the above policies. I have reviewed the current guidance policy and registration with the manager/staff and understand that I will be notified of any existing concerns regarding guidance for my child.

Printed name of Parent/Guardian:

Signature: _____ Date: _____

USCC CHILDREN'S ORCHARD RUSSIAN EXPOSURE PRESCHOOL - REGISTRATION FORM

Registration Date:					
Child's Full Legal Name:		Name used:			
Child's Birthdate:		Place of birth:			
Child is: Male Female (circle)		Home Phone:			
Child's Mailing Address:		Child's Street Address:			
Indicate Child's Guardian/Custodial	Parent: Mothe	r Father	Both Other		
Mother's Name	Turent. Modile	Occupation:			
Place of Work:		Hours of Work			
Home Phone:	Work Phone:		Cell Phone:		
E-Mail Address		Medical Concern	S:		
Father's Name		Occupation:			
Place of Work:		Hours of Work:			
Home Phone:	Work Phone:		Cell Phone:		
E-Mail Address					
Legal Guardian's Name:		Occupation:			
Place of Work:		Hours of Work:			
Home Phone:	Work Phone:		Cell Phone:		
E-Mail Address					
Give the names & phone numbers	of two people who	o may be called in	case of emergency:		
Name:	Relationship:		Phone:		
Please name any other people who may pick up your child from Preschool:					
Name:	Relationship:		Phone:		
Name	Relationship:		Phone:		

HEALTH RECORD & EMERGENCY CONSENT FORM

Child's Name:						
Family Doctor:	amily Doctor: Doctor's Phone #:					
Child's Care Card #:						
Child's Allergies?						
Attach procedure to follow in cas	e of allergic reaction.					
Child's Special Diet?						
Does your child have a vision or he	aring impairment?					
<u>Childhood Diseases</u>						
Has your child had: (please circle)	Chicken Pox Measles Mumps Other:					
Please provide us with information	on vaccines that your child has received: (please circle if received)					
*Hepatitis B	*DTaP-Hib (Haemophilus influenzae type B)					
*Pneumococcal (PCV)	*Meningococcal (MEN-C)					
*Measles/Mumps/Rubella (MMR)	*Varicella (if child has not yet had chicken pox) *Influenza					
	ILLNESS/EMERGENCY CONSENT					
Medication" form and provided a c will notify the centre if my child ha while attending the program, I und come, I will have an alternate pick u	o my child unless I have completed an "Authorization to Administer doctor's note. I will not send my child to preschool if my child is ill, and I is come in contact with a communicable disease. If my child becomes ill derstand that the centre will contact me to pick up my child. If I cannot up my child. In case of accident or illness, I authorize the centre to contact a parent/guardian cannot be reached immediately. I agree that any cost my sole responsibility.					
Date	Parent/Guardian's Signature					
Witness						

ADDITIONAL PERMISSIONS

Field T	<u>rips</u>					
			to participate in field trips with the			
teache	rs. These	field trips consist of walk	s around the neighbourhood of the preschool.			
Yes	No	(circle)				
Photog	-	un for my child's	photograph to be taken and			
display	ed at the p	preschool. Such photogra	photograph to be taken and aphs may also be used in advertising for the preschool in a variety of media, y be presented to a supporter of the program.			
Yes	No	(circle)				
Signatu	ire of Pare	ent/Guardian:	Date:			
			CHILD PROTECTION POLICY			
l un	derstand t	that:				
1.			nyone other than those persons listed as authorized to pick up my child on			
2.	My child		orm the teachers in writing. part from this facility for an extra-curricular activity, or otherwise, without zed adult.			
3.		is not permitted on the p				
4.		odial parent does not wa ol must have a copy of the	nt a non-custodial parent to have access to their child, Children's Orchard e custody papers on file.			
5.	The care		report to the Ministry of Children and Families and the RCMP any cases of			
6.	•					
7.	at 250-50 colleague Executive suspecte threaten suspecte supportive	25-7245. Alleged or suspects may report directly to the section will not abuse within the facility to interrupt service to abuse within the facility abuse within the facility.	the daycare, parents will report to the Ministry of Health (Licensing Officer) ected abuse within a childcare facility is a reportable incident. Parents or the Licensing Officer if they do not feel comfortable going to the Preschool of take any action against a parent or employee for reporting alleged or ty if the report is made in good faith. The preschool will not interrupt or a family as a result of a report or stated intention to report alleged or ity if the report is made in good faith. We strive to communicate in all times, therefore allowing parents to voice their concerns and feel heard its.			

Signature of Parent/Guardian: ______ Date: _____

Parent Participation:

The USCC Children's Orchard Preschool encourages ALL parent they are able! Each family will be asked to participate in hel						
Besides this support, the preschool has positions to fill AND has becoming involved in the parent group, friendships are madinal indicating that you would like to be involved	e and bonds are forme	ed! Please consider				
I would like to learn more about how I can help the Preschool Committee promote and support the USCC Children's Orchard Preschool!						
Parent's Name:	Yes:	No:				