



Registration Package

Registration Form

Child's Name: (First / Last) _____

Age of Child: _____ Home Phone: _____

Allergies: _____

Mother's Name: _____

Mother's Phone: (Cell) _____ (Work) _____

Mother's Email: _____

Father's Name: _____

Father's Phone: (Cell) _____ (Work) _____

Father's Email: _____

For Office Only

First Day of attending the daycare: _____

Last day of attending the daycare: _____

Registration Form signed: _____

Emergency Card signed: _____

Contract read and signed: _____

Deposit of _____ paid: _____

Receipt for payment: Yes ☐ No ☐

Receipt issued: Date: _____ Time Period: _____

Amount: _____ N°: _____

REGISTRATION FORM FOR CHILD CARE

FACILITY NAME	
FULL NAME OF CHILD	USUAL NAME OF CHILD <i>(if different)</i>

PERSONAL INFORMATION			
CHILD'S DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	STARTING DATE	
ADDRESS			FACILITY USE ONLY WITHDRAWAL DATE
POSTAL CODE	TELEPHONE ()		
PARENT OR GUARDIAN		PARENT OR GUARDIAN	
ADDRESS <i>(if different from above)</i>		ADDRESS <i>(if different from above)</i>	
TELEPHONE ()		TELEPHONE ()	
WORK ADDRESS / ALTERNATE LOCATION		WORK ADDRESS / ALTERNATE LOCATION	
TELEPHONE <i>(Include Local / Extension)</i> ()		TELEPHONE <i>(Include Local / Extension)</i> ()	
CELL PHONE / PAGER ()		CELL PHONE / PAGER ()	
HOURS AT THIS LOCATION		HOURS AT THIS LOCATION	

EMERGENCY HEALTH INFORMATION	
CARE CARD NUMBER	
FAMILY DOCTOR / CLINIC NAME	DOCTOR / CLINIC TELEPHONE ()

CONSENT FOR EMERGENCY CARE	
I authorize the staff at the child care centre to call a medical practitioner or ambulance / transport child to emergency medical care, in the case of accident or illness of my child(ren), if the parent cannot immediately be reached. Yes <input type="checkbox"/> No <input type="checkbox"/>	

ALTERNATE PERSONS(S) AUTHORIZED TO PICK UP CHILD <i>(other than parent/guardian listed above, include emergency pickup)</i>				
Check all that apply				
Name	Relationship	Telephone	Authorized to Pickup	Authorized to Call in an Emergency
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

PERSONS(S) WHO ARE NOT PERMITTED ACCESS TO MY CHILD		
Name	Relationship	Telephone

CUSTODY OR OTHER LEGAL ORDERS

Yes ☐

No ☐

If yes, supply a copy of the order to the facility Manager / Licensee

CHILD'S IMMUNIZATION STATUS

Is your child up to date on immunizations? Yes ☐ No ☐ Not Immunized ☐

COMMENTS

HEALTH INFORMATION *(attach a separate sheet, if necessary)*

REGULAR MEDICATION(S) AND REASONS FOR *(please list)*

ALLERGIES AND TREATMENT OF *(please list)*

INJURY(S), ILLNESS(ES) OR OPERATIONS YOUR CHILD HAS HAD AND INCLUDE DATE(S)

1. Please describe any concern(s) / issues regarding your child's health (seizures, asthma, vision, hearing, etc).
2. Please describe any concerns you may have regarding your child's development (i.e. behaviour, vision, hearing, speech, language, mobility, etc.)
3. Describe any specific care instruction regarding 1) and/or 2) above.

OTHER HEALTH CARE PROFESSIONALS INVOLVED IN YOUR CHILD'S LIFE *(e.g. occupational therapist / physical therapist)*

ANY OTHER INFORMATION I SHOULD KNOW

SIGNATURE OF PARENT OR GUARDIAN PROVIDING INFORMATION

SIGNATURE

PRINT NAME

DATE

NOTE: This information may be reviewed by Fraser Health Authority Licensing staff as per legislation.

