



# Parent Agreement

## Business Policies

The Port Coquitlam Daycare Society (Port Coquitlam Children's Centre) is an incorporated non-profit organization that provides licensed childcare services. Our centre is committed to providing responsible, nurturing, and developmentally appropriate experiences for all children enrolled in our programs. To ensure smooth and fair relationships with families, we require that parents read, understand, and adhere to the following business policies:

**Fee Payments:** Childcare fees shall be paid by the first day of each month. Failure to pay the childcare fees by the first of the month will result in a late payment fee of \$10.00 per day. If monthly fees are not in by the 5th of the month, services will be suspended until full fees are paid in full. If outstanding fees have not been paid, and if a payment schedule acceptable to the Society has not been adhered to, the Society may commence legal proceedings against me or turn my account and registration information over to a Collection Agency and the cost of securing the payment will be borne by me. All fees have been prorated to account for scheduled closures; therefore, no additional reductions or adjustments will be provided.

**Securing Placement:** To reserve and secure a childcare space, full payment of fees is required in advance. Please note that all fees are non-refundable, inclusive of any periods during which your child is absent from the centre, including vacations, illnesses, or other absences, as well as during any closures of the centre for any reason. Additionally, if your family is asked to leave the centre for any reason, no refund will be provided.

**Withdrawal Notice:** A one-month (4 weeks) written notice is required if you choose to withdraw your child from the centre. Failure to provide this notice will result in forfeiture of the initial deposit. This notice should be submitted by the last day of the month preceding your child's final month of enrolment. If such notice is not provided, you will be responsible for paying one month's fees in lieu of notice. Fees for the final month are due in full, and partial months attendance will not be refunded. Please note that if a deposit was paid, it will be applied to your last month's fees only if proper notice is given.

\*For children aged 5 and those transitioning to kindergarten, care will conclude on the last day of June prior to their kindergarten year. School Age Care is not guaranteed and requires placement on our Waitlist. For children aged 10 transitioning to grade 5, care will conclude on the last day of June prior to their grade 5 year. All children age out of care at 10 years of age, no exceptions.

**Hours of Operation:** Families have the flexibility to plan attendance schedules that meet their individual needs. Once a schedule is established, we ask that families commit to it to ensure consistency for both the child and the centre. I will abide by the centre's hours of operation, my selected programs hours of operation and my established schedule. Should late retrievals occur, I will pay a late fine of \$10.00 plus \$1.00 per minute. This amount is due and payable to the staff members on duty. Consistent late pickups will result in notice of withdrawal of childcare services being issued by the Port Coquitlam Daycare Society.

**Communication of Absences or Delays:** Children should arrive no later than 9:30 a.m. unless otherwise scheduled. This ensures they can fully participate in daily activities and routines. Parents are expected to inform the centre promptly if their child will be absent, late, or has a scheduled appointment affecting their attendance.

**Society Membership:** As a member of the Port Coquitlam Daycare Society I will attend the Annual General Meeting, where I will pay a \$2.00 membership fee.

**Centre Closures:** I understand that the centre will be closed on ALL statutory holidays and Easter Monday. The centre also closes twice annually - one week during December, returning the first working day of January as well as one week in the summer (typically the last week of July). The centre closes at noon for staff meetings and/or professional development 2 times annually. There are no fee reductions for any of these closures.

**Professional Respect:** We regard our teachers as professionals who strive to maintain affordable, quality childcare. We ask that parents communicate openly and respectfully with staff regarding their child's experiences, including any illnesses, injuries, successes, or challenges.

**Refunds:** There will be no refunds for deposits or registration fees paid to secure spaces.

I acknowledge that I have received and reviewed the Port Coquitlam Daycare Society (PCDS) Registration Handbook. I understand and agree to adhere to the policies and procedures outlined therein during my child's enrolment at the centre. I further recognize that PCDS reserves the right to amend these policies as necessary and will provide prompt notification of any changes. This acknowledgment form must be signed and returned to the centre for the full completion of registration.

