



KID'S CONNECTION AT YORKTON

Dear Parent/Guardian,

Enclosed please find a registration form, parent agreement, pre-authorized debit form and emergency card for Kid's Connection at Yorkton.

Please complete all forms, and return them with a \$50.00 registration/supply fee and void check. Everything must be complete in order to hold your child's spot.

We do accept subsidy but ask for an extra \$100 deposit if subsidy is not received before your child begins and an additional \$10 monthly fee is charged to cover breaks. (Please note: there is an additional fee for children over 36 months that are not toilet trained.)

Payments will be made to: Kid's Connection Daycare Inc.

A small picture of your child is also required for their file and be sure to add their weight and height.

Please drop off everything at the center or mail forms; picture and checks or pre-authorized debit form with void check immediately to ensure your child's space is saved. Please send to:

Kid's Connection Daycare Inc.

96 Yorkton Ave.

Penticton, B.C., V2A 3V1

We must have all forms, including subsidy forms and/or subsidy deposit and Registration Fees at the center before your child starts the program.

Thank you from all the staff at Kid's Connection at Yorkton!



KID'S CONNECTION AT Yorkton

CHILD'S NAME: _____

PROGRAM HE/SHE IS IN: JUNIOR KINDERGARTEN ALL DAY PROGRAM (7:45am- 5:15pm) or UNDER 3 JUNIOR KINDERGARTEN ALL DAY PROGRAM (8am-5pm)**Please circle or underline which.

They will be attending the following days:

MY CHILD NEEDS CARE FROM: (Approximate hours) _____

NAME OF PARENTS OR GUARDIAN: _____

BIRTHDATE: _____ MALE FEMALE CARE CARD#: _____

CHILD'S HAIR COLOR: _____ CHILD'S EYE COLOR: _____

WEIGHT: _____ HEIGHT: _____

OTHER PHYSICAL DESCRIPTIONS _____

MAILING ADDRESS (street, city/town, postal code):

(Mother): _____ PHONE NUMBER: _____

(Father): _____ PHONE NUMBER: _____

EMAIL ADDRESS:

(Mother): _____ (father): _____

WORK OR CELL PHONE NUMBERS:

(Mother): _____ (father): _____

DOCTOR'S NAME: _____ PHONE NUMBER: _____

PERSON TO CONTACT IN CASE OF EMERGENCY (if parent/guardian not available)

WHO ARE ALSO AUTHORIZED TO PICK UP MY CHILD _____ (parent's initials)

1. NAME: _____ PHONE NUMBER: _____

2. NAME: _____ PHONE NUMBER: _____

NO OTHER PERSONS ARE ALLOWED TO PICK UP MY CHILD EXCEPT FOR THE PEOPLE INDICATED ABOVE.

IMMUNIZATION RECORDS AS REQUIRED UNDER THE HEALTH ACT (photocopy or actual dates required):

DPTP/HIB (4 doses + booster) _____

MMR (2 doses) _____ HEP B (3 doses) _____

OTHER _____ OR NOT IMMUNIZED (check this box):

HEALTH CONCERNS (yes/no): IF YES, FILL OUT BELOW

ALLERGIES (yes/no) IF YES, WHAT KINDS: _____

ASTHMA: _____ CONVULSIONS: _____ HAYFEVER: _____ BLEEDING NOSE: _____

URINE INFECTIONS: _____ EAR INFECTIONS: _____ BRONCHITIS: _____

ANY VISION, HEARING OR SPEECH CONCERNS: _____

ANY LEARNING/PHYSICAL CONCERNS: _____

ANY BEHAVIOR/EMOTIONAL CONCERNS: _____

OTHER MEDICAL PROBLEMS: _____

IS YOUR CHILD ON ANY MEDICATION (yes/no) IF YES, WHAT: _____

SPECIAL DIET: _____

OTHER CONCERNS (yes/no): IF YES, FILL OUT BELOW

SIGNIFICANT CHANGES IN YOUR CHILD'S LIFE (i.e. death, separation, move, new sibling,):

