



James Bay Community School Centre  
**LICENSED CHILDCARE REGISTRATION PACKAGE**

|                 |                      |                   |               |              |               |
|-----------------|----------------------|-------------------|---------------|--------------|---------------|
| OFFICE USE ONLY | DATE OF REGISTRATION | IN ACTIVE NET Y/N | STAFF INITIAL | COMPLETE Y/N | STAFF INITIAL |
|                 |                      |                   |               |              |               |

**PARTICIPANT INFORMATION**

|  |   |
|--|---|
| CHILD'S FULL NAME  |   |
| CHILD'S DATE OF BIRTH (write out month, ex: May 18 2015) | GENDER                                  |
| PRIMARY ADDRESS  |   |
| START DATE (MM/DD/YYYY)                                  | END DATE (MM/DD/YYYY) (office use only) |

**PARENT/GUARDIAN INFORMATION**

|  |  |
|--|--|
| FULL NAME                              | FULL NAME                              |
| RELATION TO CHILD                      | RELATION TO CHILD                      |
| ADDRESS (if different from above)      | ADDRESS (if different from above)      |
| EMAIL (Please print neatly & clearly!) | EMAIL (Please print neatly & clearly!) |
| HOME PHONE                             | HOME PHONE                             |
| CELL PHONE                             | CELL PHONE                             |
| PLACE OF EMPLOYMENT                    | PLACE OF EMPLOYMENT                    |
| WORK PHONE                             | WORK PHONE                             |
| APPROXIMATE HOURS OF WORK              | APPROXIMATE HOURS OF WORK              |
| CHILD CURRENTLY LIVES WITH:            |  |

**EMERGENCY HEALTH INFORMATION**

|                            |                                  |
|----------------------------|----------------------------------|
| CARE CARD NUMBER           | ALLERGIES                        |
| FAMILY DOCTOR/USUAL CLINIC | DOCTOR TELEPHONE                 |
| CURRENT MEDICATIONS        | DATE OF MOST RECENT TETANUS SHOT |

**MEDICAL PERMISSION**

If a situation should arise where it is deemed necessary to obtain immediate medical attention and staff are not able to reach parents/guardians, staff will transport your child to the nearest emergency treatment centre or contact an ambulance on your child's behalf. Emergency services will be provided with a copy of your child's health information.

I authorize the staff of the James Bay Community School Centre Society, in the event of an accident or illness requiring emergency treatment affecting my child, to authorize on my behalf all procedures, including admission to hospital and any necessary treatment therein as he/she may deem essential for the care and well-being of the child. Such action is only to be taken when immediate contact with the undersigned cannot be made. It is understood that the JBCSC is not responsible for medical care or ambulance costs.

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

**EMERGENCY CONTACTS AND ALTERNATE PERSON(S) AUTHORIZED TO PICK UP CHILD (check all that apply)**

| Name | Relationship | Phone | Emergency Contact        | Authorized to Pick Up    |
|------|--------------|-------|--------------------------|--------------------------|
|      |              |       | <input type="checkbox"/> | <input type="checkbox"/> |
|      |              |       | <input type="checkbox"/> | <input type="checkbox"/> |
|      |              |       | <input type="checkbox"/> | <input type="checkbox"/> |
|      |              |       | <input type="checkbox"/> | <input type="checkbox"/> |

**PARTICIPANTS WILL ONLY BE RELEASED TO PEOPLE ON THIS LIST. CONTACT THE COORDINATOR TO MAKE CHANGES. ALL CONTACTS MUST BE ADULTS 19 YEARS OR OLDER.**

**PERSONS NOT PERMITTED ACCESS TO CHILD (release of child or in-program visit)**

| NAME | RELATIONSHIP |
|------|--------------|
|      |              |
|      |              |

**CUSTODY OR OTHER LEGAL ORDERS**

YES  NO  IF YES, ATTACH A COPY OF THE ORDER TO THIS PACKAGE.

