

# ADMISSION APPLICATION

Thank you for your interest in our daycare centers. To apply for admission, please fill out all included forms.

Please note this application is for the following centers: Bonnycastle Daycare, Bonnycastle Children's Center, Guildford Gardens Daycare, Bonnycastle out of School Care.

1. Have you read the Parent Handbook? This is a very important document. Please read carefully.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did you sign the Parent Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Did you fill out the Registration Form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If there is a custody agreement in place, did you bring a copy of the custody order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Did you fill out the Immunization Status section of the Registration Form or bring the Immunization Record for your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Did you sign the Release Form for Permission to Go on Field Trips (pg. 11)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Did you sign the Picture Consent Form (pg. 11)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Did you fill out the Emergency Consent Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Did you attach a recent photo of your child to the Emergency Consent Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you prepared an Earthquake Kit? A list of items is available from the center. If you'd like the center to provide one for your child, there is a \$15.00 charge. Personal items still need to be provided (e.g., blanket, family photo, etc. Please obtain a list from the center.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you paid the registration fee (\$125.00 per child)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Did you pay a one month security deposit per child? The security deposit is refundable if the center is given a minimum of two calendar months notice before childcare services are terminated.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Did you provide the center with a copy of your driver's license or photo ID?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have you signed all required pages?	<input type="checkbox"/> Yes <input type="checkbox"/> No

# PARENT CONTRACT

In consideration of agreeing to enroll my child at either one of the above centers, I have read and understood the entire contract and agree to the following:

1. I agree to meet with the Director before my child first attends the center to exchange information and complete the necessary forms and I agree to notify the Director of any change of address or telephone number.
2. I agree to pay my child's fees for enrollment promptly and abide by the following rules concerning payment of fees:
  - a. I agree to pay my child's fees in full on the first of each month and understand that failure to do so by the seventh working day will result in my child being refused care until fees are paid in full. If fees are not paid in full by the end of the month my child's spot will be filled.
3. If I arrive late to the center to pick up my child, a late pickup fee of one dollar (\$1.00) per minute after 6:00 pm will apply.
4. I agree to inform the center no later than 9:30am if my child is not attending that day.
5. I will not bring my child to the center if he/she is ill. If my child is absent, I agree to immediately notify the center and advise the reason for the absence.
6. I agree to inform the center of the usual time and person who will pick up my child and to personally inform the center if there is a change of plans.
7. I understand that any staff person of the center may carry out health inspections on my child, arrange periodic examinations by public health personnel and in case of emergency call a qualified person, my family doctor, or an ambulance if required.
8. I give my permission for my child to take part in local outings. I understand that I will be notified in advance if any outing involves transportation
9. If my child is unable to attend the center due to illness or holidays, I agree to pay the full fees as and when due.
10. If it becomes necessary to withdraw my child I agree to give two months' written notice in writing to the Director, which must be given two months prior to the last day. Failure to give two months notice will result in the parent being required to pay the full month's fee.
11. I understand that no medication can be administered by the staff of the center unless under a doctor's prescription.
12. I acknowledge that licensing regulations do not permit the center staff to release children to parents if alcohol consumption is suspected.
13. I understand that if, in the opinion of the Director and staff, the environment of the center proves to be too over-stimulating for my child and that he/she cannot cope, I will be required to find another facility more suitable for my child with one month's notice from the center.
14. I understand that if my child's behavior is severely disruptive or physically threatening to the well being and safety of other children or staff, and additional supports to accommodate the child are unavailable, the center may terminate the contract immediately and return the remaining portion of the child's fees for the unused period of the month (on a prorated basis).
15. I understand that on completion of the initial interview with the Director that a non-refundable registration fee of \$125.00 is required and also a security deposit of the monthly fee to guarantee (hold) a space for my child.
- 16. I understand that regular fees are due if my child is sick, on vacation, or away. My child's spot will not be held if it is not paid for at this time.**

I understand and agree to all preceding terms and conditions.