Child's First Name:	Child's Last Name:
Parent/Guardian First Name:	Parent/ Guardian Last Name:
Date:	Signature:



# Registration

Program:

Registration Date: <small>m/d/y</small>	Start Date: <small>m/d/y</small>	End Date: <small>m/d/y</small>
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Days of Care:  Monday  Tuesday  Wednesday  Thursday  Friday Drop Off Time: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_

## Child Information:

First Name:	Last Name:	Preferred Name:
Address:		Postal Code:
Gender/Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate: <small>month/day/year</small>	
Health Card #:	Life Threatening Allergy or Medical Condition: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Family Doctor Name:	Allergy/Condition:	
Family Doctor Office Address:	Family Doctor Phone #:	
Family Dentist Name:		

Current / Desired Elementary School:

## Parent / Guardian:

Parent #1 First Name :	Parent #1 Last Name :
Parent #1 Address:	Postal Code:
Parent #1 Cell Phone #:	Parent #1 Work Phone #:
Parent #1 Email:	
Parent #1 - Work Name:	
Parent #1 - Work Address:	

Parent #2 First Name :	Parent #2 Last Name :
Parent #2 Address:	Postal Code:
Parent #2 Cell Phone #:	Parent #2 Work Phone #:
Parent #2 Email:	
Parent #2 - Work Name:	
Parent #2 - Work Address:	

## Authorized Pick-Up Persons:

Please note: These are additional persons *other* than parents/guardians, do not list parents/guardians. Government Issued ID Required.

First Name:	Last Name:	Relationship:
Phone #:	Alternative Phone #:	

First Name:	Last Name:	Relationship:
Phone #:	Alternative Phone #:	

First Name:	Last Name:	Relationship:
Phone #:	Alternative Phone #:	

First Name:	Last Name:	Relationship:
Phone #:	Alternative Phone #:	

## Emergency Contacts:

Please note: These are additional persons *other* than parents/guardians, who can be contacted in case of emergency, illness or injury when the parent/guardian is not accessible or responsive to attempted phone calls.

First Name:	Last Name:	Relationship:
Phone #:	Alternative Phone #:	

First Name:	Last Name:	Relationship:
Phone #:	Alternative Phone #:	

First Name:	Last Name:	Relationship:
Phone #:	Alternative Phone #:	

## Persons with Restricted Access:

Please note: Legal documentation is required in order to prohibit the transfer of care to legal custodial parents.

Custody Agreement in Effect? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
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First Name:	Last Name:	Relationship:
First Name:	Last Name:	Relationship:

# Emergency Consent Form

Emergency Medical Attention & Treatment

Port Coquitlam Daycare Society

#50 - 3150 COAST MERIDIAN ROAD, PORT COQUITLAM

<b>Photo</b>
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First Name:	Last Name:	Preferred Name:
Address:		Postal Code:
Gender/Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate: month/day/year
Health Card #:	Life Threatening Allergy or	Medical Condition: <input type="checkbox"/> YES <input type="checkbox"/> NO
Family Doctor Name:	Family Doctor Phone #:	
Medications:	Allergies:	

## Parent / Guardian:

Please note: In the event of an emergency the following listed contacts will be contacted in the order provided.

1st

First Name:	Last Name:	Relationship:
Phone #:	Alternative Phone #:	

2nd

First Name:	Last Name:	Relationship:
Phone #:	Alternative Phone #:	

## Emergency Contacts:

3rd

First Name:	Last Name:	Relationship:
Phone #:	Alternative Phone #:	

## Emergency Medical Attention & Treatment Consent:

It is the policy of our centre to notify a parent when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate help for your child we required signed consent to do so. I give consent for my child to be taken to the nearest emergency medical centre when I cannot be contacted; and for my child to receive medical treatment.

Personal information contained on this form is collected under the Community Carr and Assisted Living Act and will be used only for the purpose indicated.

