



Please Attach a
Current Photo of your
child

Emergency Permission Form

Please complete this form before the beginning of the school year. One copy will be kept in each of the three emergency bags so that the ECE can have access to your child's emergency information and emergency medical permission if the preschool is evacuated.
Your child may not attend preschool until this form is received by the preschool.

Child's Name:	Date of Birth:
Address:	Home Phone:

Parent/Guardian:	Home Phone:
	Work Phone:
	Cell Phone:

Parent/Guardian:	Home Phone:
	Work Phone:
	Cell Phone:

Emergency Contact 1:	Home Phone:
	Work Phone:
	Cell Phone:

Emergency Contact 2:	Home Phone:
	Work Phone:
	Cell Phone:

Child's Doctor:	Phone:
Medical Number:	Allergies, including those to medications:
Medical Conditions:	
Child's Dentist:	Phone:
Date of most recent Tetanus shot:	

It is VICPA policy to notify the parent/guardian if a child is ill or requires medical attention. If the preschool is unable to contact the parent/guardian and the child needs immediate medical help, parental consent is necessary for facility staff to take appropriate action on behalf of the child. Your consent will accompany the child to the emergency service.

I authorize the staff at Lambrick Park Preschool & Childcare to call a physician, take my child to the nearest emergency centre or summon an ambulance for emergency medical aid should the person(s) in attendance feel such services are required and I cannot be contacted by phone. If such an emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of myself.

Date:	Parent/Guardian Signature:
Date:	Parent/Guardian Signature:

FEE AGREEMENT

I understand and agree that:

1. The registration fee shall be paid when the application for your child has been accepted. The fee is non-refundable.
2. The monthly tuition fee shall be paid in the following manner:
 - A deposit of one month's tuition shall be paid at the June General/ Orientation Meeting and is not refundable. This deposit will be used to pay for the last month's tuition.
 - Nine (9) post-dated cheques to cover the remaining tuition (September-May) are to be given to the Treasurer at the June General/Orientation Meeting.
 - Spots are guaranteed only if post-dated cheques are provided for the childcare program.
 - All families entering mid-year will pay the registration fees, the entering month's fees, and provide post-dated cheques for all remaining fees through to May, to the Enrollment/Orientation Officer at the time of enrolment. The deposit will be used to pay for the last month's tuition.

Students are not accepted into class until all fees are paid as outlined above.

3. Some families may qualify for financial assistance (i.e., childcare subsidy) offered through the Ministry of Children and Family Development. Contact the Treasurer or ECE for more information. **Please apply for childcare subsidy as soon as possible** (i.e., in August), as it can take several weeks for your approval. At the end of the day, however, **you are responsible for paying the tuition fees for your child (in the event that you are not approved for subsidy).**
4. Those families who are either on or applying for social assistance must submit all cheques, the June tuition fees and registration fees before the child starts school. These charges will be reimbursed once money is received from the Ministry of Social Services.
5. In the case of two (2) children from one family attending the preschool at the same time, the family will be expected to pay the full rate for each child. They will also do one helping day and one job per child unless enrolment allows otherwise.
6. Cases of hardship (e.g., due to illness, strike, etc.) shall be reviewed by the Executive on an individual basis. Postponement of the monthly tuition fee may be considered for a limited period of time depending on the financial status of the Preschool.

I, the undersigned, agree to abide by the rules laid out above:

Date:	Parent/Guardian Signature:
Date:	Parent/Guardian Signature:

PARENT RELEASE FORM FOR MEDIA RECORDING

I, the undersigned, do hereby grant or deny permission to Lambrick Park Preschool & Childcare to use the image of my child, _____, as marked by my selection(s) below.

Such use includes the display, distribution, publication, transmission, or other use of photographs, images, and/or video taken of my child for use in materials including, but not limited to, printed materials (such as brochures and newsletters), videos, and digital images (such as those on the Lambrick Park Preschool & Childcare website).

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways (mark all that apply):
 - Limited usage:** I want my child's image used within the Lambrick Park Preschool & Childcare setting only (not in the larger community).
 - Limited usage:** I want my child's image used for educational materials only (not marketing). This could be either within Lambrick Park Preschool & Childcare or in the larger community. One example of this could be videos in parent education classes.
 - Limited usage:** I want my child's image used on printed materials only (no digital or video use).
 - Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media with the understanding that I will have final say of the materials prior to distribution. I agree that these images may be used by Lambrick Park Preschool & Childcare for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's first or last name will not be used in conjunction with any video or digital images.