Signature of Parent/Guardian	Name (please print)	Date
Signature of Parent/Guardian	Name (please print)	Date

For office use only		
Signature of Daycare Supervisor	Name (please print)	Date

## REGISTRATION FORM

Start Date	
<b>PERSONAL INFORMATION</b>	
Child's Full Name	Usual Name of Child (if different)
Child's Date of Birth	Gender
Address	
Postal Code	Phone

<b>PARENT OR GUARDIAN INFORMATION</b>		
Parent or Guardian's Full Name		Email
Phone	Mobile	Work Phone

Address (if different from child)
Work Address / Alternate Location

<b>PARENT OR GUARDIAN INFORMATION</b>		
Parent or Guardian's Full Name		Email
Phone	Mobile	Work Phone
Address (if different from child)		
Work Address / Alternate Location		

<b>EMERGENCY HEALTH INFORMATION</b>	
Care Card Number	
Family Doctor or Name of Clinic	Phone
Address	
Dentist or Dental Clinic	Phone
Address	

**CUSTODY AGREEMENT**

Is there a custody agreement in place?  
If yes, submit a copy of the custody order to the facility Director.

Yes  No

**PERSON(S) AUTHORIZED TO PICK UP YOUR CHILD (other than parent/guardian)**

Name

Relationship to Child

Phone

Name

Relationship to Child

Phone

Name

Relationship to Child

Phone

**ALTERNATE PERSON(S) TO PICK UP YOUR CHILD IN CASE OF EMERGENCY**

Please let these people know they are your child's emergency contact.

Name

Relationship to Child

Phone

Name

Relationship to Child	Phone
Name	
Relationship to Child	Phone

**\*\*CHILDREN WILL NOT BE RELEASED TO ANYONE NOT LISTED ON THIS FORM, UNLESS WE ARE ADVISED OF THE CHANGE IN PERSON.\*\***

<b>CHILD'S IMMUNIZATION STATUS</b>	
The basic schedule for immunizations can change. Talk to your doctor, public health nurse, visit <a href="http://www.ImmunizeBC.ca">www.ImmunizeBC.ca</a> , or call HealthLinkBC at 8-1-1 if you have questions. <b>Please record the dates or attach a copy of the child's immunization record.</b>	
2 months of age – 1 <sup>st</sup> set of immunizations	Date (YYYY/MM/DD)
Diphtheria, Pertussis, Tetanus, Polio, Haemophilus influenzae type b (Hib), Hepatitis B	
Pneumococcal Conjugate	
Meningococcal C Conjugate	
Rotavirus	
4 months of age – 2 <sup>nd</sup> set of immunizations	Date (YYYY/MM/DD)
Diphtheria, Pertussis, Tetanus, Polio, Haemophilus influenzae type b (Hib), Hepatitis B	
Pneumococcal Conjugate	
Rotavirus	

6 months of age – 3 <sup>rd</sup> set of immunizations	Date (YYYY/MM/DD)
Diphtheria, Pertussis, Tetanus, Polio, Haemophilus influenzae type b (Hib), Hepatitis B	
Influenza (flu) vaccine is available each year as early as October and can be given to children	

9 months of age – 4 <sup>th</sup> set of immunizations (Must be given on, or after the 1st birthday)	Date (YYYY/MM/DD)
MMR (Measles, Mumps, Rubella)	
Pneumococcal Conjugate	
Meningococcal C Conjugate	
Varicella (Chickenpox)	
18 months of age – 5 <sup>th</sup> set of immunizations	Date (YYYY/MM/DD)
Diphtheria, Pertussis, Tetanus, Polio, Haemophilus influenzae type b (Hib)	
Kindergarten Immunizations (starting at age 4)	Date (YYYY/MM/DD)
Diphtheria, Pertussis, Tetanus, Polio	
MMRV (Measles, Mumps, Rubella, Varicella)	

HEALTH INFORMATION (attach a separate sheet if necessary)
List regular medication(s) and reasons for them.
List allergies and treatment.
List injuries, illnesses, or operations your child has had. Please include dates.
a) Describe any concerns/issues regarding your child's health (seizures, asthma, vision, hearing, etc.).
b) Describe any concerns regarding your child's development (behaviour, speech, mobility, etc.).

Describe any specific care instructions regarding a) and/or b).