Parent/Guardian First Name:	Parent/ Guardian Last Name:
Date:	Signature:

## Proactive Response Consent: - Benadryl

I give consent for the staff to administer Benadryl to my child in the event of a bee or wasp sting if there is a notable reaction (ie: swelling, rash, hives etc), as deemed necessary by staff. The dosage will be given according to the directions on the package, and staff will document the reaction and any administered medication accordingly.

Declined (no signature required)

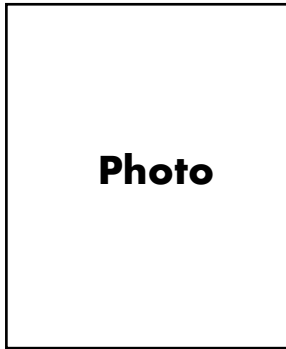
Parent/Guardian First Name:	Parent/ Guardian Last Name:
Date:	Signature:

# Emergency Consent Form

Emergency Earthquake/Natural Disaster Contact

Port Coquitlam Daycare Society

#50 - 3150 COAST MERIDIAN ROAD, PORT COQUITLAM



First Name:	Last Name:	Preferred Name:
Address:		Postal Code:
Gender/Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate: month/day/year
Health Card #:	Life Threatening Allergy or Medical Condition:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Doctor Name:	Family Doctor Phone #:	
Medications:	Allergies:	

## Parent / Guardian:

Please note: In the event of an emergency the following listed contacts will be contacted in the order provided.

1st

First Name:	Last Name:	Relationship:
Phone #:	Alternative Phone #:	

2nd

First Name:	Last Name:	Relationship:
Phone #:	Alternative Phone #:	

## Emergency Contact:

3rd

First Name:	Last Name:	Relationship:
Phone #:	Alternative Phone #:	

## Out of Province Emergency Contact:

Please note: In the event of an emergency natural disaster this person can be contacted should power lines be affected within the local area. This person should live out of province or 150 kms away in distance.

First Name:	Last Name:	Relationship:
Phone #:	Alternative Phone #:	

## Consent:

In the event of a catastrophic or natural disaster that directly affects our centre and/or surrounding area such as downed power lines, communication lines, internet, we will make every effort to notify parents as soon as possible.

If we are unable to reach you, we will contact an alternate person outside the affected area to serve as a point of contact and communication. This ensures that important updates and information can still be relayed to families during an emergency.

Parent/Guardian First Name:	Parent/ Guardian Last Name:
Date:	Signature:

# History & Personality Profile:

Please note: These details help staff to learn about your child and formulate the best strategies to support their ongoing development.

Child's First Name:	Child's Last Name:
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Has your child had any known health problems? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Describe: (Hearing, Vision, Special Conditions)
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Have you had any contact with any of following agencies regarding your child: <input type="checkbox"/> Kinsight <input type="checkbox"/> Spirit of the Children <input type="checkbox"/> Share <input type="checkbox"/> Speech Therapy (Check all that apply) )
If yes, Describe:

Have you used any other supportive agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, List the Agencies:
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Sibling Name:	Sibling Name:	Sibling Name::
Age:	Age:	Age:

Pets Name/s:	Favourite Food:	Favourite Activity:
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Languages Spoken at Home:	Religious Observances:
Is Your Child Toilet Trained: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	Cultural Observances:

Has your child had any previous experiences away from home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain how they managed -

# Of Previous Daycares Attended:	Last Childcare/Preschool Name:
Contact Person Name at Last Centre:	Phone #:

How do you reward your child?
How do you discipline your child?

Does your child have a comfort item? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will they be bringing their comfort item to daycare? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the item:	

Additional information you would like to share with staff about your child -

## Where Did You Learn of Our Centre?

<input type="checkbox"/> Google/Search Engine <input type="checkbox"/> Newspaper <input type="checkbox"/> Fraser Health Childcare List <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Drove By <input type="checkbox"/> Sibling Attended
Other: <span style="float: right;">Referral Person:</span>

Child's First Name:

Child's Last Name:

## Photography & Documentation Consent:

At Port Coquitlam Children's Centre we document children's learning experiences to share special moments with families and support our educational programs. Please review the following permissions and indicate your preferences.

