

Start Date: _____

Program Registration Form

- Infant Room Jr. Toddler Room Sr. Toddler Room
 Pre-School Room Kidz Zone School Age Bayview Kidz Zone

Please register my child for (must check off): Full-time Part-time
 Monday Tuesday Wednesday Thursday Friday

Child's Information

First Name:	Last Name:
Date of Birth:	
Health Card #:	Expiry Date:
Child's Civic Address:	Town/City:
Postal Code:	Home Phone:

Child's Parent/Guardian Information

First Name:	Last Name:
Relationship to Child:	
Civic Address:	Mailing Address:
Postal Code:	Employer:
Home Phone:	Work Phone:
Cell Phone:	Email:

Child's Parent/Guardian Information

First Name:	Last Name:
Relationship to Child:	
Civic Address:	Mailing Address:
Postal Code:	Employer:
Home Phone:	Work Phone:
Cell Phone:	Email:

Custody Information

Who does the child reside with? _____

If there is a Custody Arrangement what type of custody:

Joint Sole Other _____

Details regarding your child's pick-up and drop-off:

Are Court Documents regarding custody included and/or attached? Yes _____ No _____

IMPORTANT: If the current custody agreement is not included in the child's file, we cannot deny access to either parent. A copy of the most current Court Order or Separation Agreement must be attached. It is the responsibility of the custodial parent to inform CAFRC staff, in writing, of any changes, and to provide a copy of the amended Court Order immediately.

Emergency Contacts: (please name two people we can call if parent(s)/guardian(s) cannot be reached:

1.Name:	Relationship:	
Work #:	Home #:	Cell #:
2.Name:	Relationship:	
Work #:	Home #:	Cell #:
3.Name:	Relationship:	
Work #:	Home #:	Cell #:

Authorized Pick-Up People: (please name anyone else, other than parents who have permission to pick-up your child)

Name:	Relationship:	Phone Numbers:
1.		
2.		
3.		

A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed above. If we cannot contact you by phone, the child will not be released to other people not on the above list.

Child's Siblings

Name:	Age:
Name:	Age:
Other's Living in your home (names and relationship):	

Billing Information

Account Holder's Name: _____
 (Please state the name that you would like on invoices, tax receipts and collection issues)

Payment Options: (please select one)

Voided Cheque/ Bank Account Information for Electronic Transfer from bank account

Credit Card (VISA or MasterCard)

Card Holder's Name: _____

Card Number: _____ Expiry Date: _____

IMPORTANT NOTE REGARDING SUBSIDIZED CHILDCARE: *Child's Subsidy Agreement for your child must accompany this form. It is the parent's responsibility to acquire this written confirmation for inclusion with this form. Any changes or updates with Childcare Subsidy are the parent's/guardian's responsibility. Any payment or partial payment not covered by Subsidy due to sickness, absent days, vacation, etc. is the responsibility of the Parent/Guardian to pay.*

Child's Medical Information and Health Questionnaire

Doctor's Name:

Phone Number:

Address:

Medical Conditions:

Allergies to medication, food, pets, bee stings, other:

Is allergy severe enough to require medication or medical treatment? Yes _____ No _____

Does your child routinely take medication?

If yes, what is the medication and what is it for?

Has your child had any of the following (circle all that apply):

Measles	German Measles	Chronic Ear Infections
Chicken Pox	Mumps	Asthma
Whooping Cough	Eczema	Bronchitis
Pneumonia	Convulsions	Other

Does your child have any hearing or speech problems?	
Languages spoken at home:	
Name the foods your child likes, as well as those your child dislikes:	
Does your child have special dietary considerations?	
Does your child nap?	How well does your child sleep at night?
Is your child toilet trained?	Are there any problems with toileting? If so what?
Has your child had any previous experience with groups of children?	
Describe any particular fears your child has shown (example: to animals, loud noises, strangers, etc.):	
Are there any particular observations which you have made about your child's behavior which would be helpful for the daycare staff to know?	
Is there any other information about your child which you feel is important for us to be aware of?	

