



## REGISTRATION PACKAGE

# Early Learning Program

Please ensure everything in this package is completed in full and **returned before attending the first class**

- A full body photo is required for our emergency file. This photo will be returned to you at the end of the program upon request
  - Complete Parental Consent & Information sheet.
  - Fill out the record of immunization or attach a copy of immunization record.
  - Complete Emergency Permission Form
  - Please retain all receipts for income tax purposes.
  - Subsidy forms available from front desk.
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# EARLY LEARNING PARENTAL CONSENT & INFORMATION SHEET

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

Parent's/Guardian's Names: \_\_\_\_\_

## PARENTAL CONSENT

I, \_\_\_\_\_ OF \_\_\_\_\_

(FULL NAME PARENT/GUARDIAN)

(ADDRESS)

consent to my child's participation in the Program. I am aware that there are risks associated with participation in the Program, including the risk of injury, and I consent to my child's participation in spite of such risks. I acknowledge that it is my responsibility to advise the city of any medical or other conditions which may affect my child's participation in the Program and have listed them below.

### *In case of Emergency: (Please provide an emergency contact person other than parents/guardians)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Children will only be released to persons named here. *Who is authorized to pick up your child?*

Name: Relationship to child: \_\_\_\_\_

Name: Relationship to child: \_\_\_\_\_

Child's Energy Level: Siblings: Names and ages: \_\_\_\_\_

Child's previous experience in a group: \_\_\_\_\_

Child's play interests when alone: \_\_\_\_\_

Child's likes and dislikes: \_\_\_\_\_

What do you hope your child will gain from participating in this recreational program?

### *Please describe any family situations, health factors or disabilities that may be important for us to be aware of:*

Does your child have any allergies? \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Medical Centre: \_\_\_\_\_ Phone: \_\_\_\_\_

Care Card #: \_\_\_\_\_

*Photos and video footage that includes my child may be used for publicity purposes. Circle One:* Yes No

I HAVE READ THIS CONSENT FORM AND UNDERSTAND AND ACCEPT ITS TERMS.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**BASIC SCHEDULE AND RECORD OF IMMUNIZATION**  
**AS SUBMITTED BY PARENT OR GUARDIAN**

(Record dates below OR attach immunization record)

|  | Date (yr/mm/dd) |  | Date (yr/mm/dd) |
|--|-----------------|--|-----------------|
| <b>1<sup>st</sup> visit – 2 months of age</b>                      |                 | <b>4<sup>th</sup> visit – 12 months of age</b>                     |                 |
| <input type="checkbox"/> Diphtheria                                | _____           | <input type="checkbox"/> Measles                                   | _____           |
| <input type="checkbox"/> Pertussis                                 | _____           | <input type="checkbox"/> Mumps                                     | _____           |
| <input type="checkbox"/> Tetanus                                   | _____           | <input type="checkbox"/> Rubella                                   | _____           |
| <input type="checkbox"/> Polio                                     | _____           | <input type="checkbox"/> Meningococcal C Conjugate                 | _____           |
| <input type="checkbox"/> Hemophilus Influenzae Type b (Hib)        | _____           |  |                 |
| <input type="checkbox"/> Hepatitis B                               | _____           | <b>5<sup>th</sup> Visit – 12 months after 3<sup>rd</sup> visit</b> |                 |
| <input type="checkbox"/> Pneumococcal Conjugate                    | _____           | <input type="checkbox"/> Diphtheria                                | _____           |
|  |                 | <input type="checkbox"/> Pertussis                                 | _____           |
| <b>2<sup>nd</sup> visit – 2 months after 1<sup>st</sup> visit</b>  |                 | <input type="checkbox"/> Tetanus                                   | _____           |
| <input type="checkbox"/> Diphtheria                                | _____           | <input type="checkbox"/> Polio                                     | _____           |
| <input type="checkbox"/> Pertussis                                 | _____           | <input type="checkbox"/> Haemophilus Influenzae Type B (hib)       | _____           |
| <input type="checkbox"/> Tetanus                                   | _____           | <input type="checkbox"/> Measles, Mumps, Rubella                   | _____           |
| <input type="checkbox"/> Polio                                     | _____           | <input type="checkbox"/> Pneumococcal Conjugate                    | _____           |
| <input type="checkbox"/> Haemophilus Influenzae Type B (Hib)       | _____           |  |                 |
| <input type="checkbox"/> Hepatitis B                               | _____           | <b>4-6 years of age</b>  |                 |
| <input type="checkbox"/> Pneumococcal Conjugate                    | _____           | <input type="checkbox"/> Diphtheria                                | _____           |
|  |                 | <input type="checkbox"/> Pertussis                                 | _____           |
| <b>3<sup>rd</sup> visit – 2 months after 2<sup>nd</sup> visit:</b> |                 | <input type="checkbox"/> Tetanus                                   | _____           |
| <input type="checkbox"/> Diphtheria                                | _____           | <input type="checkbox"/> Polio                                     | _____           |
| <input type="checkbox"/> Pertussis                                 | _____           |  |                 |
| <input type="checkbox"/> Tetanus                                   | _____           | * Pneumococcal Conjugate-Babies born on or                         |                 |
| <input type="checkbox"/> Polio                                     | _____           | after July 1, 2003   |                 |
| <input type="checkbox"/> Haemophilus Influenzae Type B (Hib)       | _____           | * Meningococcal C Conjugate-Babies born on or                      |                 |
| <input type="checkbox"/> Hepatitis B                               | _____           | after July 1, 2002   |                 |
| <input type="checkbox"/> Pneumococcal Conjugate                    | _____           |  |                 |
|  |                 | <b>Other Immunizations:</b>  |                 |
|  |                 | _____  | _____           |
|  |                 | _____  | _____           |