IS THERE A CUSTODY AGREEMENT OR RESTRAINING ORDER (yes/no), IF YES, A COPY MUST BE PROVIDED

DETAILS: _____

ARE THERE ANY PERSONS THAT SHOULD NOT HAVE ACCESS TO YOUR CHILD (yes/no), IF YES, PLEASE FILL OUT BELOW

ANY OTHER IMPORTANT INFORMATION (i.e. food likes, dislikes, toileting, favorite things, fears, religious and/or cultural observances: PLEASE NOTE TO NOTIFY US IF YOUR CHILD IS NOT TOILET TRAINED**

I REALIZE THAT THE CENTER MUST REPORT ANY ACCIDENT OR INCIDENT OF A SUSPICIOUS NATURE.

I HAVE READ AND AGREE TO THE ABOVE INFORMATION AND WILL NOTIFY THE CENTER IF THERE ARE ANY CHANGES.

PARENT OR GUARDIAN SIGNATURE

DATE

PARENT AGREEMENT AND CONTRACT for _____ (CHILD'S NAME) EFFECTIVE APR. 15/18

Please initial beside each notation. If you disagree with any comments please write "No" beside your initials.

_____ I will adhere to our agreed payment of \$ _____ per MONTH and prepay fees the first of each month by preauthorized debit, or government subsidy forms. ****If fees are not paid by the 5th of the month or if my fees are returned N.S.F. I understand that my child may be withdrawn from the program until payment has been received. ****

_____ I understand that if my child is over 3 years of age and not toilet trained an additional \$100.00 per month will be added to my current fees until they are able to make it through a week with no more than 2 accidents.

_____ I agree to pay a \$50.00 non-refundable registration/supply fee upon registration and each September, which holds a spot for my child and pays for administration and supplies each year.

_____ I understand Kid's Connection at Yorkton is closed for all statutory holidays, Easter Monday, the Friday before Labour Day and for the week between Christmas and New Year's, and for the first week of July every Year. I also understand there may be early dismissal days for celebrations and certain activities that I will be notified about in advance. ******

_____ I understand that fees are calculated on a daily basis over the year and then divided evenly to be the same amount every month.

_____ I understand that if I am collecting subsidy an additional \$10 fee is charged per month above subsidy amounts to cover for the breaks when subsidy cannot be claimed.

_____ I understand that I will be charged \$5.00 per 10 minutes after pick up time and then \$1.00 per minute after that. ****** I understand I need to pay late fees directly to the staff person working overtime because of my tardiness. *** A maximum of 3 late pick-ups and other arrangements will have to be made. ******

_____ I will **NOT** send my child to the center if they are ill and I will notify the center if my child has come in contact with a communicable disease. (See sickness guideline in parent handbook.) I will also call the center before my child's day begins to let staff know if my child will be absent.

_____ In case of accident or illness, I authorize the center to contact a physician and/or ambulance if I cannot be reached immediately and I will accept all physician/ambulance fees.

_____ In the event of absenteeism due to illness, vacation, etc. not initiated by the center, I understand I am still responsible for full payment. And in the case of a staff illness or emergency, I authorize a qualified substitute to care for my child.

_____ I understand that it is the center's policy not to administer any drugs to my child unless they have a life threatening illness in which case I will complete a specific authorization form for them.

_____ I give permission for my child to participate in all field trips and activities that may be held on or off site. This will include walks in the neighborhood and playing on park playgrounds. I agree to transport my child to all other field trip destinations and understand that Kid's Connection is not responsible for my child until they have reached the field trip destination and I have signed them in.

_____ I understand that the first month of attendance will be considered a period of adjustment for my child. It is the center and parent's responsibility to keep each other informed of the child's progress and happiness. If my child seems unhappy or if the arrangement seems unsatisfactory for any other reason this contract can be terminated by either party without notice during this period.

_____ I understand that termination of regular services after the adjustment period requires 30 days notice by either party or a payment for one month's fees must be paid in lieu of notice.