Other health care professionals involved in your child's life (e.g., occupational, therapist, physical therapists, etc.):

**GROUP EXPERIENCES**

What are your child's favourite activities?

Has your child previously attended daycare/preschool (yes or no)?

If yes, did your child have a positive experience (yes or no)?

If no, please describe what happened in the center (optional).

How does your child behave toward other children (e.g., seeks others out, feels shy, etc.)?

**EMOTIONAL BEHAVIOUR**

How does your child react when left with unfamiliar people and/or in unfamiliar situations?

Does your child have any particular fears? Please describe.



List suggestions to help staff make your child's transition into the daycare easier.

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**FAMILY AND GENERAL HOUSEHOLD INFORMATION**

List the names of the significant people in your child's life (e.g., siblings, grandparents, etc.).

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Describe the guidance and discipline methods used at home.

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Primary language spoken in the home:

--

Other languages spoken in the home:

--

Any other comments:

--

**EATING AND NUTRITION**

List your child's favourite food.

--

List any disliked food.

--

Are there any religious or ethnic observances related to foods?

--

Will your child eat breakfast before coming to the daycare center (yes or no)?

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<b>SLEEP PATTERNS &amp; BEHAVIOUR</b>	
NAP TIME - How long to settle? Time of waking?	BEDTIME - How long to settle? Time of waking?
Is your child a deep sleeper? Does he/she awaken easily?	
What is your child's mood upon waking?	

<b>TOILETING</b>
Is your child toilet-trained (yes, no, or partially)?
Indicate your child's frequency or patterns for bowel movement.
Describe assistance needed for toileting.
What "special" words does your child use for urination and bowel movements?

**NOTE: Fraser Health Authority Licensing staff as per legislation may review this information. All information is kept strictly confidential.**

Signature of Parent/Guardian	Name (please print)	Date

<b>For office use only</b>		
Signature of Daycare Supervisor	Name (please print)	Date
Withdrawal date and reason for withdrawal		

## RELEASE FORM FOR PERMISSION TO GO ON FIELD TRIPS

As the seasons change, there are many opportunities for learning experiences outdoors. At each of our centers, we would like to take advantage of this by taking short walks in the neighbourhood to places such as the library, park, fire hall, etc. If you wish for your child to participate in these trips, please sign the release form below.

I do hereby waive, absolve, indemnify, and agree to hold harmless the person, or persons, supervising or walking my child, to and from any field trip, Bonnycastle Montessori Preschool & Daycare and the above daycare centers, for any claim or injury, except to the extent covered by accident liability insurance.

Name of Child		
Signature of Parent/Guardian	Name (please print)	Date

## PICTURE CONSENT FORM

I hereby give my permission to the above named daycare centers to take pictures of my child for promotional and/or educational purposes relating to the above daycare centers (e.g. daycare website and social media, promotional materials, posters, teaching materials).

I understand that the daycares will not publish my child's name with his/her photo.

Name of Child		
Signature of Parent/Guardian	Name (please print)	Date

## CONSENT FOR EMERGENCY CARE FORM

It is the policy of the above daycare centers to notify a parent/guardian when a child is ill or needs medical attention. Occasionally we cannot contact parents/guardians and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

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.

- 1) I authorize the staff of the daycare to call a medical practitioner or ambulance in the case of an accident or illness of my child(ren) if I cannot immediately be reached.
- 2) I hereby give consent for my child, when injured or ill, to be taken to the nearest emergency center by the daycare staff, or by ambulance.
- 3) I hereby give consent for my child to receive medical treatment.

Name of Child		
Signature of Parent/Guardian	Name (please print)	Date

<b>For office use only</b>	
Name of Daycare Supervisor	
Signature of Daycare Supervisor	Date

## EMERGENCY CONSENT CARD

Child's Full Name:		Child's Photo
Date of Birth:		
Address:		
Who Child Lives With:		
Mother's Name:	Phone/Mobile:	Work Phone:
Father's Name:	Phone/Mobile:	Work Phone:
Child's MD Name and Tel:		
Allergies:		
Medications:		

Care Card Number:	Date Effective:
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## DAYCARE RATES & PAYMENT POLICY

### GENERAL PAYMENT INFORMATION

Rates are subject to change. Initial rate is guaranteed for 12 months only.  
All fees are paid in advance and are due on the first day of the month.

