

## Build It!

March 18<sup>th</sup> – 22<sup>nd</sup>, 2019

In the first week of spring break, we will be engaging in a number of activities that will bring out the 'maker' in your child. We will be constructing new and interesting designs all week through activities such as straw rollercoasters, bridges and marble runs. We will even be getting down to the nuts and bolts of things and using these items to create toys!



## Create It!

March 25<sup>th</sup> – 29<sup>th</sup>, 2019

A week where creativity gets to shine! We will be visiting Two Rivers Art Gallery but also exploring how to use different mediums to be creative. Everyday will bring some new way of creating – be it paints, crayons, clay or items you can find in nature. We will also be taking the creativity to new highs by creating 3D art!



**\$185.00 per week**

If you are not currently registered in a Big Brothers Big Sisters Childcare Program please complete the following registration package.

start something

### Register My Child For

- Build It! Week (March 18<sup>th</sup> – 22<sup>nd</sup>)  \$185.00
- Create It! Week (March 25<sup>th</sup> – 29<sup>th</sup>)  \$185.00
- 

### Disclaimer

As per Licensing Regulation 49 subsection 2: A licensee must not provide care to a child unless the licensee has first ensured that the child's parents or emergency contact can be readily contacted while the child is in care. Registration forms must be fully completed with the child's care card number, immunization records and a current picture. Forms must be returned to the Childcare Coordinator or Program Manager a minimum of 2 days before you child begins care.

Children will only be released to individuals who are listed on the Authorized Pick Up List and/or have permission to pick up noted. These individuals must be 19 years or older. If an individual listed on the paperwork is not permitted to pick up this must be updated on the paperwork by the parent/guardian.

When picking up a child please have picture identification on hand. A child will only be released to individual(s) not listed when a Childcare Staff has received written consent from the parent/guardian confirming that the person is permitted to pick up the child. Staff will check picture identification if they have not met the individual.

The Childcare Coordinator or Program Manager reserve the right to request a meeting with either the parent/guardian or the parent/guardian and child before accepting the registration package.

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Currently in Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Parent/Guardian 1**

**Parent/Guardian 2**

Name \_\_\_\_\_  
First Name Last Name

Name \_\_\_\_\_  
First Name Last Name

Address \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Other \_\_\_\_\_

Home Phone \_\_\_\_\_ Other \_\_\_\_\_

Relation to Child \_\_\_\_\_

Relation to Child \_\_\_\_\_

Permission to Pick Up  Yes  No

Permission to Pick Up  Yes  No

**Emergency Contact 1**

**Emergency Contact 2 (optional)**

Name \_\_\_\_\_  
First Name Last Name

Name \_\_\_\_\_  
First Name Last Name

Address \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Relation to Child \_\_\_\_\_

Relation to Child \_\_\_\_\_

Permission to Pick Up  Yes  No

Permission to Pick Up  Yes  No

**Authorized Pick Ups (in addition to the above)**

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

<b>Office Use Only</b>	
Registration Package Received _____	Start Date _____
	Total Fees _____

### Health Information

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Does your child have allergies?  Yes  No Is this allergy life threatening?  Yes  No

What is your child allergic to? \_\_\_\_\_

Does your child have any medical concerns (asthma, diabetes, ADHD etc.)?  Yes  No

Has your child received a diagnosis from a medical professional?  Yes  No

Details \_\_\_\_\_

Is your child taking medication?  Yes  No Will it need to be administered?  Yes  No

Is your child a swimmer?  Yes  No BC Care Card Number \_\_\_\_\_

### Consent

I hereby give permission for images of my child, captured during regular and special BBBSPG childcare activities through video, photo and digital camera, to be used solely for the purposes of Big Brothers Big Sisters of Prince George promotional material and publications, and waive any rights of compensation or ownership thereto.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date (MM/DD/YYYY) \_\_\_\_\_

In permitting my child to attend Big Brothers Big Sisters Spring Break Care Program, I the undersigned parent permit my child to participate on various field trips. These may include unscheduled, spontaneous local trips walking or public transportation or on planned outings using our licensed community shuttle service.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date (MM/DD/YYYY) \_\_\_\_\_

### Immunization Record

The Child Care Licensing Regulation, Section 21 (l) (a) states that all children attending licensed care must have a record of their immunization (s). The following information must be recorded on each child attending the program and kept in facility files. A current photocopy of the child's health passport is also acceptable.

The Immunization Program is voluntary. Parents who choose NOT to immunize their child must understand the consequences of this in relation to the nature of a child setting. Big Brothers Big Sisters of Prince George will record those parents who have declined to participate in the Provincial Immunization Program.