_____ I have read the active play, screen view and food policy attached to this letter and in the parent handbook and agree not to send any sweets or other unhealthy foods in my child's snack or lunch bag. I also give permission for my child to partake in foods brought for special events.

_____ I have received via email a copy of the parent handbook and or have read the copy at the center and understand Kids Connections policies and programming. I am aware that a copy of my parent agreement is within.

_____ I understand the following to be the Kid's Connection's refund policy: **"The automatic withdrawals will be ceased if the center initiates discontinuance of service. If the facility is closed short term due to any other unforeseen circumstances a check will be returned at the end of the determined amount of closure or the month end, whichever is shorter. A daily fee schedule will be calculated by dividing the month's fees by 20 days. Please allow 2 to 4 weeks for processing of refund checks after this date."**

_____ I give permission for my child's photograph to be taken to be displayed at the center, on our Facebook page and on our website.

_____ I understand that Kids Connection at Yorkton is part of the Child Care Fee Reduction program through the government of B.C. and that they may request to have access to limited personal information regarding my payments.

I HAVE READ AND AGREE TO THE ABOVE INFORMATION AND WILL NOTIFY THE CENTER OF ANY CHANGES.

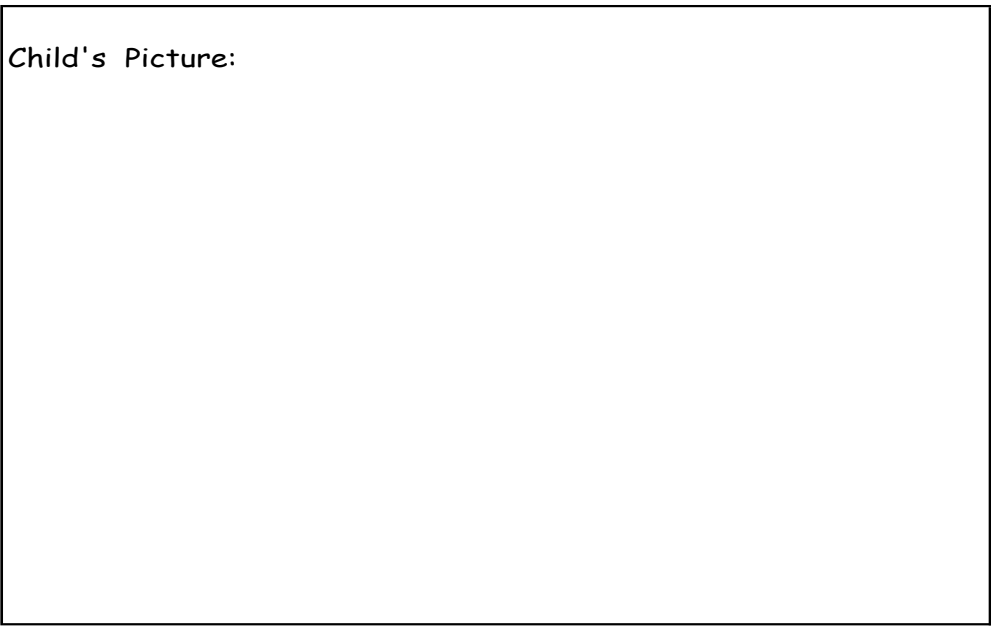
PARENT OR GUARDIAN SIGNATURE

DATE SIGNED

Start Date: _____ Date Withdrawn: _____ (office use)

Please complete emergency card below, read food and active play policy and attach your child's photo:

Child's Name: _____
Birthday _____ Male: Female:
Child's Hair Color: _____ Child's Eye Color: _____
Care Card #: _____
Doctor: _____ Phone #: _____
Parents/Guardian: _____
Address: _____
Home #: _____
Work #: (mom): _____ (dad): _____
Cell #: (mom): _____ (dad): _____
Emergency Contact: _____
Relationship: _____ Phone #: _____
Medical Condition: _____
Allergies: _____
Permission to call Doctor/Ambulance: YES/NO
Program: _____ Grade: _____
Signature: _____



Please read Food and Active Play policy below:.....