Parent/guardian signature _____ Date _____

FIELD TRIP INFORMATION

All parents driving for school field trips are responsible for ensuring cars are in good repair and have seatbelts for the driver and all passengers, are in possession of a valid driver's license, and have a **minimum** of \$1,000,000 liability insurance, however \$2,000,000 is recommended.

Every reasonable precaution must be taken to ensure the safety of students. This includes making sure the children are properly seated in rear seats only, that seatbelts or child restraints are properly used and adjusted, with only 1 child per seatbelt. Any field trip will have a minimum adult – child ratio of 1 to 2. Any increase in the numbers of parent helpers is up to the discretion of the ECE. The factors affecting the ECE's decision are: area, place, type of activity, mode of transportation, and ages of children.

Parents will be notified of all field trips involving vehicles. Some field trips will require the parents to drive their child to and from the site of the activity, or arrange carpooling. In this case, the preschool session will begin and end at the site of the field trip. If the preschool is arranging drivers, the parents will be notified which drivers have which children. Drivers should be reminded that medication can have adverse effects on driving ability.

Will you be able to drive?	Yes	No
Supervise?	Yes	No
Do you have \$1,000,000 or more liability insurance?	Yes	No
Will you allow your child to go on spontaneous walking excursions?	Yes	No
How many children can you have seat belted in your vehicle, excluding the front seat?	_____	

I give permission for my child _____ to participate in class field trips as outlines above.

Parent/guardian signature _____ Date _____

FUNDRAISING OPTION ACKNOWLEDGEMENT

I/We _____ acknowledge that I/we have received/read the “Lambrick Park Preschool and Childcare Fundraising Policy”.

I/We choose to participate in the following fundraising option:

- Participate fully in all fundraising events:
- **I/We will fundraise and attend BOTH the November fundraising event and the Spring Walk-a-thon**
 - I/We will participate, as much as possible, in all minor fundraisers (e.g. Thrifty food Smile Cards, Scholastic book orders, Purdy’s chocolates, etc.)
 - I/We have provided two post-dated cheques for \$100 each (dated December 1st and May 1st).
 - I/We understand that if we do not attend the November event, the cheque dated December 1st will be cashed
 - I/We understand that if we do not attend the Walk-a-thon, the May 1st cheque will be cashed
 - Please note:
 - Families who participate in the events will have their post-dated cheques destroyed (not cashed)
 - Requests for special consideration, if you cannot attend the event, will be considered by the Fundraising Chair
- Opt out of fundraising
- I/we choose to opt out of all fundraising activities by paying \$200 in lieu of fundraising (this amount is addition to the standard LPP&C membership fees)
 - I/We will provide the preschool with a \$200 cheque payable by October 1st of the respective year
 - This payment is eligible for a tax receipt and is nonrefundable
 - I/We understand that my family members are welcome to participate in any of the preschool fundraising events if I/we choose, simply for the social aspect/sense of community.

Parent/guardian signature _____

Date _____

VANCOUVER ISLAND COOPERATIVE PRESCHOOL ASSOCIATION

P.O. Box 35034 Hillside P.O.
Victoria, BC V8T 5G2
Phone & Fax: 250-598-2667

MEMBERSHIP APPLICATION FORM

Due to changes in the Societies Act, it is not longer possible for preschool members to automatically become members of the VICPA. Please complete the following application and return to your preschool Enrollment Officer as soon as possible in order for your preschool to remain a member in good standing with the VICPA.

I/we _____, as _____
Your name(s) Parent(s) or Guardian(s)

at **Lambrick Park Preschool & Childcare**, a group member in good standing in the Vancouver Island Cooperative Preschool Association (VICPA), hereby apply to be an individual member in the VICPA.

Signature(s) Date

ENROLMENT FORM FOR VICPA

Occasionally projects arise within the Association requiring specific skills. Just as your preschool benefits from its' members' talents, so can our Association of preschools. Understanding the busyness in your lives, please consider the many suggested areas below and **circle** the ones of interest and/or expertise, and denote which parent in the space provided. Also, please feel free to offer any skills that have not been listed.

