

Registration Package

11751 Bird Road,

Richmond, B.C. V6X 1N7

Ph: 604-767-0439

Email: kidsruschildcare@live.com

CONTRACT BETWEEN CAREGIVER AND PARENT(S)

CHILD'S SURNAME	_ FIRST NAME		
ADDRESS	BIRTHDATE		
PHONE HOME	_		
MOTHER'S NAME	_WORK PHONE		
FATHER'S NAME	_WORK PHONE		
CHILD'S DOCTOR	PHONE		
GROUP MEDICAL NUMBER			
CARE CARD NUMBER			
EMERGENCY CONTACT	PHONE		
NAMES OF PERSONS TO PICK UP CH	IILD		
NUMBER OF CHILDREN AT HOME	AGES		
HAS YOUR CHILD HAD ANY EXPER	IENCE AWAY FROM HOME:		
	<u>YES/NO</u>		
SPECIAL CONCERN REGARDING BE	HAVIOUR		
ANY OTHER CONCERNS OR INFORM	IATION		

Sickness: Since I have to safeguard the health of all the other children in my daycare, I have the right to refuse to accept your child in my daycare, if he/she is ill. It will be then your responsibility to find alternate care. Please let me know if your child contracts a communicable disease so that I may inform the other parents in daycare.

Please never bring your child to the daycare with FEVER.

Please keep me informed about any change of routine, phone numbers, or address. If your child is attending school please advice the school of my phone number and vice versa.

MEDICAL CONSENT

I believe that my child to be in fit condition to participate in all the phases and activities. I give the care giver the permission to have a physician attend to my child should it be considered necessary. It is understood that the daycare center is not responsible for medical care cost.

My child has the following medical problem(s) that the caregiver should be aware

of_____

Signature of Parent/Guardian

Date: _____

FIELD TRIP CONSENT

I, hereby, give <u>THE CAREGIVER AND OR STAFF OF Kids "R" Us Family Childcare Centre</u> my consent to take my child for walks, and or short trips away from the Daycare without prior notification, as in facility the caregiver or staff's discretion are appropriate, desirable or

necessary.

Signature of Parent(s)/Guardian

Date

EMERGENCY INFORMATION

CHILD'S SURNAME	FIRST NAME		
ADDRESS	BIRTHDA	BIRTHDATE	
PHONE HOME			
MOTHER'SNAME	TEL :(H)	(W)	
FATHER'S NAME	TEL :(H)	(W)	
EMERGENCY CONTACT	TEL :(H)		
	(W)		
CHILD'S PHYSICIAN	РНО	DNE	
CHILD'S DENTIST	РНС	DNE	
GROUP MEDICAL NO			
CARE CARD NO			
DATE OF MOST RECENT TET	TNUS SHOT		
MEDICAL CONDITIONS			
MEDICATION			
ALLERGIES			

EMERGENCY CONSENT

It is the policy of this centre to notify a parent or guardian when a child falls ill or needs medical attention while at the daycare. Occasionally we cannot contact parents or guardian or emergency contact person and we need to get immediate help for the child. Our procedure is call 911. Paramedics may attend the child on side or take him/her to a hospital emergency room. Please complete and sign the consent below:

I, hereby, give my consent for my child______, when ill, to be taken to the nearest emergency by Kids "R" Us Family Childcare Centre_staff, I further consent to an ambulance being called (and agree to pay for it) to transport my child, and receive medical treatment if necessary.

Signature of Parent(s)/Guardian

Date

Kids "R" Us Family Childcare Centre agrees to provide the facilities to your child, for the hours between _____A.M and ____P.M, ____ days per week, between Mondays to Fridays only, both days inclusive.

If you return later than the agreed time on a regular basis, then a fine of \$10.00 per 15minutes or portion may be charged.

If you are consistently late, then I reserve the right to terminate my services for providing daycare to your child(ren).

Fees: It is hereby agreed by both the caregiver and the parent or guardian, that the payments for this family daycare service shall be made in cash or cheque, payable on the 1ST of every month in advance for the amount of \$_____ per month, whether or not the child attends. Six months post dated cheques are required at a time.

Deposits: I will require the amount of 50% of monthly fees in advance as a deposit, which is refundable upon leaving daycare with two-month notice.

If no notice is given by the parent or guardian, the sum of the deposit and the remaining balance will be charged as notice month's fee.

Any N.S.F cheque will result in \$60.00 service charge.

It is understood and agreed that the caregiver will receive compensation for the following:

- All statuary Holidays, boxing day, Easter Monday, Eid al Fitr, Eid al Adha, daycare will be closed with pay.
- 2. Five day sick leave with pay per year.
- 3. Vacation time taken by the child's parents/guardian during the time daycare is open.

 Number of days the child was ill (if a lengthy illness should occur, other arrangements will be made).

5. 15 working day annual vacation with pay during which the daycare will be closed. If this vacation does not coincide with your vacation, then you'll be responsible for finding alternate facility for your child. Please advise me in advance the dates you are taking your vacation. Your child's space in my daycare will be reserved for this period, unless otherwise notified.

6. If you leave before July, the above vacation leave will be charged prorated.

7. After and before care:

- Full day fees to be paid on professional days or if the child does not attend school.
- ii) Full monthly fees to be paid during summer days and winter holidays or other days when the school is closed, and the daycare is open.

This contract agreement is drawn for the mutual benefit of both, the parent or guardian and the caregiver and who have both affixed their signatures to this document in good faith.

Signature of CaregiverSignature of Parent/GuardianSIGNED AT VANCOUVER, B.C. THIS _____DAY OF _____20___

List of things to send to the daycare

- 1 Extra cloths
- 2 Socks
- 3 Pants
- 4 Shirts
- 5 Underwear or Diapers and wipes
- 6 Muddies buddies
- 7 Face cloth
- 8 Tooth brush
- 9 Hand towel
- 10 Bed sheet Blanket
- 11 Pillow if required
- 12 Lunch (unless requested to provide lunch for \$50/month)

Please note if any child in daycare is allergic to anything, that particular item will be banned to bring in the daycare. All the parents will be informed about that.

Return of Deposit

I hereby acknowledge the return of the deposit policy from Kids "R" Us Family Childcare Centre in the amount of \$_____. This deposit will be returned after giving two month with drawl notice to caregiver from 1st of the month.

Name of Child(ren):_____

Date:_____