



**Bowen
Children's
Centre**

Bowen Children's Centre
650 Carter Road
Bowen Island, B.C. V0N 1G2
Phone: (604) 947-9626
info@bowenchildrenscentre.ca

www.bowenchildrenscentre.ca

Bowen Children's Centre (BCC) Enrolment

Child's Last Name: _____ First: _____

Date of Birth: _____ Girl: ___ Boy: ___

Home address: (mailing and street addresses)

Email(s):

People with whom child lives:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Parent(s) / Guardian(s)

1. Name _____ Mobile _____

Workplace _____ Work phone _____ Home phone _____

2. Name _____ Mobile _____

Workplace _____ Work phone _____ Home phone _____

If there is a custody arrangement, please explain:

Health information

Doctor _____ Phone _____

Dentist _____ Phone _____

Other health professional who treats/cares for your child _____ Phone _____

Care Card Personal Health _____

Please explain any immunization exemptions. If you have not immunized your child, Please complete the Immunization letter on the last page of this package.

Health Issues – allergies, medical conditions, etc.:

I understand that the above information may be provided to Vancouver Coastal Health Authority if requested.

Person(s) authorized to pick up child from time to time, and/or be contacted in case of emergency. In addition to parents/guardians, please list at least three. Please note that with this form you are authorizing these individuals to pick up your child from the program **without specific notice from you**. If, in case of emergency or other reason, I am unable to pick up my child from BCC programs, I authorize staff of BCC to release my child to:

1. Name _____ Relationship to child _____
Home phone _____ Work phone _____ Mobile _____

2. Name _____ Relationship to child _____
Home phone _____ Work phone _____ Mobile _____

3. Name _____ Relationship to child _____
Home phone _____ Work phone _____ Mobile _____

Does your child attend another program or school? _____

Has your child previously attended daycare/preschool? Yes ___ No ___

If yes, name of facility: _____ Date attended: _____

Child's First Language: _____ Additional language: _____

Is your child toilet trained? Yes ___ No ___

Parents'/Guardians' skills, hobbies, interests:

Does your child have any developmental or behavioral conditions that have been diagnosed by a medical practitioner? No ___ Yes ___ If yes, please explain below:

Parents'/Guardians' Agreement (all BCC Programs)

1. I, the undersigned, agree to abide by the Bowen Children's Centre's policies and procedures and to keep myself apprised of events at the Centre.
2. If my contact information changes, I will inform the staff of Bowen Children's Centre promptly.
3. I will not send my child to the Centre if there is any question that (s)he is ill, nor will I come myself if I am ill. If my child contracts a communicable disease, I will notify the program staff or the executive director immediately.
4. I understand that, in the classroom and on the playground, the staff has overall responsibility for the program, teaching methods, guidance, and health and safety measures.
5. I will keep the staff informed of any event or change of routine at home that might affect my child's behavior.
6. I understand that if my child needs to have any medication administered, the medication will be given directly to the teacher (with written instructions and in the original packaging) and not sent in care of the child. Please ask the teacher for a "Permission to Administer Medication" form.

7. If my child/ren becomes ill and I am not available, I hereby give my permission for the staff to send my child home in the care of an authorized, responsible adult listed on my emergency pickup consent form.
8. In case of emergency, I hereby give consent for the staff to call a qualified physician, my family doctor, an ambulance if needed, and to authorize treatment for my child in the event I cannot be reached.
9. In case of injury to my child while in the care, custody or control of the Bowen Children's Centre, I hereby waive all claims against Bowen Children's Centre (BCC), including its directors, staff, contractors, volunteers and the Society's membership, in excess of public liability insurance carried by BCC.
10. I agree to furnish BCC with a record of my child's immunization status with the registration forms at the time of enrollment, and I understand that this may be provided to Vancouver Coastal Health upon VCH's (or my) request.
11. I agree to supply proof of my child's age at registration time (i.e. Birth certificate, Care Card.)
12. I will pay my child's tuition fees promptly, whether or not my child attends class. I understand that absences due to illness, holidays or other reasons are not exempt from payment.
13. If it becomes necessary to withdraw my child from the program, I will give one full calendar months' notice in writing to the executive director, or pay one month's dues in lieu thereof. I understand and accept that Bowen Children's Centre reserves the right to request the withdrawal of any child at the discretion of the teachers and the administration.
14. I agree to donate 1.5 hours of my time/month to BCC's yearly fundraising or maintenance/operation initiatives or pay \$250 in lieu thereof.
15. I will attend the BCC Annual General Meeting, which is usually held in early October.

Signed: (Parent/Guardian) _____

Name: (printed) _____ Date: _____

Signed: (Parent/Guardian) _____

Name: (printed) _____ Date: _____

Consents and Permission

Emergency Consent

Bowen Children's Centre (BCC) will contact parents in the event that their child becomes unwell or is injured while attending one of the Centre's programs. However, staff members may not be able to contact parents before it becomes necessary to take action. By signing below, you are giving your consent for BCC's staff members to exercise their judgement if your child becomes unwell or is injured while in their care. The signature of one parent constitutes the consent of both.