Immunization History: (must be completed)

Age:	Type of Immunization:	Date(s):
2 months	DTaP-IPV-Hib Diphtheria, tetanus, acellular pertussis (whooping cough), polio, and Haemophilus influenzae type b vaccine Pneumo Conj. Pneumococcal conjugate vaccine	
4 months	DTaP-IPV-Hib Diphtheria, tetanus, acellular pertussis (whooping cough), polio, and Haemophilus influenzae type b vaccine Pneumo Conj. Pneumococcal conjugate vaccine	
6 months	DTaP-IPV-Hib Diphtheria, tetanus, acellular pertussis (whooping cough), polio, and Haemophilus influenzae type b vaccine	
12 months	Pneumo Conj. Pneumococcal conjugate vaccine Men C Conj. Meningococcal group C conjugate vaccine MMRV* Measles, mumps, rubella and varicella vaccine	
18 months	DTaP-IPV-Hib Diphtheria, tetanus, acellular pertussis (whooping cough), polio, and Haemophilus influenzae type b vaccine MMRV* Measles, mumps, rubella and varicella vaccine	
4-6 years	MMRV* Measles, mumps, rubella and varicella vaccine Tdap-IPV Tetanus, diphtheria, acellular pertussis (whooping cough), and polio vaccine	

* The second dose of MMRV can be given only once between 18 months and 6 years of age.

Only Complete if you DO NOT immunize your child(ren):

I am opposed to immunization. I understand that my child can be excluded from attendance during an outbreak of a vaccine-preventable disease that he/she has not been immunized against; he/she may be excluded from all CAFRC programs until the outbreak is over.

Name: _____ Signature: _____ Date: _____



Behaviour Guidance Policy

The Chester & Area Family Resource Centre recognizes that a well-planned program with interesting activities helps prevent most inappropriate behaviours. We structure our programs with a variety of developmentally appropriate and interesting activities that encourage children to participate.

Behaviour guidance techniques used by the staff at the Chester & Area Family Resource Centre include:

- Acceptable alternatives for unacceptable behaviours (explanations of appropriate behaviour and reasons why some behaviours are inappropriate, focussing on the behaviour and not the child, such as “When you throw sand at Johnny, it hurts his eyes. Please keep the sand in the box”).
- Positive reinforcement (recognizing/rewarding appropriate behaviour with praise).
- Positive directions (positive statement of expected behaviour: “walk please” instead of “don’t run inside”).
- Real choices (child is given a choice of acceptable alternatives, such as “do you want to help clean up the Lego or the play dough?” instead of “do you want to help clean up?” which invites the response “No”).
- Modelling by staff of appropriate behaviours.
- Age appropriate limits (staff set limits in a positive way, and periodically remind children).

Staff, volunteers and care providers:

- Will not use corporal or physical punishment in any form.
- Will not use harsh, humiliating, belittling, or degrading responses of any form, including verbal, emotional, or physical.
- Will not confine or isolate children.
- Will not deprive a child of the basic needs, including food, shelter, clothing (i.e. withholding meals, snacks, water).
- Will not offer food to reinforce positive behaviors.
- Will not withhold food as a consequence for inappropriate behavior.
- Food is not used as a reward for completing a task or finishing a meal (e.g. dessert will not be withheld if the child does not finish the main meal).
- Will not force a child to repeat physical movements.
- In the event that a child exhibits behaviors such as hitting, harming self or others, throwing objects, etc. which may impact the health and safety of the child, his or her peers or staff interventions beyond those typically practiced in childcare facilities may be implemented. The child’s team including parents, and or guardians will meet and collaborate to create a behavior guidance plan.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

www.chesterfrfc.ca

PO Box 99
Chester, NS B0J 1J0
Email: chesterfamilyresource@gmail.com

Phone: 902-275-4347



Chester and Area Family Resource Centre Parent Contract and Rate Agreement

I AGREE TO:

1. Pay in full my bi-weekly childcare fees as detailed in Appendix A, with no deductions for absences. Fees are for reservation of services; no refunds or credits will be given. I shall pay all Late Payment Fees as detailed in Appendix A. I shall also pay any and all charges added to my childcare fees for Late Pick-Up as detailed in Appendix A. I understand that the Chester and Area Family Resource Centre reserves the right to refuse care to children whose parents or legal guardian's account is past due. Children left at the facility without permission will be reported to the authorities as abandoned/neglected children.
2. Pay a fee of \$25.00 for any returned or dishonored payment cheque. Payment will be required in guaranteed funds if a cheque is returned or dishonored.
3. If subsidized, pay for all outstanding daily fees that have not been reimbursed by Childcare Subsidy.
4. Provide up-to-date medical information about my child and to notify staff promptly of any change of in home or business address or home, cell, or business telephone numbers.
5. Provide names and phone numbers of all persons authorized to pick-up my child from the Centre or Off-Site Locations and notify the Centre regarding who will pick-up my child if it differs from my authorized pick-up list. If the Chester and Area Family Resource Centre is not notified of a change, they are not authorized to release my child unless I am contacted and agree.
6. Give the Centre a minimum of two (2) weeks written notice prior to withdrawal of my child from the Centre. If written notice is not given, I agree to pay two (2) additional weeks of childcare fees.
7. Carry out the parents' responsibilities, under the Policies and Procedures of the Centre as they are outlined in the Parent Policy Manual.
8. Read and understand the Parent Policy Manual and Behavior Guidance Policy of the Chester and Area Family Resource Centre prior to enrollment.
9. Do my best to support and participate in all Special Events held by the Centre to promote the Centre and help with fundraising towards projects benefiting the Centre.
10. I understand that if my child is experiencing difficulty with the programs, I will be notified informally by one of the Early Childhood Educators (ECE) after consultation by the ECE with the Daycare Director. If my child continues to experience difficulty I will then be notified, in writing, to meet with the Daycare Director and my child's ECE to discuss the situation and determine an appropriate plan of action.
11. I understand that if I have not fully carried out this contract for the parent responsibilities under the Policies and Procedures of the Centre, my child may be withdrawn in accordance with the procedures outlined in the Parent Policy Manual and this agreement will be terminated.
12. I understand that I will be entitled to an annual (January to December) vacation. Vacation for full-time participants cannot exceed 2 weeks (10 days) per calendar year, and 1 week (5 days) for part-time participants, during which time I shall not be required to pay childcare fees. At least two (2) weeks' notice must be given to the Daycare/Centre Director prior to taking any of my vacation entitlement. If you do not give notice or if you exceed the vacation days allotted, you will be charged regardless of attendance. Vacation days do not include the time the CAFRC is closed for Christmas Break, the CAFRC closes when school closes for Christmas and we re-open when school re-opens in January.
13. **I understand that no vacation days will be allotted during the first twelve months of childcare services.**

14. I understand the Chester and Area Family Resource Centre and its programs will be closed on New Year's Day, Nova Scotia Heritage Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Natal Day, Labour Day, Truth and Reconciliation Day, Thanksgiving Day, Remembrance Day, Christmas Day, and Boxing Day. In addition, I understand that the Chester Family Centre is also closed between Christmas Day and New Year's Day. Christmas Break may vary year to year depending on the school calendar.
15. I understand that if a Statutory Holiday falls on a day when my child normally attends, that I am required to pay for that day. I will not be charged when the Centre is closed for Christmas Break. Christmas Break may vary year to year depending on the school calendar.
16. I understand that if my child attends Bayview Kidz Zone I will not receive vacation days as the program is closed on March Break and during the summer months of July and August and I am not required to pay during those closures.
17. I understand that if the Family Centre or Bayview Kidz Zone Program is open or prepared to open but is forced to close early due to power outage or other emergency situation like no water, blizzard conditions, etc. I will be charged for that day. If we are unable to open at all for the day due to power outage or other emergency like no water, blizzard conditions, etc. I will not be charged for the day.
18. I understand, that if my child attends the school age program, I will be charged according to the school schedule whether my child attends Kidz Zone or not.
19. Signing this contract serves as blanket consent for all off-site outings in CAFRC programs. All trips are carefully organized and fully staffed. CAFRC is not responsible for children who arrive late for a pre-scheduled outing when prior, clear notification has been given.
20. Inform the Daycare Director if I **do not** give permission for my child, to be photographed and/or videotaped during program activities at the CAFRC. I understand that these photos may be used for display at CAFRC programs, or advertising in the newspaper or on our website.
21. In the event that my child becomes ill or has an accident while attending CAFRC programs, the CAFRC will immediately inform me. If I am unavailable, the CAFRC will contact my designated emergency contact. In the rare event that I am or my designated contact is unavailable, and staff deems it necessary, my child will be transported to the nearest hospital emergency department. Any cost incurred in the transportation of my child will be my responsibility to pay. I authorize CAFRC staff to approve of emergency treatment for my child that is recommended by medical personnel.
22. I understand that every effort is made to ensure the safety and well-being of my child, and I release the Chester & Area Family Resource Centre, its employees, volunteers, and Board of Directors from liability. In consideration of acceptance into the program I/we, waive, release, and forever discharge the Chester & Area Family Resource Centre its employees, volunteers, and Board of Directors and their successors, all rights and claims from losses or damages due to any and all injuries suffered by my child while participating in CAFRC programs. I/we, hereby agree to reimburse the Chester & Area Family Resource Centre in the event my child should cause voluntary damage to CAFRC property and/or equipment.

These policies may be changed from time to time, with proper notice to the parent or legal guardian, without affecting the validity of this agreement. This agreement may be terminated by either party with two weeks' written notice to the other party. All other policies governing this agreement are contained in the facility's Parent Policy Manual and hereby incorporated into this agreement by reference.

Appendix A

CHILD CARE FEES: Fees are calculated on the basis of the daily fee multiplied by the number of days of operation bi-weekly. All bills are due upon receipt and are to be paid in full bi-weekly. If the fees are not paid within thirty (30) days, the account will be sent to a collections agency.

Infant Room (ages 6 months-17 months)

\$12.00 per day full-time full-day (5 days per week)
\$14.20 per day part-time full-day (1-4 days per week)
\$16.35 per day drop-in

Junior Toddler Room (18 months -24 months)

\$15.55 per day full-time full-day (5 days per week)
\$17.80 per day part-time full-day (1-4 days per week)
\$21.15 per day drop-in

Senior Toddler Room (24 months - 35 months)

\$15.55 per day full-time full-day (5 days per week)
\$17.80 per day part-time full-day (1-4 days per week)
\$21.15 per day drop-in

Pre-School Room (3 - 5 years)

\$13.30 per day full-time full-day (5 days per week)
\$15.55 per day part-time full-day (1-4 days per week)
\$18.90 per day drop-in

School Age Care (5-12 years)

\$10.15 per day full-time part-day
\$12.40 per day part-time part-day
\$15.80 per day for full-time (embedded time, 12:22 dismissal)
\$18.00 per day for part-time (embedded time, 12:22 dismissal)
\$21.55 per day full day full-time
\$23.80 per day full-day part-time

Before School Program (Chester Site Only)

\$6.85 per morning and includes breakfast

*A late payment fee of \$1.00/day/child will be added for each day past billing date



Confirmation of Receipt and Understanding (please initial each line)

_____ I understand and have read that the Parent Contract and Rate Agreement

_____ I understand and agree to follow the payment schedule in Appendix A

_____ I understand that the Child’s Medical Information, Health Questionnaire and Immuniozation History must be completed in full before attending any programs

_____ I understand and have read the Behavior Guidance Policy

_____ I have received and read the CAFRC Parent Polcy Manual

_____ I understand and agree to the policies and procedures set out in the CAFRC Parent Policy Manual.

_____ I have asked the Daycare Director, Centre Director or the Assistant Director any questions I have at this time, prior to my child’s first day in care.

_____ I understand that this form must be completed in its entirety prior to admission to any Chester and Area Family Resource Centre Programs

Signature (Parent or Guardian)

Date