PLEASE PROVIDE DETAILS:

IF YOU HAVE JOINT CUSTODY, PLEASE SPECIFY PICK UP AND PAYMENT ARRANGEMENTS:

IF YOU DO NOT HAVE A LEGAL CUSTODY AGREEMENT BUT HAVE AN INFORMAL SEPARATION AGREEMENT, PLEASE GIVE SPECIFICS:

**FAMILY AND GENERAL HOUSEHOLD INFORMATION**

ADULTS AT HOME AND THEIR RELATION TO CHILD:

CHILDREN AT HOME AND THEIR NAMES AND AGES:

PRIMARY LANGUAGE SPOKEN AT HOME

OTHER LANGUAGES

RELEVANT INFORMATION THAT WOULD ASSIST STAFF IN WORKING WITH YOUR CHILD (ex: recent changes in living situation, significant events)

**HEALTH INFORMATION - IMMUNIZATION RECORDS**

VIHA CHILDCARE LICENSING REGULATION REQUIRES THAT WE HAVE CURRENT IMMUNIZATION RECORDS FOR EACH PARTICIPANT.

- My child's immunizations are up to date, and the immunization record is attached.
- My child has been immunized in the past, but immunizations are not up to date:
- I have chosen not to immunize my child, and understand that I may be required to temporarily withdraw from the program if VIHA declares it necessary due to a community epidemic.

Signature: \_\_\_\_\_

**HEALTH INFORMATION - ALLERGIES AND HEALTH CONCERNS**

ALLERGIES, SYMPTOMS AND REQUIRED TREATMENT

OTHER HEALTH INFORMATION: ex: asthma, seizures, hearing, vision, developmental delay

SPECIAL DIET INFORMATION:

**BEHAVIOURAL CONCERNS**

PLEASE DESCRIBE ANY CONCERNS YOU MAY HAVE REGARDING YOUR CHILD'S BEHAVIOUR. INCLUDE INFORMATION ABOUT CHALLENGES THEY HAVE ENCOUNTERED IN GROUP SETTINGS OR CHILDCARE ENVIRONMENTS. WHAT STRATEGIES DO YOU USE AT HOME?

**PREVIOUS CHILDCARE EXPERIENCE**

HAS YOUR CHILD ATTENDED DAYCARE, PRESCHOOL, OUT OF SCHOOL CARE, OR CAMPS IN THE PAST? IF YES, PLEASE LIST PROGRAM NAMES AND DATES.

WHAT WERE PREVIOUS GROUP CARE EXPERIENCES LIKE FOR YOUR CHILD? PLEASE DESCRIBE CHALLENGES AND SUCCESSES, AS WELL AS TOOLS THAT ARE HELPFUL FOR YOUR CHILD.

**ANY OTHER INFORMATION THAT YOU WOULD LIKE STAFF TO KNOW**

PLEASE SHARE ANYTHING THAT WOULD ASSIST THE STAFF IN WORKING WITH YOUR CHILD. FEEL FREE TO ATTACH ADDITIONAL SHEETS. MORE INFORMATION IS BETTER!

**PERMISSION FOR FIELD TRIPS**

I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN FIELD TRIPS AND OUTINGS WITH CHILDCARE STAFF. I UNDERSTAND THAT ALL OUTINGS WILL BE PRE-PLANNED AND ADEQUATELY SUPERVISED. I UNDERSTAND THAT MY CHILD WILL BE TRANSPORTED TO FIELD TRIP LOCATIONS USING PUBLIC TRANSIT, JBCSCS VEHICLES, AND WALKING AS A GROUP. I UNDERSTAND THAT FIELD TRIP PLANS MAY CHANGE, AND AGREE TO MAKE ARRANGEMENTS IN ADVANCE WITH STAFF IF I NEED TO PICK UP MY CHILD EARLY.