Authorization: Emergency Consent

In the event that my child/ren become unwell or are injured while in the care, custody or control of Bowen Children's Centre (BCC) and I cannot be contacted - and/or if the situation is such that medical attention is urgently needed -- I hereby authorize BCC's staff members to administer first aid – including, but not limited to: giving an injection with an EpiPen, to call the family doctor or other physician, to take my child to the nearest physician's office, or to call for the ambulance to attend. Further, I give my consent for BCC's staff members to authorize treatment for my child, including but not limited to authorizing emergency surgery.

In the event of illness, allergic reaction, or injury to my child while in the care, custody or control of BCC and/or one of its programs, I hereby waive all claims against BCC, including its directors, staff, contractors, volunteers, and the Society's membership, in excess of the public liability insurance carried by BCC.

Authorization: Walks and Excursions

I hereby give permission for my child to go on supervised excursions within walking distance from Bowen Children's Centre or Bowen Island Community School (the After School Club) without additional consent.

I understand that these walks may be of a spontaneous nature – influenced, perhaps by the weather, a child's suggestion, a curriculum theme, or other circumstances – and as such I may not receive advance notice. My permission for my child to take part in such excursions extends to situations where I do not receive advance notice.

In the event of harm to my child or misadventure relating to the aforementioned outings, I hereby waive all claims against BCC, including its directors, staff, contractors, volunteers, and the Society's membership, in excess of the public liability insurance carried by BCC.

Authorization: Photographs

I hereby give my permission for pictures to be taken of my child, while attending BCC programs. I understand that these photographs may be used in the program's activities, BCC newsletters, MailChimp emails, website, Facebook, online advertising, promotional materials or submitted to The Undercurrent.

I hereby give consent to the emergency pick-up, alternative pick-up, walks and other excursions, transport consent, and photo consent listed above for my child/ren _____, and I hereby release the Society's directors, staff, volunteers, contractors and members from any liability whatsoever relating to situations and attendant circumstances written above.

Initials Parent _____ Initials staff member _____

Financial Matters

As the parent/guardian of a child who attends BCC, I understand and accept the following conditions:

All BCC Programs:

Enrolment fee: \$35.00 (non-refundable; Payable upon completion of enrolment forms)

Enrolment fee if registering two or more children simultaneously: \$35 for the first child, \$10 for each additional child. **This is an annual fee.**

Deposit: A deposit equal to one half of one month's fees is due upon enrolment. This deposit confirms your child's enrolment. It is forfeited if your child does not actually occupy the space accepted within two weeks of enrolment . The deposit is also forfeited if all financial obligations are not fulfilled at such time as your child ceases to attend BCC. It will be refunded providing proper notice has been given.

Invoices: Invoices are emailed at the end of each month in advance of services rendered for the following month.

Payment: Fees are due in full, within 7 (seven) days of receipt of the invoice.

BCC accepts payment by cheque, e-transfer, or money order. The program will not accept cash. There is a lock box at both program locations (BCC and ASC), which is accessible between the hours of 7:30 a.m. to 5:00 p.m. Monday through Friday. Please make cheques or money orders payable to Bowen Children's Centre or BCC.

Interest may be charged on past due accounts at the rate of 2% per month.

BCC will charge a \$10 fee for any cheques that are returned NSF.

I have read and understand the Fee Schedule, and the Cancellation Policies above for both Regular and Drop-in bookings.

Initials parent: _____ **Initials staff member:** _____

Health and Safety Policies

- I understand that to attend the program, my child must be well enough to participate in all aspects of the program, including outdoor play.
- If my child becomes ill while at the BCC, I will arrange to pick him/her up promptly. If requested, I will provide a note from a doctor affirming my child's good health before (s)he next attends the program.
- I will inform BCC, in writing, of any allergies and medical conditions that my child may have, as well as significant behavioural or developmental issues.
- I will supply my child's immunization records, and keep these current, or:
- If my child has not been immunized, then, in accordance with Vancouver Coastal Health Authority's regulations, I will provide a letter stating that this has been my informed choice, and that I understand that I must remove my child from the Program if a child who attends this Program, or one of that child's family members, contracts an immunizable communicable disease. I realize that I may not bring my child back to the Program until the infectious period has passed and that my fees will not be adjusted to reflect my child's absence.
- I will keep contact and health information updated.
- I will keep staff informed of any events, circumstances or change of routine at home that might affect my child's behaviour.
- I will accept the decision of the BCC staff and the BCC executive director if a behavioural problem develops which, in their judgement, cannot be adequately managed and causes them to request my child's withdrawal from the program until adequate support can be put in place. See BCC's inclusion policy under the ["About"](#) section on our website.
- I understand that Vancouver Coastal Health Authority licensing regulations require that only medication prescribed or recommended for my child in writing by a physician and provided in its original packaging with full, legible instructions and precautions will be administered to my child by the BCC staff. The staff will only administer the medication once parents have completed a 'Permission to Administer Medication' form. This form will be kept on file at BCC.
- In the event that my child is involved in an accident or suddenly becomes ill, I authorize the BCC staff to call my family physician and/or to authorize emergency medical treatment for my child.
- I will notify BCC staff by phone if someone other than myself will be picking up my child from the program. This message will also be followed up by either a text or an email confirming the same information.