I have chosen not to immunize my child.

I hereby authorize for my child \_\_\_\_\_, when ill or injured to be taken to the nearest emergency centre by the Community Kids Preschool staff when I cannot be contacted.

\_\_\_\_\_  
 Date \_\_\_\_\_ Signature of Parent/Guardian



EMERGENCY PERMISSION FORM

- 1. It is the facility's policy to notify the parent when a child is ill or requires medical attention. If we are unable to contact a parent and the child needs immediate medical help, parental consent is necessary for facility staff to take appropriate action on behalf of the child. Your consent will accompany the child to emergency service.
2. I authorize the staff at the Community Kids Preschool child care facility to call a physician, take my child to the nearest emergency centre or summon an ambulance for emergency medical aid should a person(s) in attendance feel such services are required and I cannot be contacted by phone. If such an emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of myself.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_



EMERGENCY - PERMISSION CARD

Child's name: \_\_\_\_\_ Gender: M / F Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of most recent Tetanus shot: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Number: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_



# Early Learning Parent Information Package

Welcome to the Community Kids Early Learning program. We are licensed preschool program operated by the City of Campbell River Parks, Recreation and Culture Department. Please take a moment to read our policies and sign where designated to confirm that you have read and agree to these policies.

## ***Community Kids Mission Statement***

To support the creation of a healthy society through our work with children, families and the environment supporting differences and maximizing each child's individual potential.

## ***Vision***

Community Kids Early Learning Centre is a play-based learning centre where children can explore, move, find joy and learn through experience in a safe but challenging environment. Our vision is to be child led and to encourage a love of learning and experimenting to allowing each child to grow in respect for themselves, nature and other people. We believe touch, movement, nature and play are integral to each child's sense of worth, connection and self esteem. We are inspired by the Reggio Emilia methodology and the BC government Early Learning Framework. The child-led curriculum holds children capable and empowers them while experiencing physical, emotional, social, intellectual and spiritual well-being.

**Early Learning**  
**Program** hours: 4.25 hours twice a week

Parents must supervise children until the start of the program. We cannot permit children to leave the building alone. Children must be escorted to and picked up from the classroom.

Parents are required to complete the detailed Registration Form at least one week prior to start of program. Instructors will review the paperwork and may call the parent to clarify or ask further information.