**All payments are to be made by E-Transfer only, cheques, cash will not be accepted under any condition.**

- There is a registration fee of \$125.00 per child.
- **A one-month security deposit per child to be paid on enrollment (refundable if the center is given a minimum of two calendar months notice before services are terminated).**

**E-Transfer information for each center:**

**Bonnycastle Montessori Daycare :** [paybc001@gmail.com](mailto:paybc001@gmail.com)

**Guildford Gardens Daycare:**

[Payggd@gmail.com](mailto:Payggd@gmail.com)

**Bonnycastle Children's Center**

[Paybc3@gmail.com](mailto:Paybc3@gmail.com)

**(Select Auto Deposit)**

Our centers are enrolled in the Child Care Fee Reduction Initiative. Please refer to the government website to estimate CCFRI (Scan code below.)



The daycare is open from 7am to 6pm (Monday to Friday.)

**Payment obligations are based on the hours that you agree to use the childcare, not on actual attendance.  
Payment is due whether your child is present or not. This includes if your child is sick, on vacation, or away.**

## LATE PAYMENT

You are paying for a spot for your child. Each spot must be secured by your on time payment.

- Tuition will be considered late if not paid by the first day of the month.
- A \$50.00 late fee will be charged to your account.
- Your child will not be able to return until all fees, including late fees are paid in full.
- If all fees are not paid after one week, your contract will terminate automatically.

## TERMINATION OF SERVICES

A minimum of two calendar months written notice is required for termination of childcare services. This NOTICE IS DUE TWO MONTHS PRIOR TO THE LAST DAY (e.g., if terminating care for May 31st - notice must be given by March 30th).

Childcare services will not be terminated in the middle of a month. We work on calendar months only. In the event that parents/guardians do not give full termination notice they are responsible for paying the following month fees to make-up for lack of proper withdrawal notice (ex. if termination notice is given on May 5th - the parent(s)/guardian(s) is responsible for May, June, and July's full fees). These fees are also due by the first day of the month. Any fees not paid on time with regards to termination of childcare services will also be subject to daily late fees, until full payment is received. This is a non-negotiable policy.

I agree to abide by the terms set out by Bonnycastle Montessori Preschool & Daycare, and the above daycare centers regarding daycare rates and payment policies.

Signature of Parent/Guardian	Name (please print)	Date

## DAYCARE CLOSURES

<b>New Year's Day</b>	January 1 <sup>st</sup>
<b>Family Day</b>	Second Monday of February
<b>Good Friday</b>	Friday before Easter Sunday
<b>Easter Monday</b>	Monday after Easter Sunday
<b>Victoria Day</b>	Monday before May 25 <sup>th</sup>
<b>Canada Day</b>	July 1 <sup>st</sup>
<b>British Columbia Day</b>	Monday after the 1 <sup>st</sup> Sunday of August
<b>Labour Day</b>	First Monday in September

<b>Truth &amp; Reconciliation Day</b>	September
<b>Thanksgiving Day</b>	Second Monday in October
<b>Remembrance Day</b>	November 11 <sup>th</sup>
<b>Christmas Day</b>	December 25 <sup>th</sup>

The daycare is also closed for the holidays on the working days between Christmas Day and New Year. The daycare will reopen on the first working day of the New Year.

Signature of Parent/Guardian	Name (please print)	Date

## FOR OFFICE USE ONLY

Start Date	End Date	Monthly Payment
Payment Method		
<input type="checkbox"/> CASH <input type="checkbox"/> E-TRANSFER <input type="checkbox"/> CHEQUE <input type="checkbox"/> CHILDCARE SUBSIDY		

## PAYMENT DATES

### PAYMENT DETAILS – FULL PAYMENT BY PARENT / PARENT PORTION

MONTH	AMOUNT		
January			
February			
March			
April			
May			
June			
July			
August			

MONTH	AMOUNT		
September			
October			
November			
December			



Notes: