

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.**

Daycare Policy: Immediate Notice for Unsafe or Unmanageable Child Behavior

Purpose

The purpose of this policy is to ensure the safety and well-being of all children and staff members in our daycare facility. It outlines the procedure for giving immediate notice to parents or guardians when a child's behavior becomes unsafe or unmanageable by staff members.

Scope

This policy applies to all children enrolled in our daycare program and all staff members.

Definitions

- Unsafe Behavior:* Actions that pose a risk of harm to the child, other children, or staff members. Examples include physical aggression, self-harm, and dangerous actions.
- Unmanageable Behavior: Persistent behaviors that cannot be effectively controlled or redirected by staff despite reasonable efforts. Examples include continuous non-compliance, extreme disruptive behavior, and severe emotional outbursts.

Policy

1. Assessment of Behavior:

- Staff members will assess the behavior to determine if it falls under the categories of unsafe or unmanageable.
- Immediate intervention will be taken to ensure the safety of all children and staff.

2. Documentation: - The incident will be documented in detail, including the nature of the behavior, time, location, involved parties, and actions taken by staff.

3. Immediate Parent/Guardian Notification:*

- Parents or guardians will be contacted immediately by phone.
- A detailed description of the behavior and the actions taken by staff will be provided.
- Parents or guardians will be requested to pick up their child immediately.

4. Temporary Suspension:

- The child may be temporarily suspended from the daycare program until a meeting with the parents or guardians can be arranged.
- The length of the suspension will be determined on a case-by-case basis, depending on the severity of the behavior.

5. *Parent/Guardian Meeting:

- A meeting will be scheduled with the parents or guardians to discuss the incident, review the behavior, and develop a plan to address the behavior.
- The meeting will include the daycare director, relevant staff members, and, if necessary, external professionals.

6. *Behavioral Support Plan:

- A behavioral support plan will be created in collaboration with the parents or guardians, and potentially external professionals.
- The plan will outline strategies to manage and improve the child's behavior, responsibilities of all parties involved, and a timeline for review.

7. Reinstatement:

- The child may return to the daycare once the behavioral support plan is agreed upon and there is confidence that the behavior can be managed safely.
- The child's progress will be monitored, and regular updates will be provided to the parents or guardians.

8. Termination of Enrollment:

- If the child's behavior remains unsafe or unmanageable despite all efforts and interventions, the daycare reserves the right to terminate the child's enrollment.
- A formal notice of termination will be provided to the parents or guardians, along with any recommendations for alternative care or support services.

Responsibilities

- Staff Members: Ensure immediate safety, document incidents, and communicate with parents or guardians.
- Daycare Director: Oversee the process, facilitate meetings, and develop behavioral support plans.

- Parents/Guardians: Participate in meetings, collaborate on behavioral support plans, and ensure timely pickup when notified.

Review and Compliance

This policy will be reviewed annually and updated as necessary to ensure compliance with relevant regulations and best practices in childcare management.

By following this policy, we aim to maintain a safe and nurturing environment for all children and staff at our daycare facility.

Daycare Policy: Maximum Attendance Hours for Children

Purpose

The purpose of this policy is to ensure the well-being and optimal development of all children by regulating the maximum number of hours they can spend at the daycare each day. For children with special needs, the maximum hours may be adjusted based on their individual requirements.

Scope

This policy applies to all children enrolled in our daycare program and their parents or guardians.

Policy

1. Maximum Attendance Hours:

- Children are permitted to be at the daycare for a maximum of 10 hours per day.
- This includes all activities from drop-off to pick-up.

2. Special Needs Adjustments:

- For children with special needs, the maximum attendance hours may be shorter, depending on their individual needs and recommendations from professionals.
- Adjustments will be determined on a case-by-case basis through consultation with parents or guardians and relevant specialists.

3. Procedure for Special Needs Adjustments:

- Parents or guardians of children with special needs should provide relevant medical or professional documentation outlining the child's requirements.
- A meeting will be scheduled with the daycare director, parents or guardians, and relevant staff members to discuss and agree on the appropriate maximum hours for the child.
- The agreed-upon hours will be documented in the child's file and communicated to all relevant staff members.