FACILITY USE ONLY *(Facility has provided a copy of the following)*

1. Prepayment policy Yes ☐ No ☐
2. Behavioural Guidance Yes ☐ No ☐

ADDITIONAL INFORMATION ABOUT YOUR CHILD (OPTIONAL)

GROUP EXPERIENCES		
WHAT IS/ARE YOUR CHILD'S FAVOURITE TOY(S) / ACTIVITIES		
HAS YOUR CHILD HAD PREVIOUS PLAY GROUP EXPERIENCE? Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES, HOW DID HE/SHE ADAPT?		
HOW DOES YOUR CHILD BEHAVE TOWARD OTHER CHILDREN? (E.G. SEEKS OTHERS OUT, FEELS SHY)		
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 WOULD HELP STAFF MAKE YOUR CHILD'S TRANSITION INTO THIS PROGRAM EASIER?		
FAMILY AND GENERAL HOUSEHOLD INFORMATION		
PLEASE LIST THE NAMES OF THE SIGNIFICANT PEOPLE IN YOUR CHILD'S LIFE (E.G. SIBLINGS, GRANDPARENTS, ETC)		
PLEASE DESCRIBE THE GUIDANCE AND DISCIPLINE METHODS USED AT HOME.		
PRIMARY LANGUAGE SPOKEN IN THE HOME	OTHER LANGUAGES	
NAME OF ENGLISH SPEAKING PERSON (IFF NEEDED)	TELEPHONE	
EATING AND NUTRITION		
LIST YOUR CHILD'S FAVOURITE FOOD		
LIST ANY DISLIKED FOOD.		
PLEASE DESCRIBE ANY PARTICULAR EATING PATTERNS.		
ARE THERE ANY RELIGIOUS OR ETHNIC OBSERVANCES RELATED TO FOODS?		
SLEEPING		
NAP TIME	HOW LONG TO SETTLE	TIME OF WAKING
BEDTIME	HOW LONG TO SETTLE	TIME OF WAKING
DOES YOUR CHILD TAKE A FAVOURITE COMFORTER (E.G. BLANKET OR TOY) TO BED? Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES, DESCRIBE AND TELL US IF IT IS "NAMED".		
WHAT IS YOUR CHILD'S MOOD UPON WAKENING?		
TOILETING		
IS YOUR CHILD TOILET TRAINED? Yes <input type="checkbox"/> No <input type="checkbox"/> PARTIALLY <input type="checkbox"/>		
PLEASE INDICATE YOUR CHILD'S FREQUENCY OR PATTERNS FOR BOWEL MOVEMENTS.		
DESCRIBE ASSISTANCE NEEDED FOR TOILETING.		
WHAT "SPECIAL" WORD DOES YOUR CHILD USE FOR?	URINATION:	BOWEL MOVEMENTS:

Contract of Agreement

This Agreement dated for reference the ____ day of _____ 20____ .

Between: Fraser Montessori Daycare Inc.

And: _____
(Name of parent/guardian)

Whereas:

Fraser Montessori Daycare Incorporated ("F.M.D.") is a privately owned and operated organization that provides a licensed daycare program and the parties wish to set out terms of parental responsibilities and conditions of enrolment necessary for F.M.D. to provide this care in the program.

In consideration of mutual promises contained in this agreement, the parties agree to the following.

Financial:

1. In order to secure a space for my child at F.M.D., I will provide the following items:
 - ✓ A non-refundable deposit of ____ and a non-refundable registration fee of \$75.00.
 - ✓ The monthly fee must be paid via e-mail transfer on the 25th of each month. Example
January fee is due on December 25th
 - ✓ A valid government subsidy authorization form with the parent's portion of the fee must be paid.
Parents are responsible to renew their subsidy at least one month prior to its expiration. In the event that the subsidy is refused partially or in full, or it is not renewed on time the parent must pay the full monthly fee. The parent will be reimbursed by F.M.D. for the amount that is equal to the government subsidy once it has been received by F.M.D.
 - ✓ Day Care deposit is only refundable after the child has started the daycare year and is used for a tuition guarantee for the first month of school. The deposit will be applied to the child's last month tuition with two calendar months written notice.
2. I will not be entitled to a refund for the time when my child is away from F.M.D Program due to a vacation, sickness, or other absences including labour disruptions.
3. The deposit is non-refundable prior to the start date, and will be applied to the last month of attendance provided that a minimum two month notice will be given. If I do not give two month's written notice of withdrawal, I will forfeit two months' tuition fee to F.M.D. There will be no exception to this rule. I consent to F.M.D. taking payment of the one month's tuition fee from my deposit.
4. F.M.D may withdraw my child from the F.M.D. program without any notice if I fail to comply with the terms of this agreement.
5. F.M.D will only issue a tax receipt once per fiscal year unless paid by cash.
6. I will obey F.M.D. hours of operation, and will pay an overtime fine of \$1.00 per minute within 24 hours if I do not pick up my child by the time required each day. I will make sure that my child will attend the program for a maximum of 9 hours per day according to agreement.
7. I will make all payments required under this agreement via email transfer on the 25th of each month

