

# PARENT AGREEMENT

My child \_\_\_\_\_ will be attending \_\_\_\_\_  
(child's name) (days of the week)  
from \_\_\_\_\_ to \_\_\_\_\_  
(Drop-off time) (Pick-Up Time)

## **Please initial or sign where indicated:**

I understand Arcadian Early Learning is operated by the non-profit Society called the Duncan Day Care Society and there is a membership fee of \$20 to join. This is renewed annually at \$10. I understand my child will not be able to begin attending until I have paid my membership fee into the Society.

Please initial \_\_\_\_\_

I understand that by joining the Society, my family will have one vote at all society meetings, and I am eligible to join the volunteer parent board of directors that sets the policy and vision for the centre should I choose.

Please initial \_\_\_\_\_

I agree to pay the daycare fees as set by the Society in full before the 15<sup>th</sup> of every month.

Please initial \_\_\_\_\_

I understand that the centre closes for all Statutory Holidays.

Please initial \_\_\_\_\_

I understand that fees due are for a space being kept for my child. Therefore, even if my child is absent (i.e. sick, or vacation), payment is still due.

Please initial \_\_\_\_\_

I understand that one month's written notice is required for any change in registration. If notice is not given, I understand I am still responsible for paying the monthly fee.

Please initial \_\_\_\_\_

I understand that I am responsible to ensure my childcare subsidy papers are filed correctly and renewed one month prior to my subsidy expiring.

Please initial \_\_\_\_\_

I understand that childcare subsidy does not completely cover the full cost of child care and the balance (top up fee) is my responsibility.

Please initial \_\_\_\_\_

I understand that the childcare centre closes at 5:30 pm each day. A late fee of \$20.00 will be added to my monthly bill for each 30 minutes or portion thereof after 5:30 pm if I am late picking up my child.

Please initial \_\_\_\_\_

I understand that as a safety measure, I need to sign my child in and out (Infant/Toddler program) and advise staff (3 – 5 program and preschool program) of my child’s arrival and departure.

Please initial \_\_\_\_\_

I understand that my child can only go home with those people I have authorized to pick up on my registration form.

Please initial \_\_\_\_\_

I understand that staff need to be advised if my child is not attending and I or a designate will phone before 10:30 am if my child is to be absent.

Please initial \_\_\_\_\_

I agree to have my child arrive before 10:30 am (or call the centre to let them know I will be late dropping off) so that staff and children can leave the centre for walks in the neighbourhood. Please initial \_\_\_\_\_

I agree to allow staff to use sunscreen on my child during the summer months. Staff will use a generic brand. If your child has sensitivities or allergies, please provide a labeled bottle. It is recommended you sunscreen your child before coming to daycare on hot sunny days. Please initial \_\_\_\_\_

If needed, I agree to allow staff to use a diaper cream Penaten, which does include zinc oxide, on my child. Please feel free to provide your own brand, if you prefer, labelled with your child’s name. Please initial \_\_\_\_\_

As Health Canada recommends parents not using Amber Teething Necklaces because of possible choking risks, I understand that if my child arrives at Arcadian with an Amber Teething Necklace, the staff will take it off and place it in my child’s cubby until pick up. Please initial \_\_\_\_\_

## **Accidents or Injuries at the Centre**

It is the policy of Arcadian Early Learning to immediately notify a parent when a child is ill or needs medical attention. We will do this by contacting you through the emergency information you provide to us when you register your child. For minor accidents, bumps and bruises we will fill out an **In-House Incident report** and place it on your child’s cubby for you to read and sign at the end of the day.

I understand I will be contacted immediately if my child is unwell or needs medical attention while they are at Arcadian. Please initial \_\_\_\_\_

In the event of a bump or scrape staff will fill out an **In-House Incident Report** and place it on my child’s cubby, I will read, sign and return it to staff. Please initial \_\_\_\_\_

**I have read and understand all of the information above:**

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

## Health and Wellness Policy

Coughs, colds, and mild flu symptoms are a reality for all children and they gradually develop a resistance to infections as they encounter them. We prepare for these illnesses and seek to protect your child by maintaining high quality cleaning standards and requiring sick children to stay home. While the centre and teachers are aware that keeping a child at home when s/he is not well may pose an inconvenience to families, please keep in mind that a child who is sick may endanger the health and well being of others (both children and teachers) and **needs** to be kept home. Any child attending the centre must be well enough to participate in all the day's activities, including time spent outside daily. Do not send your children with an infectious illness to the centre. If your child becomes ill our director (or designate) will notify you and ask you to pick up your child. If we cannot reach you after three attempts we will proceed to contact your alternative pick up person.