Signature: \_\_\_\_\_

**PHOTO RELEASE**

IN ACCORDANCE WITH THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA), THE JAMES BAY COMMUNITY SCHOOL SOCIETY IS SEEKING YOUR CONSENT TO COLLECT, KEEP, USE AND SHARE PHOTOGRAPHS AND/OR VIDEOS OF YOUR CHILD IN A VARIETY OF PUBLICATIONS, CENTRE DISPLAYS, AND THE JBCSC WEBSITE. I UNDERSTAND THAT IMAGES POSTED ON THE INTERNET MAY BE STORED AND ACCESSED OUTSIDE OF CANADA. EX: IMAGES MAY BE USED OR SHARED IN NEWSLETTERS, BROCHURES, AND REPORTS IN LIMITED CIRCULATION IN ADDITION TO WEBSITES AND SOCIAL MEDIA PLATFORMS WITH LIMITED OR PUBLIC ACCESS.

THE JBCSC IS COMMITTED TO RESPECTING YOUR PRIVACY AND WILL ABIDE BY ANY RESTRICTIONS INDICATED ABOVE IN USING YOUR PHOTOGRAPH AND VIDEO FOOTAGE AND ACCOMPANYING PERSONAL INFORMATION. YOUR PERSONAL CONTACT INFORMATION WILL NOT BE SHARED WITHOUT YOUR CONSENT.

I AUTHORIZE THE JBCSCS AND APPROVED THIRD PARTIES TO USE PHOTOS/VIDEOS OF MY CHILD FOR **IN-CENTRE USE**, INCLUDING BUT NOT LIMITED TO NEWSLETTERS, BULLETIN BOARD DISPLAYS, PHOTO ALBUMS, COMMEMORATIVE ITEMS, AND REPORTS.

YES  NO

I AUTHORIZE THE JBCSC AND APPROVED THIRD PARTIES TO USE PHOTOGRAPHS/VIDEOS OF MY CHILD FOR **EXTERNAL USE**, INCLUDING BUT NOT LIMITED TO THE JBCSC WEBSITE, SOCIAL MEDIA PLATFORMS, AND ELECTRONIC COMMUNICATIONS.

YES  NO

Signature: \_\_\_\_\_

**FEE AGREEMENT**

I UNDERSTAND THAT FEES ARE SUBJECT TO CHANGE WITH OR WITHOUT NOTICE SUBJECT TO THE APPROVAL OF THE JBCSCS.

I AGREE TO PAY MY FEES IN FULL EACH MONTH, AND UNDERSTAND THAT FAILURE TO PAY FEES MAY RESULT IN THE SUSPENSION OF SERVICE. I UNDERSTAND THAT THE JBCSCS ACCEPTS CREDIT CARD, DEBIT CARD, CASH, OR CHEQUE AS PAYMENT METHODS, AND IS NOT SET UP TO STORE CREDIT CARD INFORMATION OR ACCEPT PRE-AUTHORIZED OR AUTOMATIC PAYMENTS. I AGREE TO PAY MY FEES ON OR BEFORE THE FIRST OF EACH MONTH.

I UNDERSTAND THAT I AM REQUIRED TO GIVE 30 DAYS WRITTEN NOTICE FROM THE FIRST OF THE MONTH TO THE CHILDCARE COORDINATOR IN ORDER TO WITHDRAW OR CHANGE MY CHILD'S ENROLLMENT. FAILURE TO GIVE 30 DAYS NOTICE WILL RESULT IN FEES BEING CHARGED IN LIEU OF NOTICE.

I UNDERSTAND THAT CHILD CARE SUBSIDY REQUIRES APPLICATION IN ADVANCE, AND IS SUBJECT TO APPROVAL OF THE MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT. I UNDERSTAND THAT I AM REQUIRED TO PAY THE ENTIRE AMOUNT UNTIL THE APPROVED CHILDCARE BENEFIT PLAN IS RECEIVED.