Child's Records

8. I have completed and will keep updating the following F.M.D. forms:
- ✓ Registration Form
 - ✓ Emergency Consent Card
 - ✓ General Medical Release Form
9. I have listed all the names of persons below who are legally restricted from contact with my child due to a Court Order or Separation Agreement. I will attach a copy of the relevant Court Order of Separation Agreement to this Agreement. I will notify F.M.D. staff immediately of any changes to the Court Order or Separation Agreement.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Health & Safety

10. To attend the F.M.D. Program, my child must be well enough to participate in all aspects of the programs, including outdoor programs. If my child is unable to participate in all aspects of the programs I will not deliver my child to the care of F.M.D. For the safety of others, children with a fever, any kind of infection, or head lice cannot attend F.M.D.
11. In order to safeguard the health and well being of all children I will advise F.M.D staff members of any serious medical condition my child may have.
12. I will advise F.M.D. staff of any changes in my child's health and immediately update medical records when changes occur.
13. In order to safeguard the health and well-being of all children, F.M.D. staff members have the rights to exclude my child from the program if he or she is ill. I will provide, upon a staff member's request, written medical clearance from a physician before my child can be readmitted to F.M.D.
14. I will notify the staff immediately if someone other than those persons authorized on the Registration Form will be picking up my child from F.M.D.
15. I will obey parking regulations at F.M.D. at all times.
16. Due to requirements in the Child Care Licensing Regulation, I acknowledge F.M.D. cannot instruct or otherwise coerce my child to eat where my child refuses to do so.

Late Administration Charges and Overdue Accounts

17. I understand that if fees are not paid one week in advance by the 25th of the month, Late Administration fee will be charged as follows:
- a. If paid within 15 days past the due date, the late administration fee is \$30.
 - b. If paid within 30 days past the due date, the late administration fee is \$60.
18. If payment is not received within 30 days past the due date, your child care space may be terminated and Fraser Montessori Daycare Inc. will charge a 26.9% annually for the outstanding balance.

Termination of Services

19. I understand that F.M.D. may terminate this Agreement for any of the following reasons:

- a. The fees for services are not paid according to the financial policies in the Parent Contract and suitable arrangements for payment cannot be agreed upon.
- b. My family does not follow the terms and conditions of F.M.D. contract and successful resolution of the differences is not achieved.
- c. The child is no longer in the custody of the enrolling parent/guardian.
- d. A family member makes negative comments about our program to the staff or other parents, harasses, threatens or commits a violent act toward F.M.D. staff, children or other families involved in the program.
- e. F.M.D. is unable to satisfactorily resolve problems of late pickups of my child.

Terms of Agreement

I acknowledge that conditions of enrolment may change from time to time and I further acknowledge F.M.D. may set additional requirements that will form part of this Agreement upon written notice.

(in witness where of the parties have executed this agreement in Vancouver, British Columbia)

F.M.D. Staff signature

Witness signature

Date

Date

Parent/Guardian's signature

Witness signature

All forms signed and completed along with the deposit, registration fee and 12 post-dated cheques.
Cheques must be dated 25th day of the month.
For example, the fee for February must be paid on January 25th.

Discipline Policy

Through the use of appropriate guidance, Fraser Montessori Daycare provides an enriching, safe and educational environment for all of the children. Our goal is to do our absolute best to help children to use self-control, strengthen their self-esteem, develop respect for others, and to become physically and emotionally healthy as confident and successful individuals.

The following outlines our discipline strategies to guide and encourage appropriate behaviour:

- ✓ Set a good example, set limits and expectations for the children according to their level of development.
- ✓ Listen actively to encourage children to express their feelings.
- ✓ Negotiate to help children solve problems and conflicts.
- ✓ Model proper guidance techniques to set a good example for parents and guardians.
- ✓ Modify the classroom materials as often as needed to create an encouraging environment for children's interests and learning needs.
- ✓ Make children feel important and valued by recognizing good performance and wise choices.
- ✓ Redirect children's attention to different activities.
- ✓ Provide alternatives for inappropriate behaviour to the children.
- ✓ Provide children with natural and logical consequences for their behaviours.
- ✓ Use short supervised periods of sitting with a teacher to watch other children work properly. One minute per age is used to calculate a child's sitting, excluding children that are under 2.5 years of age.
- ✓ After a minimum of three warnings, the child's consequence for their misbehaviour is to follow the teacher by holding her hand for 5-10 minutes, for example during outdoor play time.