Food Policy...

At Kid's Connection it's very important to us that each child has a nutritious, well balanced diet. That's why we ask all parents/guardians to follow Canada's Food Guide when selecting food to provide their child for their snacks and lunch.

We have filtered water for all the children to drink and we ask that you send your child with a water bottle they can use throughout the day. We do offer use of a fridge but suggest putting an ice pack in your child's lunch.

We will occasionally do baking with the children and during special events families will be able to bring special treats such as cookies or sliced fruit or vegetables to share with the class. Parents will always be informed of what the children will be eating on our monthly newsletters or by email prior to any food being served. Parents must notify us at time of registration or before events if their child is **NOT** allowed to partake of other food, which they did not provide.

Below are lists of items we ask you keep **at home** for a special treat:

- All juices, pops, iced teas
- All fast food items such as MacDonald's
- Fried items, such as donuts, chips and fries
- Candy and Chocolates
- Very sweet items such as fruit leather, marshmallows and raisins
- Yogurt tubes, children have a hard time eating without spilling all over themselves

If you would like to send your child with a treat please limit it to one thing, for instances only one cookie not 2 or 3.

Below are lists of items we encourage you to send as snacks or lunch:

Dairy:

- Cheese
- Milk
- Yogurt
- Cottage cheese

Starch:

- Sandwiches
- Bagels
- Wraps
- Crackers

Vegetables and Fruit:

Carrots, celery, broccoli, cauliflower, ...
Apples, oranges, bananas, grapes (please cut in half), strawberries, melons, ...

Protein:

Tuna
Hard boiled eggs

Revised Active Play and Nutrition Policy for Kids Connection Yorkton

Dear Parents,

Below is an in depth explanation of Active Play. Active Play is an important aspect of our program at Kids Connection Yorkton, with childhood obesity on the rise, we at Kids Connection Yorkton are committed to providing a stimulating environment which has ample opportunities for active play and gross motor development.

What is ACTIVE PLAY?

Active play is physical activity which includes moderate to vigorous bursts of high energy, raises children's heart rate and may make them 'huff and puff' such as running or jumping. For an infant or toddler, active play may include reaching out for a toy, rolling over, balancing in a sitting position and crawling/walking.

Why is ACTIVE PLAY Important?

Active play helps to promote healthy growth and development and supports body control and movement. Active play can help build strong bones and muscles, improve balance, coordination and assists with the development of gross motor and fine motor skills. Active play also helps to promote children's confidence, improves concentration and thinking and learning skills and provides opportunities to develop social skills and make friends.

STANDARD OF PRACTICE

Whenever possible, it is recommended active play and physical movement should be incorporated in the child care environment throughout daily routines and activities for a total of 120 minutes. Here at Kids connection Yorkton the children have a 1 hour walk where we observe nature and our surroundings or outdoor playtime where we encourage group games, running, jumping, using the climber, weather permitting every morning and afternoon for periods of 30-45 mins. We also have ample opportunities throughout our program to engage in indoor active play opportunities during our free play and circle times. Things such as Yoga, dancing, action songs, and gross motor indoor structures provide children at Yorkton many opportunities to keep our growing bodies moving!

NUTRITIONAL POLICY

At Kids Connection Yorkton we encourage all children to partake in healthy eating, we kindly ask that treats are left at home. We also ask that foods that are sent in your child's lunch kit not be sent if the first or second ingredient is sugar. Healthy eating provides great energy for growing bodies and helps children keep up with our busy day at Yorkton.

SCREEN TIME POLICY

All licensed child care programs must limit screen time (TV, computer, electronic games) to 30 minutes or less a day. At Kids Connection Yorkton we abide by this by only offering a movie on special days, where parents will be notified ahead of time it will never be shown for a longer time than 30mins, and generally will be theme based. Screen time is not offered to children under two years of age.