MONTHLY FEES AS OF July 5 2020:

|                           |                          |                              |
|---------------------------|--------------------------|------------------------------|
| BEFORE SCHOOL CARE: 80.00 | PRESCHOOL 2 DAYS: 120.00 | LITTLE WAVES DAYCARE: 725.00 |
| AFTER SCHOOL CARE: 245.00 | PRESCHOOL 3 DAYS: 165.00 |                              |
| BEFORE AND AFTER: 285.00  |                          |                              |

Signature: \_\_\_\_\_

**PRIVACY**

THE PERSONAL INFORMATION YOU HAVE PROVIDED WILL BE REVIEWED BY JBCSCS STAFF AND APPROVED THIRD PARTIES, AND WILL NOT BE SHARED WITHOUT YOUR CONSENT. THIS INFORMATION MAY BE REVIEWED BY ISLAND HEALTH AUTHORITY LICENSING STAFF AS PER LEGISLATION. YOUR INFORMATION IS MANAGED IN ACCORDANCE WITH THE BRITISH COLUMBIA FREEDOM OF INFORMATION AND PRIVACY ACT (FOIPPA). YOU HAVE A RIGHT OF ACCESS TO COLLECTED INFORMATION. IF YOU HAVE QUESTIONS REGARDING FOIPPA, PLEASE CONTACT COMMUNITY SCHOOL COORDINATOR, AT 250-389-1470.

**\*No Signature Required\*****PARENT/GUARDIAN CONSENT**

IN PERMITTING MY CHILD TO ATTEND CHILDCARE AT JAMES BAY COMMUNITY SCHOOL SOCIETY, I RELEASE AND DISCHARGE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES AND CAUSES OF SUIT OR ACTION THAT I OR MY CHILD HAVE AT ANY TIME AGAINST THE JAMES BAY COMMUNITY SCHOOL SOCIETY; ALONG WITH THEIR EMPLOYEES OR AGENTS; FOR ANY AND ALL INJURIES OR LOSSES SUFFERED BY MY CHILD AS A RESULT OF PARTICIPATING IN THE JAMES BAY COMMUNITY SCHOOL CENTRE CHILDCARE PROGRAMS.

Signature: \_\_\_\_\_

**SIGNATURE OF REGISTERING PARENT/GUARDIAN**

I HAVE COMPLETED THIS PACKAGE THOROUGHLY AND ACCURATELY TO THE BEST OF MY KNOWLEDGE AND ABILITY. I UNDERSTAND THAT PROVIDING INCOMPLETE OR INACCURATE INFORMATION MAY RESULT IN LOSS OF SERVICE.

SIGNATURE

PRINT NAME

DATE

**EARLY YEARS PROGRAMS-TOILETING POLICY**

Little Waves Daycare and James Bay Preschool are not equipped to accommodate children who are not fully potty trained, except under specific circumstances and with the express permission of the Childcare Coordinator. Staff are not equipped to change diapers or training pants. Children must be able to complete all toileting tasks independently.

By signing below, you certify that your child is trained according to the above definition.

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

Signature: \_\_\_\_\_

**EARLY YEARS PROGRAMS—PROVISIONARY PERIOD**

Little Waves Daycare has a two-month trial period upon registration. During the first month of this period, the child is observed for success and to ensure that they are able to adjust to their new environment and make new friends. If there are behaviour or safety concerns, they will be documented and addressed with parents. At the end of the first month, if there are concerns about the child's success in Little Waves, a meeting will be set with parents, ECE, and the Childcare Coordinator. The meetings goal will be to outline concerns and expectations. A plan for success will be developed to ensure the success of the child. The child and staff will have the second month for the trial period to implement the plan and strategies. If at the end of the second month there is still no progress and the concerns are still at large, Little Waves Daycare retains the right to terminate the enrollment. Parents also have the right to terminate enrollment at Little Waves Daycare during this trial period. By signing below you are confirming that you have read and understand the above information.

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

Signature: \_\_\_\_\_