If a child still displays inappropriate behaviour and we are unsuccessful using the above mentioned methods, we will implement the following action plan:

1. Identify underlying issues leading to inappropriate behaviour, for example: poor diet, watching television, playing video games, improper guidance outside of our daycare.
2. Meet with the parents/guardians to discuss a plan of action that both the parents/guardians and Fraser Montessori Daycare Licensee agree to.
3. Meet as often as needed to discuss the child's progress.
4. At any time after exhausting all our resources, a child may be discharged from Fraser Montessori Daycare.

Emergency Consent Form

Child's Name: (Surname / First Name) _____

Birth date (Year / Month / Day): _____

Address: _____

_____ Child lives with: _____

Mother's Name: _____

Mother's Phone: (Work) _____ (Home) _____

Father's Name: _____

Father's Phone: (Work) _____ (Home) _____

Emergency Contact: _____ Phone: _____

Child's M.D.: _____ Phone: _____

1) Allergies: _____

2) Medications: _____

Child's Dentist: _____ Phone: _____

Care Card #: _____ Date effective: _____

Consent Form

1. It is the policy of this center to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.
2. Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to the center immediately. We will take this consent with us to the emergency center.
3. I hereby give consent for my child _____ when ill to be taken to the nearest emergency center by the Care Facility Staff when I cannot be contacted.
4. I hereby give consent for my child _____ to receive medical treatment.

*Personal information
contained on this
form is collected
under the Community
Care Facility Act and
will be used only for
the purpose indicated.*

**Child's
Picture**

Signature of Parent / Guardian

Witness

Date

General Release

I hereby expressly acknowledge that my child, _____, here in after “my child”, upon being accepted as a student at F.M.D., is being accepted on a conditional basis. If at any time from the date of conditional acceptance, the staff form the opinion in their sole discretion that the parent(s) and/ or my child, by his/ her behaviour while present in the program, caused or created a disruptive effect on the discipline, education, conduct of the other students and staff, or is not suited for the program, then I hereby agree, without protest or complaint to F.M.D. and other parents, or any court or government body, on the request of the staff, to withdraw my child from enrolment in the program. If I am asked to withdraw my/our child, my post-dated cheques will be returned to me.

Parent/Guardian signature: _____

Date: _____

Medical Release

I hereby expressly authorize F.M.D. staff, or any person authorized by F.M.D. to act in their place, to administer to my child, _____.

While he/she is attending the program, F.M.D. staff may administer any medication that is physician prescribed for my child, or administer any First Aid in the event of an accident or emergency involving my child, and expressly absolve and hold blameless F.M.D. staff or any duly authorized person acting in their place, or F.M.D., including its owner the daycare, staff, from any legal liability or action or action which may arise directly or indirectly from the administration or any such First Aid to my child while attending the program.

Parent/Guardian signature: _____

Date: _____

Email: _____

Photo Consent Form

Dear Parent,

Fraser Montessori would like your consent to use pictures of your child to showcase “Fraser Montessori Daycare” on our website, mailing cards and our Facebook page.

Please check the following boxes to indicate that you give “Fraser Montessori Daycare” permission to use your child’s images:

- ☐ Fraser Montessori Daycare Website
- ☐ Fraser Montessori Daycare Facebook page
- ☐ Fraser Montessori Daycare Mailing cards

Declaration

I give permission to use images of my child in the formats that are mentioned above.

Child’s Name: (Surname / First Name) _____

Parent’s Name: (Surname / First Name) _____

Signature of Parent / Guardian

Date

Thank you,

Fraser Montessori Daycare

Materials required – Ages 1 to 2.5 years old

Please bring the following from home on or before the first day of attendance:

- | | |
|---|--|
| <input type="checkbox"/> Four identical pictures of your child (4" by 6") | <input type="checkbox"/> Bedding incl. fitted sheet for the play pan |
| <input type="checkbox"/> Muddy-Buddies (a waterproof coverall) | <input type="checkbox"/> Snacks |
| <input type="checkbox"/> Diapers | <input type="checkbox"/> Lunch |
| <input type="checkbox"/> Wipes | <input type="checkbox"/> Drinks |
| <input type="checkbox"/> Slippers | <input type="checkbox"/> Pillow |
| <input type="checkbox"/> Diaper rash cream | <input type="checkbox"/> Two blankets |
| <input type="checkbox"/> Face cloth | <input type="checkbox"/> Toothbrush/toothpaste |
| <input type="checkbox"/> Tissue box | <input type="checkbox"/> Earthquake kit |

