

## Young Climbers Preschool 2022/23

Please fill in registration forms and bring in your first cheque with amount due and your child's name on it. Second cheque please have your child's name on it, which will be used for your banking information for automatic withdrawal.

### 2 days a week

- \$80.00 (Non-refundable) Registration Fee
- \$80.00 Field trip fees
- \$200.00 Monthly Fee (June 2023 payment)
- \$360.00 total Registration fee for first cheque

Total payment due at time of registration is \$360.00, along with one void cheque. Please write child's name in the memo of both cheques. Payment per month is \$200.00 from Sept. 1 to May 1. **(June is included with Registration cheque.)** (Reminder 1 month notice needs to be given for withdrawal)

### 3 days a week

- \$80.00 (Non-refundable) Registration Fee
- \$80.00 Field trip Fee
- \$250.00 Monthly Fee (June 2023 payment)
- \$410.00 Registration fee for first cheque

Total payment due at time of registration is \$410.00, along with one void cheque. Please write child's name in the memo of both cheques. Payment per month is \$250.00 from Sept. 1 to May 1. **(June is included with Registration cheque.)** (Reminder 1 month notice needs to be given for withdrawal)

### CLASS I WOULD LIKE TO REGISTER MY CHILD FOR:

Mon. /Wed. /Fri. class a.m. \_\_\_\_\_ 9:00 a.m. – 11:30 a.m. (only 4 years old)

**(MON, WED, FRI CLASS IS FOR CHILDREN WHO WILL BE 4 YEARS OLD BY DEC. 31)**

Mon. /Wed. class p.m. \_\_\_\_\_ 12:30 p.m. – 3:00 p.m.

Tues. /Thurs. class a.m. \_\_\_\_\_ 9:00 a.m. – 11:30 a.m.

Tues. /Thurs. class p.m. \_\_\_\_\_ 12:30 p.m. – 3:00 p.m.

# Young Climbers Preschool Registration

Child's First language: \_\_\_\_\_

Child's Second Language: \_\_\_\_\_

Month CHILD STARTS: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Birthdate: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's name: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Care card number #: \_\_\_\_\_

Mom's Email address: \_\_\_\_\_

Dad's Email address: \_\_\_\_\_

Emergency Pick up person name: \_\_\_\_\_ Phone #: \_\_\_\_\_

(Other than parents)

Allergies or food restrictions: \_\_\_\_\_

**Medical Information:**

Care card Number: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Does your child have any known health issues: Yes \_\_\_ No \_\_\_

Does your child have special needs? \_\_\_\_\_

**Family Members who live in the house with your child:**

Name: \_\_\_\_\_ age: \_\_\_\_\_

Brother \_\_\_ Sister \_\_\_ Other \_\_\_\_\_

Name: \_\_\_\_\_ age: \_\_\_\_\_

Brother \_\_\_ Sister \_\_\_ Other \_\_\_\_\_

Name: \_\_\_\_\_ age: \_\_\_\_\_

Brother \_\_\_ Sister \_\_\_ Other \_\_\_\_\_

Name: \_\_\_\_\_ age: \_\_\_\_\_

Brother \_\_\_ Sister \_\_\_ Other \_\_\_\_\_

**Custody Agreement:**

If any there is any custody agreement in effect, please give details as they relate to the child and attach a copy to this form:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special comments, concerns, or instructions regarding your child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

**If your child is allergic to nuts:**

We sometimes offer goodies that are made in a facility that “may contains nuts” or “may contain traces of tree nuts”. Is it okay for your child to eat the product? Yes: \_\_\_\_ No: \_\_\_\_

Medications: \_\_\_\_\_

Vision Concerns: \_\_\_\_\_

Hearing Concerns: \_\_\_\_\_

Other: \_\_\_\_\_

Special Diet for health or religious reasons: \_\_\_\_\_

**Emergency Contact other than yourself:**

Name: \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Alternate Emergency Contact:**

Name: \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Out of Town Phone Number: \_\_\_\_\_

**Alternate person allowed picking up your child:**

Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

**CONSENT TO PHOTOGRAPH:**

I hereby give my consent to the Caregiver to take and/or have photographs of my child, \_\_\_\_\_. I understand the photographs may be used by YC Preschool in its program, meetings, newspaper, magazines, computer web pages, Facebook, HiMama or other such publications.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**FIELD TRIP CONSENT:**

I hereby give my consent to the Caregiver to take my child, \_\_\_\_\_, for walks or trips away from the Childcare Centre.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**VISITOR CONSENT:**

I give my consent to allow supervised Practicum Students and other authorized adults that are approved by the YC Preschool to be a part of the daily classroom and to take pictures of my child, \_\_\_\_\_, for educational purposes

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**TRANSPORTATION CONSENT:**

If I cannot transport my child to and from the site of the fieldtrip, I hereby give consent for my child, \_\_\_\_\_ to be transported by car or bus to the site of the field trip.

Signature of Parent or Guardian: \_\_\_\_\_  
Date: \_\_\_\_\_

**MEDICAL CONSENT:**

I hereby give my consent to the Caregiver to call 911 to help my child, \_\_\_\_\_, in case of emergency and if needed transport them to the nearest hospital (Surrey Memorial).

Signature of Parent or Guardian: \_\_\_\_\_  
Date: \_\_\_\_\_

**MEDICATION CONSENT:**

If required and per the doctor's note on file with the Childcare Centre I allow my child, \_\_\_\_\_ to be administrated medication.

Signature of Parent or Guardian: \_\_\_\_\_  
Date: \_\_\_\_\_

**FOOD and CLOTHES:**

I will provide healthy snacks and lunch for my child for each day that they attend preschool.