I understand that these measures are intended to ensure the health and safety of all the children who attend the program, including my own.

Bowen Children's Centre Responsibilities

The Bowen Children's Centre will provide care for children in accordance with the terms of its license and in compliance with the regulations set out in the [Community Care and Assisted Living Act](#).

The Bowen Children's Centre will issue receipts for income tax purposes, usually in February.

The Bowen Children's Centre will give one month's notice of any change to its fees.

The Bowen Children's Centre will give one month's notice of any closures, except where such notice is not possible due to staff illness or other unforeseen circumstance.

I have read, understand and accept all of the foregoing consents and permission clauses and will abide by the terms and conditions of this agreement. I recognize that failure to comply with these terms and conditions may be deemed sufficient cause for BCC to withdraw services.

In the event of any misadventure or harm to my child while in the care and custody of Bowen Children's Centre, I hereby release the Bowen Children's Centre, and its directors, staff, contractors, volunteers and members, from any and all liability in excess of the insurance carried by the Society.

Parent's name (print) Parent's signature Date

Parent's name (print) Parent's signature Date

I recognize and accept that the signature of one parent/guardian constitutes the consent/authorization of both.

Child's name

Staff member's name Staff member's signature Date

Bowen Children's Centre Emergency Consent

Child's Name: _____ D.O.B. _____ Girl ___ Boy ___
Surname First names

Address _____

1. Parent/Guardian: _____ Mobile _____

Work phone _____ Home phone _____ Email: _____

2. Parent/Guardian: _____ Mobile _____

Work phone _____ Home phone _____ Email: _____

3. Emergency Contact: _____ Mobile _____

Work phone _____ Home phone _____

4. Emergency Contact: _____ Mobile _____

Work phone _____ Home phone _____

People authorized to pick up child from BCC (Names): _____

Doctor: _____ Tel: _____ Dentist: _____ Tel: _____

Allergies/Medications/Disabilities: _____

BC Medical Plan #: _____

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In the event that my child becomes unwell or is injured while in the care, custody or control of BCC and I cannot be contacted – and/or if the situation is such that medical attention is urgently needed – I hereby authorize BCC's staff members to administer first aid, to call the family doctor or other physician, to take my child to the nearest physician's office, or to call for the ambulance to attend. Further, I give my consent for BCC's staff members to authorize treatment for my child.

In the event of illness, allergic reaction, or injury to my child while in the care, custody or control of BCC, I hereby waive all claims against BCC, including its directors, staff, contractors, volunteers, and the Society's membership, in excess of the public liability insurance carried by BCC.

Print name _____ Signature _____ Date _____

Print name _____ Signature _____ Date _____

To Whom It May Concern:

I confirm that my child, _____ (name of child) whose date of birth is _____ (dd/mm/yyyy), has been fully immunized or partially immunized based on Vancouver Coastal Health's Routine Childhood Vaccination Schedule.

Name of Parent/Guardian

Signature

Date (dd/mm/yyyy)

Staff Initials

Immunization Record

Child's Name _____ **Date of Birth:** _____

1st shots due at 2 months of age
 DTaP-HB-IPV-Hib (diphtheria, tetanus, pertussis, hepatitis B, polio, Haemophilus influenzae type b)
 Pneumococcal conjugate
 Meningococcal conjugate C
 Rotavirus

2nd shots due at 4 months of age
 DTaP-HB-IPV-Hib (diphtheria, tetanus, pertussis, hepatitis B, polio, Haemophilus influenzae type b)
 Pneumococcal conjugate
 Rotavirus

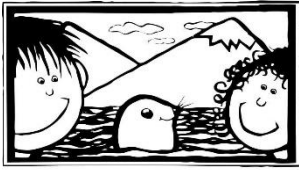
3rd shots due at 6 months of age
 DTaP-HB-IPV-Hib (diphtheria, tetanus, pertussis, hepatitis B, polio, Haemophilus influenzae type b)

4th shots due at 12 months of age
 Pneumococcal conjugate
 Meningococcal conjugate C
 Rotavirus
 MMR (measles, mumps, rubella)
 Varicella (chickenpox)

5th shots due at 18 months of age
 DTaP-IPV-Hib (diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b)

Kindergarten Immunizations (starting at age 4)
 DTaP-IPV (diphtheria, tetanus, pertussis, polio)
 MMRV (measles, mumps, rubella, varicella)

Other Immunizations: (e.g. flu shot, Hepatitis A)



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To Whom It May Concern,

This letter is to confirm that I have decided not to immunize my child: _____

Bowen Children's Centre programs are licensed by Vancouver Coastal Health Community Licensing. It is a licensing regulation that children who are not immunized must not attend any programs at the center during an outbreak of any serious communicable disease.

This regulation means that I agree to keep my child at home should there be an outbreak of any serious communicable disease at the Bowen Children's Centre until the outbreak is finished.

I also realize that I am responsible for my child's program fees during this time.

Parent/Guardian

Staff Member

Relationship to Child

BCC Program

Date

Date