Materials required – Ages 3+ years old

Please bring the following from home on or before the first day of attendance:

- | | |
|---|--|
| <input type="checkbox"/> Four identical pictures of your child (4" by 6") | <input type="checkbox"/> Scissors |
| <input type="checkbox"/> Tissue box | <input type="checkbox"/> Two glue sticks |
| <input type="checkbox"/> Color pencils | <input type="checkbox"/> Plastic school supply box |
| <input type="checkbox"/> Two pencils | <input type="checkbox"/> Indoor slippers |
| <input type="checkbox"/> Eraser | <input type="checkbox"/> Earthquake kit |
| <input type="checkbox"/> Water color markers | <input type="checkbox"/> Helmet |

If your child attends the daycare all day, please also bring the following items:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Pillow | <input type="checkbox"/> Toothbrush/toothpaste |
| <input type="checkbox"/> Two blankets | |

List of Earthquake Kit Supplies

The Kit must be provided to the centre no later than on the first day of attendance.

In a large see through zip-lock bag please provide:

- ☐ 12 protein bars and four 500 ml. bottles of water.
- ☐ Emergency out of town contact
- ☐ Family picture
- ☐ Thermal blanket (Wallmart carries them in the camping section)

Just a reminder:

- ✓ Please pack a change of clothing for your child on a daily basis.
- ✓ Please label all your child's belongings with his/her name on it.
- ✓ Please provide healthy food and water for your child every day.
- ✓ Please sign your child in and out every day.
- ✓ Please close the front door firmly.
- ✓ Please avoid entering the classroom to minimize the disruption of other students that are already engaged in their activities.
- ✓ Please use our communication book to communicate with the teachers instead of talking to them to allow them to focus on the students at all the time.
- ✓ Please wash your child's bedding every Friday.
- ✓ Please do not ask the staff not to allow your child to participate in outdoor activities.
- ✓ Please do not ask the staff to make sure that your child eats all of his food.
- ✓ Please do not ask for a refund or reduced rate in case your child will be away.
- ✓ Please arrive at least 15 minutes prior to closing of the centre to pick up your child.
- ✓ Please do not deliver the child if he has communicable disease, fever, vomiting, green or yellow mucus, pink eye the night before or the morning of attending the daycare.
- ✓ Children must show no symptoms of being sick for 24 hours prior to returning to the centre.
- ✓ Please do not ask the staff to administer medication for fever. Children must be fever free for 24 hours prior to returning to the daycare.
- ✓ You will be notified immediately to pick up your child if the staff notices any of the mentioned above symptoms. Doctor's note will be required upon return.

Field Trip Permission Slip

Parents will be notified 1 week in advance as to the nature and cost, if any, of the field trip.

Field trips may include the following:

- ✓ Local Libraries
- ✓ Local Parks
- ✓ McDonald's
- ✓ Grocery Store
- ✓ Movie Theatre
- ✓ Boston Pizza
- ✓ Local Bowling Center
- ✓ Dentist Office
- ✓ Bug Lab
- ✓ Science World
- ✓ Museum
- ✓ Local Fire Department
- ✓ Farm
- ✓ Local Police Station
- ✓ Skating Rink
- ✓ Etc.

Declaration

I give permission to Fraser Montessori Daycare Inc. to take my child on field trips.

Child's Name: (Surname / First Name) _____

Parent's Name: (Surname / First Name) _____

Signature of Parent / Guardian

Date

Drop-off and pick-up confirmation

Dear Parents/Guardians:

We would like to ask for confirmation of your child's drop of and pick up time.

Please indicate it below:

Drop-off time _____

Pick-up time : _____

Please note that it is very important to be consistent.

Signature of Parent / Guardian

Date

Before And After School Care Drop-Off And Pick-Up Permission Slip

Declaration

I give permission to Fraser Montessori Daycare Inc. to transport my child on the school bus.

Child's Name: (Surname / First Name) _____

Parent's Name: (Surname / First Name) _____

Signature of Parent / Guardian

Date

Students Dress Code

Dear Parents,

Effective January 4th 2016, all of our students are expected to wear plain white and navy blue outfits, and black shoes. The ladybug patch is to be ironed on the left hand side on the blouse, cardigan, jacket, etc. at the level of your child's armpit.

We should receive the patches within two weeks, and they will be available directly at the center for a fee of \$5.00.

Please email any questions that you may have regarding the school attire to ediths_childcare@hotmail.com.

Please visit Fraser Montessori Daycare on Facebook for updates.

Kind regards,
Edith Ziolkiewicz