## **Information for Parents**

The Programmer and Preschool Teachers set long and short term goals with the best interests of the children in mind. The teachers work directly in the program and are responsible for the day-to-day program planning and implementation of the activities. Our policies are developed with the best interests of the child in mind as well British Columbia Community Care Facilities Child Care Licensing Regulations which are administered by the local licensing officers at Island Health Authority.

## COVID 19 Procedures

### Health Checks/Sickness

- Parents and caregivers are responsible to assess themselves and their children prior to attending the program
- Parents and caregivers must confirm that they or their child does not have symptoms of common cold, influenza, COVID-19, or other respiratory disease by completing the a Health Check each day
- If anyone answers yes to any questions on the Health Check the child will not be permitted to participate in the program
- If a child develops symptoms at program, staff will isolate them from the group until the parents/caregiver arrives. They will text or phone upon arrival and their child will be walked out by a staff member
  - o Participants will then need to be assessed by their family physician or nurse practitioner; when it is determined that they do NOT have COVID-19, they may return to the program
- In the event that a teacher becomes sick, and no replacement is available, caregivers will be informed that the day will be cancelled and a refund will be issued
- In the event of a positive test, public health will notify families and staff as to next steps

### Arrival and Departure Procedures

- Caregivers and children will arrive and depart the building by predesignated entrances and follow facility traffic flow
- When in the facility adults must wear masks per government requirements
- Caregivers and children must wash or sanitize their hands upon arrival
- Pick up will be at the outside gate. Children will be release to parents 1 at a time, and staff will complete the sign out sheet

### Physical Distancing

- Adult to Adult – adults must stay a minimum of 2 metres away from each other
- If adults must be closer than 2 metres, they will wear a mask
- Adult to child – adults must attempt to stay 2 metres away from other children, except their their own, in the program when possible
- **Physical distancing between children will be encouraged but not enforced**

According to Provincial Government’s COVID-19 Public Health Guidance for K-12 School Settings, “physical distancing is challenging in a K-12 school setting, particularly with younger students. As such, it is reasonable to establish different expectations for varying age levels and activities.”

The BC Centre for Disease Control acknowledges that “staying 2 metres apart is not always feasible and is not expected in child care settings, where the risk of COVID-19 transmission is low. Encourage children to avoid direct physical contact. This is more important than keeping 2 metres apart.” <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/childcare-schools>

## Clothing

- We like to experience the outdoors as much as possible. Please ensure that your child's clothing is labelled clearly with their name. We play outside every day. Your child must be dressed for the weather - warm rain jacket, boots, rain pants, gloves and hat. If sunscreen is needed, please apply it prior to drop off in the morning.
- The children regularly play with sand, paint, glue, finger paints etc. We will not restrict a child from participating in an activity for fear of getting dirty and we cannot be responsible for soiled or stained clothing.
- It is the responsibility of each parent to ensure that their child has a complete change of clothing with them at all times. This includes underwear and socks, and should be seasonally replaced as children grow and weather changes.

## Healthy Snacks

- Parents are required to provide a healthy snack in a bag or lunch kit clearly marked with your child's name. We recommend that the snack include two food groups from Canada Food Guide, i.e. fruit, vegetables, cheese, yogurt, small sandwich, etc. and water. Please do not send juice, sugary snacks or pre-packaged processed foods.

## How do we get around?

- Preschool and Early Learning participants will walk, or the City of Campbell River will provide a bus on most field trips. Occasionally the program may use the public transit system.

## What if your child gets sick?

- Parents are requested to call the front office of the Community Centre at (250) 286-1161 and leave a message to notify the staff if your child has a contagious disease so that other parents may be informed as soon as possible. To control the spread of illness, we also ask that children do not attend the program if they have a **fever**, a **coloured discharge from their nose**, **vomiting**, **diarrhea** or any flu-like symptoms, or an **undiagnosed rash** or if your child is unable to participate because of any illness.
- Children who become ill during the program hours will be made as comfortable as possible and be isolated from the group with a staff member. Parents will be contacted immediately and asked to come to get their child. If parents cannot be located, the emergency contact person will be contacted.