### Photography & Video Consent

I give permission for my child to be photographed and/or recorded while participating in the centres program/s. These images/videos may be used for internal documentation, educational purposes, and to share moments with families. No photos or videos will be used for commercial purposes or publicly posted without additional written consent.

YES - I give permission for my child to be photographed and recorded.

NO - I do not give permission for my child to be photographed or recorded.

### Brightwheel & Internal Display

I understand that photos and videos of my child may be shared privately through the Brightwheel app for parents/guardians and displayed inside the centre (e.g., bulletin boards, classroom documentation). These images will not be shared publicly.

YES - I give permission for my child's images to be shared on Brightwheel and displayed inside the centre.

NO - I do not give permission for my child's images to be shared on Brightwheel or displayed inside the centre.

### Parent Agreement on Photo Sharing

I understand that photos and videos shared with me by the centre may include other children. To protect the privacy of all families, I agree not to post, share, or distribute any centre-provided photos or videos that include children other than my own on public platforms (e.g., social media, websites, or group chats).

I agree to respect the privacy of other children and families by not publicly sharing centre-provided photos or videos that include other children.

### Supporting Future Early Childhood Educators

At Port Coquitlam's Children's Centre, we believe in contributing to the development of future Early Childhood Educators. As part of their training, ECE students occasionally visit our centre for practicum placements and hands-on learning experiences. Their observations and documentation help them develop the skills needed to provide quality care and education for young children.

I give permission for my child to be observed, photographed, or documented by ECE students strictly for educational purposes. These materials will only be used in a college-based setting where students and instructors are required to protect the privacy of the children in our care. To maintain confidentiality, no faces will be permitted in photographs only hands, bodies, or learning interactions may be documented.

YES - I support the development of future educators and give permission for my child to participate in student observations.

NO - I do not give permission for my child to participate in student observations.

Parent/Guardian First Name:

Parent/ Guardian Last Name:

Date:

Signature:

Child's First Name:

Child's Last Name:

## Local Parks & Community Outings Permission:

At Port Coquitlam Childrens Centre, we believe that outdoor experiences play a vital role in early childhood development. As part of our program, children may participate in local outings, nature walks, and visits to nearby parks and schools within the Port Coquitlam/Coquitlam area. These outings are designed to foster exploration, learning, and connection with the community.

Outings may be spontaneous and based on the children's interests, and therefore may not always be listed in our programming in advance. However, major field trips will be communicated to parents ahead of time and may require additional permissions.

Safety remains our top priority staff will always carry a first aid kit and emergency contact information on all outings. Children will be reminded of important safety guidelines, such as staying with Educators/adults, being aware of their surroundings, and what to do in case of emergency.

When transportation is required, the centre operates a eight-passenger minivan (6 Children / 2 Educator's), and all children will be secured in age, height and weight appropriate booster seats as required by law.

Please Note: If a child is not participating in an outing, they may be required to join another onsite childcare program that is running at the time or be picked up early if alternative care is not available.

YES - I give permission for my child to participate in local outings, walks, and visits to nearby parks and schools.

NO - I do not give permission for my child to participate in local outings, walks, and visits to nearby parks and schools. I understand that if my child does not participate, they may be placed in another onsite program or may need to be picked up early.

## Nut-Aware Policy Acknowledgment:

At Port Coquitlam Children's Centre, the safety and well-being of all children and staff are our top priorities. Due to the number of individuals with severe nut allergies, we maintain a nut-aware policy. This means that nuts of any kind including peanut butter, Nutella, almond butter, and any other nut-based spreads or products should not be sent to our facility.

While we make every effort to ensure a nut-free environment, we acknowledge that external factors may prevent 100% elimination of all traces of nuts. However, by working together and following this policy, we can significantly reduce the risk of allergic reactions and create a safer environment for everyone.