4. Parent/Guardian Responsibilities:

- Ensure that their child is picked up within the designated maximum hours.
- Communicate any changes in their child's needs or circumstances that may affect the agreed-upon hours.

5. Staff Responsibilities:

- Monitor the attendance hours of each child to ensure compliance with this policy.
- Communicate with parents or guardians if a child's attendance approaches the maximum hours.
- Work collaboratively with parents or guardians to support children with special needs.

6. Non-Compliance and Late Fee Charges:

- Parents or guardians who fail to adhere to the maximum attendance hours will be charged a late fee of \$1 per minute for each minute beyond the designated hours.
- Repeated non-compliance may result in a review of the child's enrollment in the daycare program.

Review and Compliance

This policy will be reviewed annually and updated as necessary to ensure it meets the needs of the children and complies with relevant regulations and best practices in childcare management.

By adhering to this policy, we aim to provide a balanced and supportive environment that promotes the well-being and development of all children in our care.

Late fee of \$1 per minute will be enforced for Non compliance of above policy

Installation of Cameras

We are pleased to inform you that we have installed cameras in our childcare centers. This decision has been made to enhance the quality of our services and support the ongoing professional development of our staff.

Purpose of Camera Monitoring

The cameras will be monitored off and on by our Director of Operations, Kiran Virk. The primary purposes of this monitoring are:

1. **Staff Training:** The footage will be used as a tool for staff training, helping our team to review and improve their interactions and caregiving techniques.
2. **Service Improvement:** By observing our daily operations, we can identify areas for improvement and implement best practices to ensure the highest quality of care for your children.

Privacy and Confidentiality

We understand that the privacy of your children is paramount. Please be assured that:

- The cameras are installed in common areas and not in private spaces such as bathrooms.
- Footage will be reviewed solely by authorized personnel for the purposes stated above.
- All recordings will be handled with strict confidentiality and will not be shared outside our organization.

Consent and Agreement

By enrolling your child in our childcare center, you acknowledge and consent to the use of cameras for the purposes outlined. This addition to our parent handbook and contract ensures that we maintain transparency and continue to provide a safe, nurturing, and high-quality environment for your child.

If you have any questions or concerns regarding the installation of cameras and their usage, please do not hesitate to contact our Director of Operations, Kiran Virk, or any member of our management team.

We appreciate your cooperation and understanding as we strive to continually improve our services.

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

PARENT OR GUARDIAN INFORMATION	
Parent or Guardian's Full Name	Email

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

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

EMERGENCY HEALTH INFORMATION	
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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.****

CHILD'S IMMUNIZATION STATUS	
<p>The basic schedule for immunizations can change. Talk to your doctor, public health nurse, visit www.ImmunizeBC.ca, or call HealthLinkBC at 8-1-1 if you have questions. Please record the dates or attach a copy of the child's immunization record.</p>	
2 months of age – 1 st 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 nd 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 rd 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 th 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 th 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.

FAMILY AND GENERAL HOUSEHOLD INFORMATION
List the names of the significant people in your child's life (e.g., siblings, grandparents, etc.).
Describe the guidance and discipline methods used at home.

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)?

SLEEP PATTERNS & BEHAVIOUR	
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?	

TOILETING
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

For office use only		
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
Signature of Parent/Guardian	Name (please print)	Date

For office use only	
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

Guildford Gardens Daycare:

Payggd@gmail.com

Bonnycastle Children's Center

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

New Year's Day	January 1 st
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Family Day	Second Monday of February
Good Friday	Friday before Easter Sunday
Easter Monday	Monday after Easter Sunday
Victoria Day	Monday before May 25 th
Canada Day	July 1 st
British Columbia Day	Monday after the 1 st Sunday of August
Labour Day	First Monday in September
Truth & Reconciliation Day	September
Thanksgiving Day	Second Monday in October
Remembrance Day	November 11 th
Christmas Day	December 25 th

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.

By signing below, I confirm that I have read the above contract/agreement and agree to all the terms and conditions stated therein.

Parent / Guardian

Signature: _____

Printed Name: _____

Date: _____

Parent / Guardian

Signature: _____

Printed Name: _____

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: