



KID'S CONNECTION AT WILTSE

Dear Parent/Guardian,

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

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 that all children must be 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 automatic withdrawal 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 Wiltse!



KID'S CONNECTION AT WILTSE

CHILD'S NAME: _____

PROGRAM HE/SHE IS IN: JUNIOR KINDERGARTEN (8:50am - 2:25pm) or OUT OF SCHOOL CARE (7:45-Bell & Bell to 5:15pm) **Please circle or underline which.

They will be attending the following days:

MY CHILD NEEDS CARE FROM: (Approximate hours for School Age) _____

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) _____

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

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

ASTHMA: _____ CONVULSIONS: _____ HAYHEVER: _____ 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 YOUR CHILD MUST BE 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 JAN. 8/18

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 automatic withdrawals, or government subsidy forms. ****If fees are not paid by the 5th of the month I understand that my child may be withdrawn from the program until payment has been received. ****

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

_____I understand Kid's Connection at Wiltse's JR KINDERGARTEN program is closed for all statutory holidays, school professional days as well as **all days the schools are closed. I also understand the program will close early on all school early dismissal days.****

_____I understand the Out Of School Program is Open for Professional Days and Early Dismissal times and Spring Break but is CLOSED for Christmas Break, Easter Monday and all statutory holidays. ****I understand that if my child attends part time they have to pre-register and pay in advance for Professional Days. ALL CHILDREN need to pre-register for Spring Break and a minimum of 12 children need to attend for the program to be open for Spring and Summer Camps.**

_____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 all fields of the school playground. 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.

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 and on our website.

_____ I understand that Kids Connection at Wiltse 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.

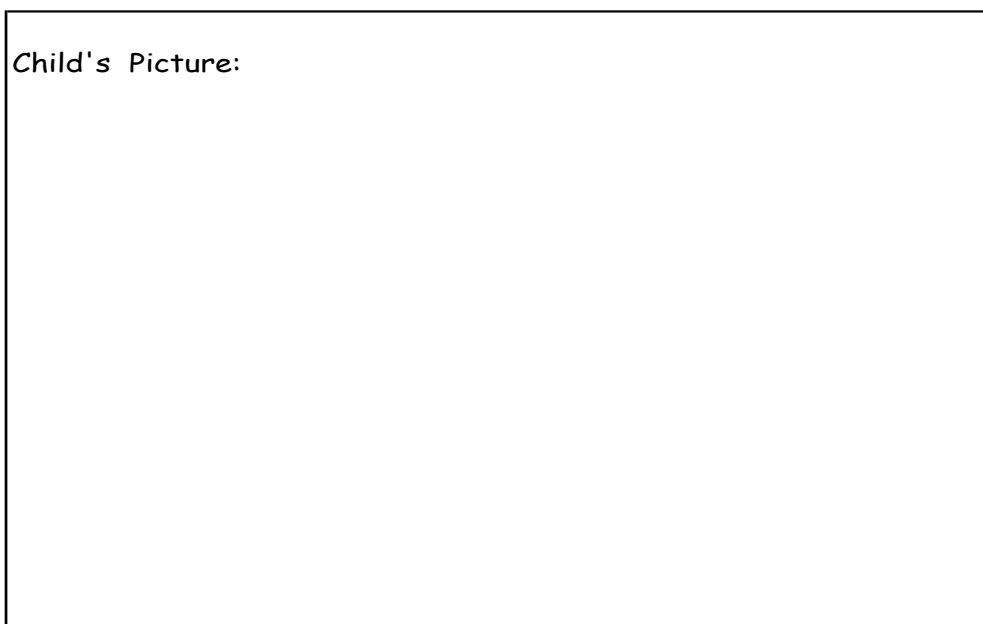
PARENT OR GUARDIAN SIGNATURE

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

Vegetables and Fruit:

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

Starch:

- Sandwiches
- Bagels
- Wraps
- Crackers

Protein:

Tuna
Hard boiled eggs

and healthy.

- We endeavor to keep the children active by playing outside for three quarters to one hour in our playground every morning and afternoon, weather permitting. We also take the junior kindergarten children to the school gym for 20 minutes every morning during recess, and again later in the afternoon for school age children.
- Yoga, dancing, movement and group games, such as 'Simon Says', 'Farmer In the Dell', 'Mulberry Bush' are also played during free play time and circles to make sure our children are always happy and moving!
- Our Screen Use policy (TV, computer, electronic games) is limited to a total of 30 minutes a day TV time and only on special days like PJ day. Parents will be informed of special days by calendar and newsletter of when TV (short Movie) will be watched. We encourage movement and active play and have no computer or electronic games.