

**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 staff of the USCC 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 upon registration OR sign up for the automatic monthly withdrawal that will go directly to the Preschool account on the 1st of 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 I understand that one month's notice is required if the child is to be withdrawn from the program.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's placement. The cheque is to be dated for the day you are submitting your registration form. ALL post-dated cheques 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 not 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: Mother <u> </u> Father <u> </u> Both <u> </u> Other <u> </u>		
Mother's Name		Occupation:
Place of Work:		Hours of Work
Home Phone:	Work Phone:	Cell Phone:
E-Mail Address		Medical Concerns:
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 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: _____ Doctor's Phone #: _____

Child's Care Card #: _____

Child's Allergies? _____

Attach procedure to follow in case of allergic reaction.

Child's Special Diet? _____

Does your child have a vision or hearing impairment? _____

Childhood Diseases

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) *Polio (IPV)

*Pneumococcal (PCV) *Meningococcal (MEN-C)

*Measles/Mumps/Rubella (MMR) *Varicella (if child has not yet had chicken pox) *Influenza

ILLNESS/EMERGENCY CONSENT

Medications will not be given to my child unless I have completed an "Authorization to Administer Medication" form and provided a doctor's note. I will not send my child to preschool if my child is ill, and I will notify the centre if my child has come in contact with a communicable disease. If my child becomes ill while attending the program, I understand that the centre will contact me to pick up my child. If I cannot come, I will have an alternate pick up my child. In case of accident or illness, I authorize the centre to contact a physician and/or an ambulance if a parent/guardian cannot be reached immediately. I agree that any cost incurred for such services shall be my sole responsibility.

Date

Parent/Guardian's Signature

Witness

ADDITIONAL PERMISSIONS

Field Trips

I give permission for my child _____ to participate in field trips with the teachers. These field trips consist of walks around the neighbourhood of the preschool.

Yes No (circle)

Photographs

I give permission for my child's _____ photograph to be taken and displayed at the preschool. Such photographs may also be used in advertising for the preschool in a variety of media, and/or as part of a thank you card that may be presented to a supporter of the program.

Yes No (circle)

Signature of Parent/Guardian: _____ Date: _____

CHILD PROTECTION POLICY

I understand that:

1. My child will not be released to anyone other than those persons listed as authorized to pick up my child on the Registration Form, unless I inform the teachers in writing.
2. My child will not be allowed to depart from this facility for an extra-curricular activity, or otherwise, without the accompaniment of an authorized adult.
3. Smoking is not permitted on the preschool premises.
4. If a custodial parent does not want a non-custodial parent to have access to their child, Children's Orchard Preschool must have a copy of the custody papers on file.
5. The caregiver is required by law to report to the Ministry of Children and Families and the RCMP any cases of suspected child abuse.
6. The caregiver will only release the child to a parent/guardian or delegate who they deem is able to provide safe care.
7. In the event of suspected abuse at the daycare, parents will report to the Ministry of Health (Licensing Officer) at 250-505-7245. Alleged or suspected abuse within a childcare facility is a reportable incident. Parents or colleagues may report directly to the Licensing Officer if they do not feel comfortable going to the Preschool Executive. The preschool will not take any action against a parent or employee for reporting alleged or suspected abuse within the facility if the report is made in good faith. The preschool will not interrupt or threaten to interrupt service to a family as a result of a report or stated intention to report alleged or suspected abuse within the facility if the report is made in good faith. We strive to communicate in a supportive and open manner at all times, therefore allowing parents to voice their concerns and feel heard even in the most difficult situations.

Signature of Parent/Guardian: _____ **Date:** _____

Parent Participation:

The USCC Children's Orchard Preschool encourages ALL parents to become involved in whatever capacity they are able! Each family will be asked to participate in helping during one or two sessions per year!

Besides this support, the preschool has positions to fill AND has tasks that will need to be taken care of! By becoming involved in the parent group, friendships are made and bonds are formed! Please consider indicating that you would like to be involved in ANY task big or small!

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: _____