



Address: 235 New Port Drive, Port Moody, V3H 5C9

Phone: 604.492.3337

Fax: 604.492.3340

Parent Agreement Contract

I, the undersigned have read carefully the Parent's Agreement of New Port Child Care Center and agree to follow it to the best of my abilities.

- 1) I will be responsible for the care and transportation of my child to and from the center. Children will not be sent home in taxis.
- 2) I understand that the staff will not let my child leave with anyone whose name is not on the registration, or who does not present a written authorization letter.
- 3) I agree to accompany and sign my child into the program and alert the staff to his/her arrival. On departure, I will check with the teacher before leaving, and sign out my child.
- 4) I recognize the importance of working with the staff, in a team effort to assist my child. I will make myself available to discuss my child's individualized plan of action and will work towards the achievement, and accomplishment of mutually identified goals.
- 5) I will not send my child to the center if there is any question of illness.
- 6) I understand that if my child has been absent due to a communicable disease, re-admission will not be permitted without authorization from my child's doctor, or the public health nurse.
- 7) I hereby authorize the staff to carry out regular health inspections of my child and to arrange for periodic examination by public health personnel.
- 8) If my child or I, the guardian or parent cannot adjust to the center's policy and regulations, or if my child behaves in a disruptive manner towards the staff, other parents or children of the facility, as per CCALA Section 7(1)(b) – the licensee may request immediate removal.
- 9) I will inform the center if my child had any allergies to food.

- 10) I understand that interesting field trips are planned periodically. If I do not want my child to attend these field trips, I will make alternate arrangements. My child is permitted to take part in any activity at the center.
- 11) I will give 12 post-dated cheques dated for the first of each month.
- 12) I agree to have payments made by the first of each month.
- 13) I agree to pick up my child promptly, and respectively within the center's operation house of 7 AM – 6 PM. I understand that a constant lateness will cause for termination of this agreement. Further, I understand that there is a late fee of \$15.00 for the first 10 minutes, and \$1.00 for every minute after.
- 14) If it becomes necessary to withdraw my child or change the numbers of days they will be attending the daycare, I will give one month's notice on the first day of the month, in the form of writing to the staff, or I will not be given back my deposit (for example: Jan 1st – notice given; Jan 31st – last day).
- 15) I will pay a \$250 deposit which will be returned if a 1 month notice is given for withdrawal of my child/children.
- 16) If I fail to live up to my end of the agreement, I understand that I may be asked to withdraw my child from the center.
- 17) If my child is unable to attend the center due to illness or family holidays, I will continue to pay the full fees to reserve my child's place in the program.
- 18) Center will be closed last week of August & December 24th - January 1st to organize and sanitize the center. Parents are urged to seek alternative childcare arrangement. Fees for these months will remain the same as the other months.

I agree to cooperate with the general policies of Newport Childcare Center, to perform the obligations of parents/guardians as set forth in this agreement, and to abide by the rules, regulations and policies provided by the centre. My signature below indicates that I have read the terms of agreement. If further indicates that I have read the materials explained to me and that all my questions have been satisfactory answered.

Date _____

Parent Signature _____

Date _____

Staff Signature _____

REGISTRATION FORM FOR CHILD CARE

Child Care Facility: _____

Full Name of Child: _____

Usual Name of Child (if different): _____

Personal Information

Child's Date of Birth: _____

Gender: _____

Address: _____ Postal Code: _____

Phone Number: _____

Parent or Guardian

Mother: _____ Father: _____

Address & Phone number of mother (if different than above):

Address & Phone number of father (if different than above):

Mother

Work address/alternate location:

Phone number: _____

Cell number: _____

Hours at this location: _____

Father:

Work address/alternate location:

Phone number: _____

Cell number: _____

Hours at this location: _____

Person(s) Authorized to Pick Up Child:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Person(s) NOT Authorized to Pick Up Child:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Alternate Person(s) to Call in Case of Emergency

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Emergency Health Information

Care Card Number: _____

Family Doctor Name: _____

Address: _____ Phone: _____

Please provide the center with a copy of your child's health immunization password.

Health Information
(please attach a separate sheet, if necessary)

Medication(s) and reasons for taking the medicine (please list)

Allergy/allergies and treatments (please list):

Accident(s), illness(es), or operations your child has had. Please include date:

Please describe any concerns you may have regarding your child's development (i.e. behaviour, vision, hearing, speech, language, etc.)

Eating and Nutrition

List your child's favorite food(s):

List foods your child dislikes:

Please describe any particular eating patterns:

Are there any religious or ethnic restrictions with respect to your child's diet? Please list below:

Sleeping

Naptime: _____ How long to settle: _____ Time of waking: _____

Bedtime: _____ How long to settle: _____ Time of waking: _____

Is your child a deep sleeper, or does (s)he awaken easily?

Does your child take a favorite comforter (e.g. blanket or toy) to bed? Yes No
If yes, please describe and tell us if it is 'named':

Generally speaking, what kind of a mood is your child in upon waking up?

Toileting

Is your child toilet trained? Yes No

Please indicate your child's frequency or patterns for bowel movements:

Describe any assistance needed for toileting:

What "special" word does your child use for:

Urination: _____ Bowel movement: _____

Play Group and Experiences

What are your child's favourite toys?

What types of play activities does your child enjoy?

How does your child behave towards other children (e.g. seeks others, feels shy, etc.)?

Please list any daycare, preschool, or other group situations in which your child has participated in:

<u>Name of Program</u>	<u>Dates Attended</u>	<u>Reason for Leaving</u>	<u>Phone Number</u>
------------------------	-----------------------	---------------------------	---------------------

Emotional

How does your child react when left with unfamiliar people and/or in unfamiliar situations?

Does your child have any particular fears? Please describe:

What suggestions do you have that might help staff members make your child's transition into the program easier?

Family and General Household Information

Please list the names of the significant people in your child's life (e.g. siblings, grandparents, pets, etc.):

Please describe the guidance and discipline methods used at home:

Primary language spoken in home:

Other languages spoken:

English speaking contact (if applicable): _____ Phone number: _____

Signature of Parent or Guardian

Signature: _____ Date: _____

PERMISSION FORM

Permission for Outings

I hereby give my permission to:

_____ [Licensee] to take my
child, _____ for outings in his/her vehicle while in care at the
facility. I understand that during these outings, my child will be secured in an approved
restraint [child car seat and/or seat belt].

Signature of Parent or Guardian: _____ Date: _____

Permission for Picture Taking

I hereby give my permission to: _____ [Licensee] to have pictures
taken of my child, _____, for general record keeping and use within the
facility.

Signature of Parent's or Guardian: _____ Date: _____

Office Use Only

Date Child Leaves the Facility: DATE: ____/____/____

Permission Form for Volunteers

My signature below indicates that I acknowledge that Newport Childcare Center is used as a practicum facility and sponsor facility for volunteers. Therefore, I am aware that students and volunteers may be working with my child, under supervision of the staff of the center.

Name of Child: _____

Parent or Guardian's Signature: _____

Date: _____

Staff Signature: _____

Date: _____

This center is a nut free daycare.

Please do not send your child to the center with any foods containing any nuts or nut products.

Thank you.

Signature: _____