<b>A child should NOT attend the program If s/he has or is developing:</b>	<b>A child may return to the program when:</b>
An unexplained fever of 100 degrees F (38.3C) or higher	Fever has remained below 100 degrees F for 24 hours <b>WITHOUT the aid of any medication (i.e. Tylenol)</b>
Two consecutive bouts of diarrhea (Except if child is on a prescribed medication that may cause diarrhea as a side effect)	Child has had at least one normal bowel
Skin infection, or undiagnosed rash, or infected eyes	Child has been examined by a doctor and has a NOTE from the doctor stating they are healthy enough to return
Any parasite related condition (i.e. scabies, Impetigo)	Child has been examined by a doctor and has a note stating they are no longer contagious
Any of the following cold symptoms: Persistent coughing Coloured nasal mucus (i.e. yellow or green) Sore throat or ears	Symptoms have subsided and child is well enough to participate in all the day's activities
Vomiting	24 hours have passed since last bout of Sickness
Has been on antibiotics less than 24 hours	24 hours after their first dose of medication and the child is both feeling well and has not had any serious reactions to the medication
Unexplained pain or headaches	Pain has subsided or child has been examined by a doctor
Difficulty in breathing (i.e. wheezing, Persistent coughing)	Symptoms have subsided or child has been examined by a doctor
Suspected or confirmed case of head lice	Hair and scalp have been appropriately treated and no nits or lice remain

## **Food and Drink Policy**

I understand Arcadian Early Learning is a **PEANUT FREE ZONE**. I agree to not send any food items to the centre that have any peanuts/nut products.

Please initial \_\_\_\_\_

I understand parents provide lunch and the centre provides two nutritious snacks daily.

Please initial \_\_\_\_\_

I understand lunch and food items that I provide will be low in sugar. I will provide a lunch for my child that does not require being stored in a fridge. I will include ice packs if necessary in my child's lunch bag, which will be kept in their cubby.

Please initial \_\_\_\_\_

I understand the centre has an optional tooth brushing program. If I wish my child to participate, I will provide a child-size toothbrush.

Please initial \_\_\_\_\_

**I have read and understood this policy.**

\_\_\_\_\_  
**Signature**

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

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## **Field Trip Consent**

I \_\_\_\_\_ hereby grant permission for my child \_\_\_\_\_ to participate in walking field trip. It is the policy of Arcadian Early Learning that if we are transporting children in a vehicle, parents will be notified of the date, time and location of the field trip, and will sign a separate permission slip for each trip.

**I have read and understood this policy.**

\_\_\_\_\_  
**Signature**

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

## Adjustment

If a child or family is having difficulty adjusting to the environment of the early learning centre, whether the issue is medical, emotional, or behavioural, the parent/guardian will be asked to attend a meeting with the Director and Staff.

A request will be made to arrange assistance from the appropriate community resources.

If a parent does not wish to involve other community resources, and prefers to find alternate care, mutually beneficial arrangements will be made regarding notice.

If a parent refuses, or does not follow through with contacting the appropriate community resources, a maximum of one month's notice will be given to the parent to find alternate care arrangements.

After contacting the appropriate resource, every effort will be made to support the parent and child, and follow through with any recommendations or suggestions from these community resources (i.e. Supported Child Care, Physicians, Mental Health, etc.)

We will at all times adhere to our policies on guidance and discipline, the United Nations "Rights of the Child", and the ECEBC Code of Ethics.

If for any reasons these suggestions or recommendations do not result in a positive adjustment, notice will be given to the parent to find alternate care.

However, overriding all of the above, the Director and Staff may insist that alternate care arrangements be made if the child's lack of adjustment seriously disrupts the program or puts him/herself, other children or staff at risk.

**I have read and understood the Adjustment Policy.**

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Signature

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Date

## Photography Consent Form

At Arcadian staff use photography and video to remember special days, capture children's engagement in their learning, liaison with community members, create transparency of learning between children and teachers, and of course share with families through regular newsletters.

Arcadian requires written permission to photograph your child. If you do NOT want your child to be photographed please DO NOT sign this form. Each line below indicates a specific purpose your child will be photographed for. By initialling the following you are GIVING PERMISSION for your child to be photographed for each stated purpose. If you have any questions please contact the director.

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I \_\_\_\_\_ hereby grant permission for my child  
\_\_\_\_\_ to be photographed and video tapped by Arcadian staff  
for the following professional purposes:

1) For use *within* Arcadian Center (i.e. displays on walls, classrooms, cubbies) \_\_\_\_\_  
(initial)

2) For inclusion in centre newsletters that are given to all families \_\_\_\_\_ (initial).

3) For use for *media relations* (i.e. newspapers, magazine articles etc) as Arcadian promotes itself within the community. \_\_\_\_\_ (initial).

5) For use by *Early Childhood professionals*. Arcadian welcomes several practicum students each year, as well as others learning about the early education field and children.  
\_\_\_\_\_ (initial).

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Full Signature

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Date