I will provide clean, extra clothes for my child for each day that they attend preschool.

Signature of Parent or Guardian: \_\_\_\_\_  
Date: \_\_\_\_\_

## SUNSCREEN CONSENT:

YC Preschool asks you to have sunscreen in your child's bag. Please apply sunscreen on your child before school and we will re-apply with permission by the parent or guardian. I hereby give my consent to the Caregiver to apply sunscreen on my child, \_\_\_\_\_.

Signature of Parent or Guardian: \_\_\_\_\_

Date : \_\_\_\_\_

## IMMUNIZATION:

For the safety of the children and staff, we would like to know if your child has been immunized.

### Immunized:

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

To the best of my knowledge, my child, \_\_\_\_\_, has all their immunizations up to date.

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

### IF CHILD IS Not Immunized:

For those that have chosen **NOT** to have their child immunized, Young Climbers Childcare may ask you to keep your child at home in case of an outbreak. I, \_\_\_\_\_, understand that for safety reasons my child may be asked to stay at home if an outbreak occurs

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PARENT CONTRACT:**

**This contract is a binding contract between YC Preschool and the Parent.**

I, \_\_\_\_\_ understand that the fee of either \$200.00 or \$250.00 is due on the 1<sup>st</sup> of every month. Registration fees and a void cheque will be required at the time of registering my child for preschool.

In addition, one-months' notice is required to remove my child, \_\_\_\_\_, from Young Climbers Preschool for any reason. If this notice is not given, a fee of one month in lieu of notice will be required. I understand that this is binding contract between Young Climbers Preschool and myself.

Withdrawal must be done by the first of each month. Example: If you are not able to start school in Sept. notice must be given by Aug. 1<sup>st</sup> or fee will not be returned for September and so on... No notice will be accepted after April 1st.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



# Participation Agreement

**Participation Agreement to email and publish my child's work, photographs or videos via HiMama**



**To: Parent / Legal Guardian,**

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior. In the interest of safety and security we require parent permission for the publishing of children's work, photographs or videos through a software program called HiMama (the "Program"). By signing this form you grant permission for us to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein. Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission. To learn more about the Program, please visit [www.himama.com](http://www.himama.com). Please complete, sign, and return this form to the center if you wish to participate. We encourage you to contact us if you have any questions. I hereby acknowledge that I wish to voluntarily participate in the Program:

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CHILD'S NAME

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PARENT/GUARDIAN NAME

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EMAIL

---

PARENT/GUARDIAN SIGNATURE

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DATE



# Young Climbers Childcare Centre

7328 144<sup>th</sup> St. Surrey, B.C., V3W 5S5

604 590 5833



## PRE-AUTHORIZED DEBIT FORM

I have enrolled my child \_\_\_\_\_ (name of child)  
At Young Climbers Childcare Centre and I desire to pay the monthly fee  
through this pre-authorized debit agreement.

Please debit my account that corresponds to the attached VOID cheque. (attach Void Check)

I agree that \_\_\_\_\_ will be taken from my account on the 1<sup>st</sup> of each month or  
the next business day from the time I start at Young Climbers.

Parents Name: \_\_\_\_\_  
(account holder)

Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

These payments are being made from my \_\_\_ Individual \_\_\_ Business account.

I may revoke my authorization at any time, subject to providing 30 days notice from the first of the month. This PAD agreement does not change any of the terms of the enrollment agreement I made with Young Climbers. To obtain a sample cancel form please contact your financial institution. Or visit [www.cdnpay.ca](http://www.cdnpay.ca)

Young Climbers  
7328 144<sup>th</sup> St.  
Surrey, BC  
V3W5S5

I have certain rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

**Policy:**

We care about all of our children's health and staff, so we are implementing this new form that needs to be signed by a parent or guardian and will be followed by yourself and the Centre. Without healthy staff we are unable to provide effective care and if staff are sick we then may have to close the Centre until staff are well. Young Climbers Childcare Centre follows all Government Guidelines for the Health and safety of our Childcare Centre.

**THE STAFF WILL IMMEDIATELY REPORT TO THE PARENT IF ANY CONTAGIOUS OR COMMUNICABLE DISEASES ARE OBSERVED.**

Your Child can not attend or will be SENT HOME AND UNABLE TO ATTEND SCHOOL for the following Conditions:

- fever over 38.3 (101F)
- Infected eyes or skin (Pink Eye, Contagious Rash)
- Any type of contagious disease such as the Flu, Measles, Mumps, Rubella, Chickenpox and Head lice (please wash and remove nits from head and once head is clear you may return to school)
- Unexplained Diarrhea or Loose Stool with Nausea, Vomiting or Abdominal pain
- Cold, with symptoms such as Fever, Sore throat, Earache, Runny nose (Green and Yellow Mucus), and Cough, Congestion to the point that he/she has heavy breathing
- COVID related Symptoms (Fever, Cough, Tiredness and Loss of Taste or Smell)
- If the Centre closes due to communicable disease such COVID or other Sickness, The Centre/ You will need to follow All Government Orders. It is the family's responsibility to find alternate care.

\*\*If a child becomes sick at daycare, the parent will be called and if unable to reach or unavailable to pick up the guardian or authorized person will be called and asked to get the child. The staff will isolate the child from the other children and make the child comfortable as possible but will not administer medication unless previously authorized to do so.

**\*\*\*Please keep your child at home at least 24 hours after your child's last symptom. Please stay home until the child is well enough to join class again.**

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