## What about behaviour?

- Children need adults to teach, guide, and support them as they grow and learn. Our Early Childhood Educators play an important role in guiding children's behavior in positive, supportive, and age-appropriate ways. The most appropriate ways to guide behavior may differ from child to child and will depend on the child's age and developmental abilities and needs. Positive and supportive guidance helps children as they learn self-regulation and find appropriate ways to express their wants, needs, views and feelings. Guiding children's behaviour is an ongoing process.

## Food Policy

- Food will not be shared

## Medication Policy



- Staff are not authorized to administer any types of medication including sunscreen or insect repellent. Please do not send any medication in your child's backpack.

### **Abuse Policy**

- All staff/volunteers are required by law to report any suspected cases of child abuse immediately to their supervisor, and to the Ministry for Children and Family Development. All reported information will be considered confidential.

### **Child Release Policy**

- Children will only be released to a parent or an authorized adult as identified in writing by the parent or guardian. If a child is not picked up by a parent or authorized adult, the staff will implement the following procedures:
  - Contact the parent or the authorized adult
  - Contact the person the parent has identified as the child's emergency contact.

**In all cases, staff will not release a child into the custody of someone they feel cannot provide safe care.**

### **Screen Use Policy**

- Screen time is limited to using the computer for science activities like magnification or looking up information children are researching. Screen time will not exceed 30 minutes per month.

### **Active Play Policy**

- We strive to have a balanced program and provide a minimum of 60 minutes of active play based on the physical literacy principles outside and/or in the Community Centre. This is weather dependant.

### **Emergency Event**

- In the event of an emergency that requires us to evacuate the Community Centre, we will take our emergency kit and all the children to our emergency meeting place. In case of fire, we will evacuate to Healthy Way. In the event of earthquake or large natural disaster, we will proceed to City Hall located at 301 St. Ann's Road. Children will be released to parents and authorized adults when it is deemed safe.

### **Snow Day Policy**

- If the school district 72 has closed its schools due to snowfall our Early Learning program will also be closed.

### **Diapering Policy**

If necessary, a staff member who has met with all hiring qualifications will change the child's diaper in the program washroom. The child will be changed while standing over a towel on the floor.

### **Licensing Information**

- All staff are required to review the Licensing Act twice each year. This manual includes Community Kids licensing approval, permits and variances (if any), child care regulations, information bulletins/ memoranda, facility inspection reports and the basic forms required for licensed preschool programs.

### **Staffing Ratios and Qualifications**



- The ratio of Early Childhood Educators in a licensed group care program is 1:8
- All Community Kids Preschool staff are required to have the following qualifications of which copies are in the custody of the Department Manager
  - ECE License to Practice, ECE Assistant License to Practice, Criminal Record Review (completed every 5 years), valid First Aid and CPR, and must be a minimum of 19 years of age

**Participant Information Forms** must be completed on each child before they can be in our care. This form requests medical information, parent contact information as well as other adults who are authorized to pick up the child.

**Payments**

Parents may choose to pay by a full session (September to June) or by monthly installments. These monthly installments require a series of post-dated cheques or VISA/MasterCard information for each month. Payments will be processed on the 15<sup>th</sup> of each month, preceding the month for which payment is due. Provincial Child Care Subsidy forms are available on line or upon request

\*\*\* Due to COVID 19 and limited administrative staff, payment schedule may vary

**Refunds**

A ten dollar (\$10.00) administration fee will be charged for each requested refund. We require two weeks notice for cancellation after the first class. Refunds will be pro-rated two weeks from the date of notification.

All requests for refunds must be in writing.

A complete refund will be issued if the Department cancels the program activities. The administration fee will not be charged if the cancellation is due to medical reasons (doctor' note required) OR if the department cancels the program.

Note: All classes require a minimum registration of 8 children or they may be cancelled and a full refund will be given.

I, \_\_\_\_\_, acknowledge having received a copy of the Early Learning Parent Information Package.

Child's name: \_\_\_\_\_

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Parent/guardian signature Date

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Preschool Program Staff Name Signature Date