I acknowledge and agree to comply with the nut-aware policy by not sending any nut-based products to the facility. I understand that while these policies are in place, complete elimination of all nut traces cannot be guaranteed.

## Immunization Declaration:

While we strongly encourage up-to-date immunizations in accordance with public health guidelines, we acknowledge that individual circumstances may vary. This declaration helps us maintain accurate records and respond appropriately in the event of illness or outbreaks.

My child is currently up to date with their immunizations, and we intend to continue following the recommended immunization schedule as outlined by public health guidelines.

My child is **NOT** fully immunized. I understand that in the event of an outbreak of a vaccine-preventable disease, my child may be excluded from care for health and safety reasons. I acknowledge that no fee reduction or refund will be provided for any missed days of care.

## Sunscreen Application Consent:

It is the responsibility of parents/guardians to provide a labeled bottle of sunscreen (SPF 30 or higher) during the high UV / summer months.

Staff will wash their hands before and after application and apply sunscreen as needed based on weather conditions and UV ratings/warnings. Sunscreen will be stored on site, safely out of children's reach. As per Fraser Health Licensing, outdoor time is required daily and will only be canceled in cases of extreme weather conditions.

I do not give permission for staff to apply sunscreen to my child. I understand the risks associated with short- and long-term sun and UV exposure. I understand that if my child cannot actively participate in centres programming, they may need to be picked up early.

Parent/Guardian First Name:

Parent/ Guardian Last Name:

Date:

Signature:



Child's First Name:

Child's Last Name:

## Authorization for Non-Prescription Medication: ●

Port Coquitlam Children's Centre requires consent from each parent/guardian to administer/apply the following products as applicable given the circumstances of the child's day.

Hand Sanitizer (not in replacement of hygienic handwashing practices - for use in lieu of - ie: a picnic off site, a park visit etc)

Polysporin - First Aid Treatment

Bactine - First Aid Treatment

YES - I give permission to staff to administer/apply the above-selected non-prescription products to my child as needed. I understand that they will always be administered according to the product's instructions.

SOME - I give permission to staff to administer/apply only some of the above-selected non-prescription products to my child as needed. I understand that they will always be administered according to the product's instructions.

NO - I do not give permission for my child to have any of the above mentioned non-prescription items administered or applied to their person.

## Program Amalgamation Policy: ●

At Port Coquitlam Children's Centre, our goal is to provide high-quality care and education while ensuring the successful operation of our programs. To maintain appropriate staff-to-child ratios, accommodate enrolment fluctuations, and ensure optimal care, we may occasionally amalgamate programs when necessary. This policy allows the centre to maintain high-quality care and operational efficiency.

- Children may be moved into other programs that align with their age group, developmental needs, and the care level required.
- Amalgamation will only occur when programs share the same licensing requirements and age range, ensuring the continuity of care.
- Parents/guardians will be notified if a temporary move is required.

I acknowledge and understand the use and need of the Program Amalgamation Policy and consent to the possibility of program amalgamation when necessary.

I do not consent to the Program Amalgamation Policy and understand that if my child's intended program cannot operate as scheduled, I may be required to pick up my child or make alternative care arrangements. I acknowledge that this may impact my child's enrolment based on program availability.

## Program Closure Policy: ●

At Port Coquitlam Children's Centre, we strive to maintain consistent operations; however, there may be times when unexpected closures are necessary due to circumstances beyond our control. These may include but are not limited to:

- Extreme weather conditions
- Power outages or facility maintenance issues
- Natural disasters or unforeseen events
- Health and safety concerns (such as excessive staff illness, outbreaks or emergencies)

No refunds, credits, or fee reductions will be offered for any unexpected closures, regardless of the duration of closure. This policy ensures that we can continue to operate effectively and maintain staffing and facility costs.

I acknowledge and accept the terms of the Program Closure Policy.

Parent/Guardian First Name:

Parent/ Guardian Last Name:

Date:

Signature: