



# Before and After School Services

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## Family - Program Agreement - School Age Care

The Bethany Child Care Society (BCCS) undertakes to provide responsible and nurturing care and education for \_\_\_\_\_, the 'child'. BCCS encourages the child's legal guardian(s) to discuss any suggestions or concerns with regard to the child care program with their child's program supervisor or the Director of Child Care Services.

The Enrolling Legal Guardian(s) \_\_\_\_\_, hereinafter called the 'Legal Guardian(s)', AGREE TO THE FOLLOWING CONDITIONS:

### 1. Hours

Hours my child will be in care are:

\_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM, M \_\_\_ T \_\_\_ W \_\_\_ T \_\_\_ F \_\_\_

Initials

I will make every effort to be prompt in picking up my child by \_\_\_\_\_ AM/PM. If I am running late, I will notify the program supervisor immediately of my estimated time of arrival. I understand that if my child is picked-up late, I will be charged \$10.00 for the first 15 minute increment, and \$1.00 per minute thereafter. If I fail to contact the program supervisor by \_\_\_: \_\_\_ PM, I accept that the Ministry of Child and Family Development will be called, and that I must contact the Ministry [(604)660-4927 or (604)310-1234] to retrieve my child.

### 2. Program Closures

Initials

I am aware that the program will be open for Winter Break and Spring Break.

Initials

I am aware that the program may close for a maximum of two Child Care Services Professional Development days each year so that staff may attend workshops and/or conferences related to Early Childhood Education and/or School-Age Care.

Initials

I accept that the program will close for all Statutory Holidays: New Year's Day, BC Family Day, Good Friday, Easter Monday, Victoria Day, July 1<sup>st</sup>, Labour Day, Thanksgiving Day, Remembrance Day, Christmas Day, and Boxing Day.



### 3. Enrollment

Initials

To secure your child's child care space the first and last month's tuition fees and \$100 registration fee will be provided one calendar month prior to the time your child starts in the program.

Initials

(*For Children Requiring Extra Support Only*) I acknowledge that my child has extra support needs, and I understand that my child may not begin attending the program until funding from Supported Child Development is in place, and the Child Development Support Instructor position has been filled by a successful candidate.

Initials

I understand that my child's admission into the program is subject to a one-month probationary period, and that during this period only one week's notice is required on behalf of myself or the program supervisor/Director of Child Care Services if it appears that the program will not be able to meet the developmental needs of my child, or my child is unable to positively adapt to the program's environment.

Initials

I accept that one calendar months' notice (i.e., notice given on or before October 31<sup>st</sup> to withdraw child from program on November 30<sup>th</sup>) is required when withdrawing my child from the program, and that less than one month's notice will result in the loss of the one month's deposit fee.

Initials

I understand that the program supervisor and/or Director of Child Care Services reserve the right to discontinue care after giving one calendar months' notice if the program is no longer able to meet my child's developmental needs. I am also aware that the program supervisor and/or Director of Child Care Services may provide one week's notice to discontinue care if my child poses a serious physical threat to the staff or other children, or jeopardizes the ability of staff to supervise the children.

### 4. Tuition

Initials

I am aware that the tuition for my child's program are based on an hourly rate, and that when calculating the monthly tuition, a formula is used that takes into account the hourly rate of the program, the number of hours in each program session, and the total number of sessions that the program will be in operation during the school year. I understand that the monthly tuition amount determined through this formula includes charges for winter, spring break and professional days.

Initials

I agree to pay Bethany Child Care Society the child care tuition in the amount of \$ \_\_\_\_\_ on the 1<sup>st</sup> day of each month (September 1<sup>st</sup>, 20\_\_ through to May 1<sup>st</sup>, 20\_\_), and to keep the account in good standing.



Initials

I will submit my banking account information for automatic withdrawal each month OR I will submit ten post-dated cheques (payable to the Bethany Child Care Society). I acknowledge that there will be \$25.00 charge for all cheques returned to the bank due to Non-Sufficient Funds, and that this fee may be paid by mail addressed to Bethany Child Care Society, or in person at the Bethany Child Care Centre, within two weeks of notification.

Initials

\*\* I am eligible for child care subsidy, and I understand that I am responsible for keeping my authorized claim forms current. I also acknowledge that I am responsible for paying all remaining child care tuition each month, and that payment is due by the 1<sup>st</sup> of each month.

Initials

I am aware that I must pay my child's full child care tuition each month, and that I will not be reimbursed for any vacations my family takes, any sick days my child experiences, or any program closures that are beyond the control of BCCS's Child Care Services.

## **5. Family/Program Partnership**

Initials

I agree to speak to the program staff about any questions or concerns I have regarding my child's care and education as soon as they arise.

Initials

I agree to return/sign permission forms and other program-related paperwork by the designated deadlines.

## **6. Health and Safety**

Initials

I am aware that I am responsible for providing my child with a nutritious breakfast lunch and snack each day while in the program.

Initials

I understand that BCCS's Child Care Services **will** declare program environments nut-free, and I will refrain from sending any foods containing nuts in my child's snack/lunch.

Initials

I accept that staff will only administer to my child prescription medication that is in its original container, and only for the duration listed on the container's label.

Initials

I will not bring my child into the program if my child: has an illness, infection, or communicable disease; and/or is suffering from symptoms such as fever, vomiting, and diarrhea. In addition, I will not bring my child back to the program until the conditions outlined in the Family Policy Handbook have been met.



Initials

If my child has – or has been in contact with – a communicable disease, I agree to notify the program supervisor and/or Director of Child Care Services immediately. Similarly, I also agree to notify the program supervisor and/or Director of Child Care Services immediately if my child contracts influenza or a pneumococcal disease.

Initials

I agree to provide the program with my child's immunization record, and I am aware that it will be forwarded to Richmond Health Services.

Initials

I will submit to the program supervisor a list of my child's allergies and/or health conditions/diagnoses, and I agree to keep the program staff apprised of any changes in my child's allergies and/or health conditions/diagnoses by providing copies of on-going medical evaluations. I will provide the program with any medications necessary to effectively manage my child's allergies/health condition(s) PRIOR to my child attending the program, and I understand that I must submit a "Permission to Administer Emergency Medication" form filled-out and signed by both myself and my child's physician.

Initials

I acknowledge that the staff of BCCS's Child Care Services programs will administer first aid to my child when they believe it is necessary, and I accept responsibility for payment of ambulance fees if emergency medical assistance is required.

Initials

I agree to familiarize myself with the program's Evacuation Plan and Emergency Evacuation Procedures.

Initials

I will provide my child with an earthquake kit, and include all items listed in the Family Handbook.

## **7. Legalities**

Initials

I acknowledge that information my family shares with the program staff and/or Director of the Bethany Child Care Centre will be kept confidential unless they believe it is in the best interests of my child to pass along such information to other staff and/or community professionals. I understand that they will obtain my consent before passing along such information UNLESS they believe the information my family shared with them places my child at risk – physically, mentally, and/or emotionally.

Initials

I understand that all staff of BCCS's Child Care Services programs will be alert to signs of child abuse, and are required by law to report any concerns to the Ministry of Children and Family Development.



Initials

I have read, understood and signed the BCCS - Consent, Waiver and Indemnity Form.

## **8. Guiding and Caring**

Initials

I have familiarized myself with, and accept, the Guidance and Discipline policy outlined in the *Family Handbook*.

## **9. Daily Routines**

Initials

I understand that an adult must always accompany my child into the program each day and that my child is required to be signed-in on the "Attendance Sheet". I also acknowledge that my child must always be signed-out on the "Attendance Sheet" upon pick-up.

Initials

I acknowledge that only those persons listed in the 'Person(s) Authorized to Pick-Up Child' section of my child's "Registration Form" will be permitted to retrieve my child from the program.

Initials

I accept that my child will not be released to any person who is under the influence of alcohol or drugs, and that an alternate pick-up person will be contacted.

Initials

I acknowledge that my child will spend at least fifteen minutes outside every day, rain or shine, and I will provide my child with seasonally appropriate outdoor clothing and footwear.

## **10. Visitors**

Initials

I am aware that the program will be subject to periodic visits from the local health unit staff, including the Licensing Officer and Public Health Nurse. I recognize that these visits are for information and support.



**It is understood that this agreement is for the benefit of the child, legal guardian(s), and the Bethany Child Care Society.**

**I have read, understood, and agreed to the policies and procedures in the Family Handbook and as set out in this agreement this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at Bethany Child Care Centre (22680 Westminster Highway, Richmond BC, V6V 1B7).**

\_\_\_\_\_  
**Signature of Legal Guardian**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Legal Guardian**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Child Care Director**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**