My child has been immunized in the Provincial Immunization Program  Yes  No

My child has received the following additional immunizations \_\_\_\_\_  
\_\_\_\_\_

BASIC IMMUNIZATION SCHEDULE							
	2 months	4 months	6 months	12 months	18 months	4-6 years	Grade 6
Pneumococcal conjugate	x	x		x			
Hepatitis B	x	x	x				x
Diphtheria	x	x	x		x	x	
Pertussis (Whooping cough)	x	x	x		x	x	
Tetanus	x	x	x		x	x	
Poliomyelitis	x	x	x		x	x	
Meningococcal C conjugate	x			x			x
Measles					x		
Mumps					x		
Rubella					x		
Influenza Vaccine Type F					x		
Chicken Pox vaccine (Vancella C)				x	x	x	x
Human Papillomavirus (HPV)							x

Infants born on/after July 1, 2003 receive the Pneumococcal conjugate  
 Infants born on/after July 1, 2002 receive the Meningococcal conjugate  
 Infants born on/after January 1, 2001 receive the Hepatitis B or by school entry schedule  
 Td- Diphtheria-Tetanus Booster given in Grade 9 and every 10 years after Grade 9

School Entry: (4-6 years of age) DPT-Booster given in Kindergarten  Yes  No  
 Grade 6: Hepatitis B (2 doses) and Meningococcal C conjugate  Yes  No

The Provincial Schedule of Immunization may change without notice. Parents may attach a photocopy of your child's immunization record if preferred.

Name \_\_\_\_\_ Signature \_\_\_\_\_

### Behavioural Information

When filling out this section we encourage parents to give us as much information as possible. Knowing about your child's behaviour before hand allows us to take a proactive approach to their individual needs and therefore help to ensure that they are successful and enjoy the program.

Does your child:

- |  |                           |                          |
|--|---------------------------|--------------------------|
| Display signs of anxiety in a group of children?             | <input type="radio"/> Yes | <input type="radio"/> No |
| Require assistance dressing, toileting, feeding?             | <input type="radio"/> Yes | <input type="radio"/> No |
| Require assistance in following classroom routine/rules?     | <input type="radio"/> Yes | <input type="radio"/> No |
| Receive support from a teacher's assistant at school?        | <input type="radio"/> Yes | <input type="radio"/> No |
| Have an Individual Education Plan at school?                 | <input type="radio"/> Yes | <input type="radio"/> No |
| Display frequent aggressive behaviours?                      | <input type="radio"/> Yes | <input type="radio"/> No |
| Have unique information processing needs?                    | <input type="radio"/> Yes | <input type="radio"/> No |
| Have difficulty accepting consequences for their behaviours? | <input type="radio"/> Yes | <input type="radio"/> No |

Has your child:

- |  |                           |                          |
|--|---------------------------|--------------------------|
| Been asked to leave a childcare program due to behavioural issues? | <input type="radio"/> Yes | <input type="radio"/> No |
| Received services from Supported Child Care?                       | <input type="radio"/> Yes | <input type="radio"/> No |
| Required support staff in a childcare setting?                     | <input type="radio"/> Yes | <input type="radio"/> No |

Additional Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I require a consultation with the Childcare Manager  Yes  No

I have clarified any questions I had and I commit and confirm that my child will participate in the full program, including field trips, and my child will follow safety instructions and/or refrain from behaviour that is harmful to oneself and others. I understand and support the policy that prohibits the possession or use of tobacco, alcohol or non-prescription drugs and understand their use, as well as abusive behaviour, is cause for dismissal without refund of fees.

I, the undersigned, permit my child to participate in the full range of activities. I also authorize Big Brothers Big Sisters of Prince George, in the event of accident or illness affecting the below named child, to authorize on my behalf all procedures; including admission to hospital and necessary treatment there in, as they may deem essential for the care and well-being of the child. Such actions are only to be taken when immediate contact with the undersigned cannot be made. It is understood that Big Brothers Big Sisters of Prince George is not responsible for medical care or ambulance costs.

I, the undersigned, release and discharge any and all rights and claims for damages and causes of suit or action that I or my child have at any time against Big Brothers Big Sisters of Prince George, along with their employees and agents, for any and all injuries or losses suffered by my child as a result of participating in Big Brothers Big Sisters of Prince George Spring Break Care Program.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date (MM/DD/YYYY) \_\_\_\_\_

**Payment Contract**

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Parent's First Name \_\_\_\_\_ Parent's Last Name \_\_\_\_\_

Payment Type       Visa    Mastercard    Preauthorized Debit    E-Transfer

**Credit Information**

Name on Card \_\_\_\_\_ Expiry (MM/DD/YYYY) \_\_\_\_\_

Card Number \_\_\_\_\_

**Preauthorized Debit Information** (or attach a void cheque)

Name on Account \_\_\_\_\_ Account Number \_\_\_\_\_

Transit Number \_\_\_\_\_ Institution Number \_\_\_\_\_

I would like Big Brothers Big Sisters of Prince George to take my payment on February 20<sup>th</sup>       March 1<sup>st</sup>

I understand that a service charge of \$20 will be charged to my account for any returned payments. Failure to make full payment or payment arrangements within five days of the NSF notice will result in your child being removed from our program.      X \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date (MM/DD/YYYY) \_\_\_\_\_

start something