

PRESCHOOL PARENT AGREEMENT

Please initial the following and sign where indicated.

I understand **Arcadian Early Learning** is operated as a non-profit society by the name of **Duncan Day Care Society** and there is an annual membership fee of \$20 (renewed each year at \$10).

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 wish. Initial _____

I agree to pay the monthly preschool fees as established by the Society board of directors.

Initial _____

I understand that fees are due in full at the beginning of each month. Initial _____

I understand that the fees due are for space being kept for a child. Therefore, even if a child is absent payment is due. Initial _____

I understand that **one month's written notice** is required when any change in registration will be occurring, and when a child is going to be withdrawn from the program. If notice is not given, the fee is still payable unless the centre can fill the space. Initial _____

I understand there will be no refunds of fees paid unless the Executive Director has requested alternate preschool arrangements. Initial _____

I understand that if I am eligible for child care subsidy/benefit plan, I am responsible for completing the necessary paperwork and that the Ministry of Children and Family Development does not completely cover costs and that the balance will need to be paid by me. Initial _____

I understand that my child can only go home with those people authorized on the registration form.

Initial _____

I understand the centre closes for all Statutory Holidays. Initial _____

I understand it is the policy of Arcadian to immediately notify a parent when a child is ill or needs medical attention. In the event of a minor injury such as a bump or scrape we will fill out an **in-house incident report** that will be placed on your child's cubby for your signature. Please return this form to staff as we keep records of all in-house incidents in an effort to try and prevent accidents from re-occurring.

Initial _____

Signature of Parent/Guardian _____ Date _____

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.

Please do not send your children with infectious illness to the centre. If your child becomes ill our executive 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.

**A child should NOT attend the program
If s/he has or is developing:**

A child may return to the program when:

An unexplained fever of 100 degrees F (38.3C) or higher

Fever has remained below 100 degrees F for 24 hours WITHOUT the aid of any medication (i.e. Tylenol)

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

I agree to follow this policy Signature of Parent _____ Date: _____

PRIVACY AND PROTECTION POLICY

Personal information is collected by the Duncan Day Care society (Arcadian Early Learning) for the following reasons:

- To help ensure the health and safety of your child
- To better understand the needs of your child
- To comply with Community Care Licensing Regulations
- For billing and accounting purposes

Personal information includes:

- All information on the registration form
- Any information that may be collected regarding your child's development and/or activities
- Accounting information
- Any information given on a daily basis

Your knowledge and consent are required before we use or disclose your personal information, except in special circumstances:

- A medical emergency
- A natural disaster
- An investigation by the police
- An investigation by the Ministry for Child and Family Development
- An investigation by the Community Care Licensing
- When disclosure of information is required to be in compliance with Community Care Licensing
- When use or disclosure of information is reasonable for an investigation or procedure resulting from a breach of agreement

With the exception of emergency information card and daily information, all personal information will be locked in the office of the Arcadian Day Care and Early Learning Centre, with access given to contract employees of the Duncan Day Care Society, and to those Board members whose position deems it necessary to obtain information under special circumstances.

Any complaint concerning the use or disclosure of personal information must be put in writing and addressed to the Executive Director or the Board of Directors. The Executive Director or the Board of Directors will investigate the complaint and conduct a review accordingly

All personal information will be kept for 7 years as required by law, at which time all information will be destroyed.

I have read and understood the PRIVACY AND PROTECTION POLICY

Signature _____ Date _____

Field Trip Consent

Arcadian requires written consent for the following: *(please print your name & child's name in space provided)*

1. I _____ hereby grant permission for my child _____ to participate in walking field trips.

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 need to sign a separate permission form for each trip.

Signature

Date

Photography Consent Form

At Arcadian we use photography and video to remember special days, capture children's engagement in their learning and liaison with community members.

Arcadian requires written permission to photograph your child. 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 our director.*

I _____ hereby grant permission for my child _____ to

be photographed/video taped by Arcadian staff (including director, teachers, and practicum students) for the following professional purposes:

- 1) For use *within* Arcadian Center (i.e. displays on walls, classrooms, cubbies, newsletters) _____ (initial)
- 2) For use *online* at Arcadian's public website. These photos may be compiled into a 'flickr' account, which is accessible by all members of the public. Photos cannot be taken off this website for personal use. _____ (initial)
- 3) For use for *media relations* (i.e. newspapers, articles etc) as Arcadian promotes itself within the community. _____ (initial)
- 4) 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)

Full Signature _____

Date _____

Thank you.