Name(s):(please print) _____ Date: _____

Preschool: **Lambrick Park Preschool & Childcare** Class: (circle) 3's 4's Childcare

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Most convenient time to reach you: _____

Are you a returning parent? Yes No

If yes, how many years have you been with a VICPA Co-op? _____

Do you know who, or what VICPA is? Yes No

Accountant(CA / CGA / CMA) ___ Bookkeeper ___ Carpenter / Trades (please specify): _____
Calligraphy ___ Media (Radio, TV, Newspaper, Magazine) ___ Advertising / Public Relations ___
Health Professional (please specify): _____ Making Tomorrow Conference ___ Lawyer ___
Computer (please specify): _____ Organizational / Managerial Skills ___ Publishing ___
Hiring / Salary Negotiation ___ Drama / Actor ___ Sewing ___ Graphic Artist ___
Others(please specify) _____

Vancouver Island Cooperative Preschool Association - VICPA

PARENTS' AGREEMENT FORM for Lambrick Park Preschool & Childcare a member school of V.I.C.P.A. for the school year 2013/2014.

We, the undersigned have read carefully the Constitution and By-Laws of Lambrick Park Preschool & Childcare and agree to abide by it.

1. When acting as a duty-parent/caregiver, I agree to arrange to arrive 20 minutes before preschool opening and to stay for 20 minutes after preschool dosing. So that both my child and I may get the most out of this very special day, I will not bring any other children to the preschool. If I cannot be present, I will trade duty days with another parent/caregiver and notify the necessary people, i.e., ECE, class rep, duty scheduler.
2. We will make every effort to be **prompt in bringing**, and **picking up** our child for preschool and daycare.
3. We will not send our child to school or childcare if the child is ill, nor will we come as duty parents when we are ill. If our child contracts a communicable disease or condition (e.g., chicken pox, head lice, etc.) we will notify the ECE/Supervisor immediately.
4. We understand that, in the school room and on the playground, the ECE has overall responsibility for the program, teaching methods, discipline and health and safety measures; on a duty day, the parent/caregiver is there as the ECE's assistant.
5. We hereby authorize the ECE to:
 - a) Arrange for periodic examinations by public health personnel;
 - b) Send our child home, if we are unable to pick him/her up, accompanied by an adult approved by us, if he/she appears ill, when it has been ascertained there is someone there to receive him/her;
 - c) In case of serious injury or other medical emergency, to obtain professional help (family doctor and/or ambulance) and notify the parents/caregivers immediately. We agree that any cost incurred for such services shall be the sole responsibility of ourselves. If parents/caregivers cannot be reached contact is then made with the person whose name appears as an alternate on the enrollment form, and emergency form;
 - d) To exercise discretion to ensure the safety and well-being of our child.
6. We will keep the ECE informed of any event or change of routine at home that may affect our child's behavior.
7. If we have questions about our child's progress or the program of the preschool, we will direct them to the ECE; we will direct queries or suggestions about the administration of the preschool to the executive through the President or Personnel Committee.
8. **We will pay our child's tuition fees according to procedures adopted by the preschool/childcare.**
9. If it becomes necessary to withdraw our child from school, we will give one month notice in writing to the Secretary, or pay one month's dues in lieu of notice. We understand that in some circumstances, June fees are non-refundable as outlined in the Preschool Constitution and/or enrollment policy.
10. **TO BE A FULLY COOPERATIVE MEMBER OF THE PRESCHOOL/DAYCARE, WE WILL SERVE ON THE EXECUTIVE, ON A COMMITTEE, OR TAKE ON A JOB(S), AND TO ASSIST IN GENERAL UPKEEP AND THE FUNDRAISING FOR THE PRESCHOOL/DAYCARE.**
11. We undertake to attend all **MONTHLY MEETINGS**, held on the 1st Monday of each month at 7:00 p.m. for the purpose of conducting the PARENT EDUCATION PROGRAM. **(Participation in an ongoing Parent Education Program is a requirement to maintain compliance with Community Care Facility Act, Child Care Licensing Regulation).** We understand that the presence of one duty parent/caregiver per family is required at every meeting, **and that our family will be asked to withdraw from the preschool group if more than two meetings are missed.** We are aware that telephone contact with the secretary is necessary in the event of an unavoidable absence and that the posted minutes of the meeting must be read and signed and **Parent Ed must be followed up as per VICPA Standards.**
12. We will take an active interest in the Vancouver Island Cooperative Preschool Association (V.I.C.P.A.).
13. We understand that in accordance with the **Child Care Licensing Regulation** as a duty parent/caregiver we are required to have on file the written opinion of a medical practitioner that our mental and physical health is adequate for the job. A form letter from the V.I.C.P.A. is provided to the duty parent/caregiver for the Medical Practitioner's signature. **We may not serve as duty parents in the classroom until this form has been presented to the Enrollment & Orientation officer and kept on file at the preschool.**

If the local Medical Health Officer in your community does not require a T.B. (tuberculosis) test then disregard item 14.

14. We understand that in accordance with the **Child Care Licensing Regulations**, it is compulsory for the regular duty parent/caregiver born or raised in countries where tuberculosis is endemic, to have a TB test that proves they do not have active tuberculosis. A copy of the results of this test must be presented to the Enrollment & Orientation officer and will be kept on file at the preschool. This process must be completed before the parent/caregiver begins the first duty day.
15. We agree to make every effort to present the forms for items 13 and 14 at the time of registration and no later than 2 weeks after our child has commenced preschool. **THESE FORMS ARE LICENSING REQUIREMENTS FOR THE LEGAL OPERATION OF OUR PRESCHOOL. Parent cannot assist as duty parent until above mentioned documents have been received by the Enrollment & Orientation Officer. Children cannot attend the program fully until all their registration forms have been submitted.**

- 16. We understand that according to government regulations, all non-legal guardian duty parents are unable to do participation days in the classroom without a Criminal Record Check in accordance to the Criminal Record Review Agency.
- 17. We understand that the use of the preschool & daycare facilities and the activities which our child or children undertake during program hours involves some risk of minor physical injury. We hereby release and discharge the V.I.C.P.A., the Lambrick Park Preschool & Childcare, and its employees and volunteers from any actions, causes of action or liability which we may have individually or have on behalf of our child or children in excess of the public liability insurance carried by V.I.C.P.A. and the society.

This Parents' Agreement form and in particular, the waiver-release clauses herein contained represent the entire agreement between the parties and the said terms are contractual in nature and not a mere recital.

We have read the Parents' Agreement form in its entirety and confirm that we know the contents of this agreement and that we sign the agreement voluntarily.

This Agreement signed and duly witnessed on the _____ day of _____ 20____.

	Parent/Caregiver	Parent/Caregiver
Parent/caregiver(s) (print): (persons "on duty" and delivering child to class)	_____	_____
Signatures):	_____	_____
Witness (print):	_____	_____
Signature:	_____	_____
Address:	_____	_____
Occupation:	_____	_____

For use only for families participating for a consecutive year. I/We have reread the Parent Agreement form.

Signatures):	_____	_____
Date:	_____	_____

Designated Parent Information and Records

Please fill out the following form with any information related to parent education or child development. Appendix A and B is to be given to and filled out by outside parties listed. Return all forms to your preschool.

Section 19 and 29 – Relevant work history, training and skills

A) Record of work history or experience with children (this experience can be volunteer or paid)

Workplace/Organization	Additional Information

B) Training or skills relevant to experience with children

Please give a brief description of training taken and attach documents or certificates if obtained

C) Training relevant to Section 29: 20 hours of training in parent education/child development

* Please note: This training must be in the subject area of child development, guidance, health and safety or nutrition.

Type of training?	
Number of hours taken?	
Where was training obtained?	
Proof of training attached (copy of certificate)	

Immunization Record

Immunization Status for (<i>print name</i>) _____	
To the best of my knowledge my immunization status is:	
<input type="checkbox"/> Complete and up to date (attach documentation)	
<input type="checkbox"/> Some immunization but unsure of dates/completion	
<input type="checkbox"/> Not immunized	
_____	_____
Parent Signature	Date

Appendix A : Character References

(References may be from a friend, co-worker or (one) family member who can support that the designated parent is of good character and has the personality, ability and temperament to work with children.)

No. 1 I _____ (reference name) , have known
_____ (designated parent) since _____ (date) and I
have had the opportunity to witness her/him interacting appropriately with children.

_____ Reference Signature _____ Date

No. 2 I _____ (reference name) , have known
_____ (designated parent) since _____ (date) and I
have had the opportunity to witness her/him interacting appropriately with children.

_____ Reference Signature _____ Date

Appendix B : Medical Statement

Section 19(1)(e) of the Child Care Licensing Regulation requires any person who will be working with children to obtain a medical statement indicating that person is physically and psychologically capable of working with children and carrying out assigned duties.

I, Dr. _____, believe my patient
_____ (parent name), is physically and psychologically capable
of working with children and carrying out the assigned duties at _____
name of preschool

_____ Doctor Signature _____ Date