



# Stepping Stones Childcare

Programs of the Alberni Valley Childcare Society

4325 Neill Street, Port Alberni BC, V9Y 1E5 -- Phone: 250 723-5012 Fax: 778-421-8355

www.avchildcare.ca



## Infant and Toddler, Daycare, Preschool, Before and After School Care

*Information in this package is collected, stored and accessed in accordance with the Community Care and Assisted Living Act, Child Care Licensing Regulations, and the Personal Information & Privacy Act of British Columbia*

Date of Application: _____		Program requested: _____	
Date of Enrolment: _____		Site: _____	
Date of Withdrawal: _____		Schedule: _____	
<b><u>Affordable Child Care Benefit:</u></b> Will your child receive ACCB? Yes <input type="checkbox"/> No <input type="checkbox"/>  Have you applied for ACCB? Yes <input type="checkbox"/> No <input type="checkbox"/>  Amount: \$ _____		Program Registration Fee: \$50.00 Paid: <input type="checkbox"/> <b><i>I certify that I have read, understand and will abide by the payment policies within.</i></b> <b>Name (print):</b> _____ <b>Signature:</b> _____	
Child's Name: _____ Preferred Name: _____ Date of Birth: _____ Sex/Gender: _____ day / month / year Address: _____ Postal Code: _____ Home Phone: _____			
Family Dr: _____		Office Phone: _____	
Child's Medical Number: _____			
Current Picture provided: <input type="checkbox"/>		Media Consent: <input type="checkbox"/>	
Immunization Records: <input type="checkbox"/>			
<b>FAMILY INFORMATION:</b>			
<b>Parent/Guardian:</b>		Relationship to child:	
If different from Child's address: Address: _____		Phone: _____ Cell: _____	
Postal Code: _____		Work phone: _____	
Email: _____		Occupation: _____ Date of Birth: _____	
<b>Parent/Guardian:</b>		Relationship to child:	
If different from Child's address: Address: _____		Phone: _____ Cell: _____	
Postal Code: _____		Work phone: _____	
Email: _____		Occupation: _____ Date of Birth: _____	
<b>EMERGENCY CONTACTS: (These individuals are authorized to pick up my child)</b> I understand that if I am not able to be contacted and my child needs to go home, the program staff will call these individuals to pick up my child from the program. (must have at least two alternates other than Guardians)			
1.	Phone: _____	Relationship to child: _____	
2.	Phone: _____	Relationship to child: _____	
3.	Phone: _____	Relationship to child: _____	
Name(s) of any person who is not permitted access to my child(ren): _____			



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## Getting to Know Your Child

Number of adults at home (*Spouse, relatives, roommates, etc.*):

Name of Sibling: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Sibling: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Sibling: \_\_\_\_\_ Age: \_\_\_\_\_

Pet(s) (type): \_\_\_\_\_ Name(s): \_\_\_\_\_

Previous childcare experience:

Languages other than English spoken at home:

Do you identify as Indigenous? Yes ☐ No ☐

First Nation / Metis / Inuit: (which nation you identify with)

Additional information that will help us get to know your child:

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## Health and Well Being

General Health:

Permanent Medications:

Physical Health:

Emotion and Behaviour:

Special remarks (sight/hearing/speech):

Additional Information regarding your child's Health:

**Does your child receive services from:**

Infant Development Program Yes ☐ No ☐

Community Speech Services Yes ☐ No ☐

Outreach Therapy (Physio/Occupational) Yes ☐ No ☐

Supported Child Care (SCD) Yes ☐ No ☐

Aboriginal Supported Child Care (ASCD) Yes ☐ No ☐

Early Childhood Mental Health Yes ☐ No ☐

Other (please name):

**Allergies:**

**Reaction:**

**Treatment/Action required:**

1.

2.

3.

Additional Health concerns we should be aware of:

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Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

AVCS Program Manager: \_\_\_\_\_



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## BC ROUTINE IMMUNIZATION SCHEDULE FOR INFANTS/CHILDREN

Clinic where child was immunized:

Please complete the chart below by **ENTERING THE DATES** your child received the following immunizations.

VACCINE	2 months	4 months	6 months	12 months	18 months	Starting at 4 years of age (kindergarten entry)
<b>Chickenpox (Varicella) Vaccine<sup>1</sup></b>				Date:		
<b>Diphtheria, Tetanus, Pertussis, Hepatitis B, Polio, and Haemophilus influenzae type b (DTaP-HB-IPV-Hib) Vaccine</b>	Date:	Date:	Date:			
<b>Diphtheria, Tetanus, Pertussis, Polio (DTaP-IPV) Vaccine</b>						Date:
<b>Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae Type b (DTaP-IPV-Hib) Vaccine</b>					Date:	
<b>Hepatitis A Vaccine<sup>2</sup></b> Aboriginal children only			Date:		Date:	Date:
<b>Inactivated Influenza (Flu) Vaccine<sup>3</sup></b> <b>Live Attenuated Influenza (Flu) Vaccine<sup>3</sup></b> Children 6 months to 6 years of age			Date:	Date:	Date:	Date:
<b>Measles, Mumps, Rubella (MMR) Vaccine</b>				Date:		
<b>Measles, Mumps, Rubella and Varicella (MMRV) Vaccine<sup>1</sup></b>						Date:
<b>Meningococcal C Conjugate (Men-C) Vaccine</b>	Date:			Date:		
<b>Pneumococcal Conjugate (PCV 13) Vaccine</b>	Date:	Date:		Date:		
<b>Rotavirus Vaccine</b>	Date:	Date:				

**Note:** The vaccine schedule can change. Speak with your health care provider, or call **8-1-1** if you have questions. Immunization table developed and reviewed by HealthLinkBC, BC Ministry of Health, and BC Centre for Disease Control.

<sup>1</sup> Children who have had chickenpox or shingles disease at 1 year of age or older do not need the chickenpox vaccine, and should get the MMR vaccine at 4 years of age.

<sup>2</sup> The hepatitis A vaccine is provided free to Aboriginal children (aged 6 months to 18 years) living both on reserve and off-reserve.

<http://www.healthlinkbc.ca/toolsvideos/immunization/>

Infants will receive the first dose at 6 months of age and the second dose at 18 months of age. Older children and adolescents who have not been immunized also need 2 doses of the vaccine. The second dose needs to be given at least 6 months after the first dose. The immunization indicated at 4 years of age is for children who did not receive the vaccine as infants.

<sup>3</sup> Annual influenza immunization is recommended for children 6 months to 4 years of age. For children receiving the vaccine for the first time, a second dose is recommended 4 weeks after the first dose.

Please Provide reason if your child is not immunized:

\_\_\_\_\_

\_\_\_\_\_



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General Consents	Initial
<b><u>TRANSPORTATION and FIELD TRIPS</u></b> <ul style="list-style-type: none"><li>I give permission for my child to participate in any planned walks or excursions arranged by the staff of Alberni Valley Childcare Society.</li><li>I understand my child may travel by school bus to and from school, and on planned outings.</li><li>I understand that any person transporting my child in a private vehicle will hold a valid B.C. Driver's License and the required insurance coverage and use appropriate child safety restraints.</li></ul>	
<b><u>EMERGENCY INTERVENTION</u></b> <p>I give permission for the childcare staff to call an ambulance or a doctor in the event of an emergency.</p>	
<b><u>CONSENT FOR INFORMAL &amp; ONGOING SHARING OF INFORMATION</u></b> <p>Alberni Valley Childcare Society believes open communication enhances childcare, education and family support experiences. It is beneficial to allow less formal information exchanges between staff and external service providers when the child attends multiple programs. Information sharing can include, but is not limited to matters involving child development, behavior, attendance, illness and transportation.</p> <ul style="list-style-type: none"><li>I give permission for the exchange of information between the childcare, the School, the Family Support Program and/or the external service provider while my child is registered with AVCS.</li></ul>	
<b><u>SUN PROTECTION</u></b> <p>I give permission for Alberni Valley Childcare Society staff to administer "sunscreen" to my child.</p>	
<b><u>DIAPER CREAM/LOTION/OINTMENT</u></b> <ul style="list-style-type: none"><li>I give permission for the childcare staff to administer diaper cream/lotion/ointment as needed for my child.</li><li>I understand that the diaper cream/lotion/ointment will be supplied by the parent/guardian and a record of its application will be kept by the childcare staff.</li></ul>	
<b><u>PHOTOGRAPHIC/VIDEO/AUDIO COMMUNICATION RELEASE</u></b> <p>I authorize Alberni Valley Childcare Society and its employees to take and use any photographs, video or sound recordings of my child and any other reproductions or adaptations of my child's likeness (the material), either in full or in part, in conjunction with any wording or artworks for the following purposes (please tick all that apply):</p> <p><input type="checkbox"/> Within the Centre &amp; newsletters    <input type="checkbox"/> On the AVCS website    <input type="checkbox"/> Lillio app <input type="checkbox"/> Social Media    <input type="checkbox"/> Within the media    <input type="checkbox"/> Within promotional materials</p>	
<b><u>FEES</u></b> <ul style="list-style-type: none"><li>I agree to comply with the Alberni Valley Childcare Society policy regarding fees and payment of fees for childcare services.</li><li>I am responsible for any child care fees as set out in the fee schedule of the Alberni Valley Childcare Society for my child. This includes fees that are not covered by the Ministry of Children and Family Development subsidy (ACCB). I agree to pay for childcare services I have scheduled, including the days my child may be ill or absent in full, in advance.</li></ul>	
<b><u>WITHDRAWAL NOTICE</u></b> <p>I understand that I must give <b>one month advance notice to withdraw my child from AVCS programs. If insufficient notice is given I will be held responsible for additional fees.</b></p>	
<b><u>USE OF CHILDCARE SPACE</u></b> <p>I understand that by enrolling my child in part time childcare, my child's space may be taken by a full time child if the facility is otherwise full. AVCS will notify me 30 days in advance if my child's space is to be taken.</p>	

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

AVCS Program Manager: \_\_\_\_\_

## PAYMENT POLICIES FOR ALL PROGRAMS OF THE ALBERNI VALLEY CHILDCARE SOCIETY

### Dear Parents and Legal Guardians:

The following are the childcare fee policies you are responsible for regarding your child(ren)'s attendance in our programs.

### GENERAL FEE PAYMENT:

1. Fees paid in cash may be dropped off to any program staff of Alberni Valley Childcare Society (AVCS) at any of our program locations. Fees paid by e-transfer to: [finance@avchildcare.ca](mailto:finance@avchildcare.ca) , Fees paid by cheque are payable to: Alberni Valley Childcare Society (AVCS).
2. Any regularly scheduled full-time or part-time, or regular drop-in care will be billed in advance and payable based on your child's schedule.
3. Fees for children on a regular full-time, part-time, drop-in schedule will be paid, regardless of whether your child attends or not.
4. All fees are due on the first day of each month in which care is to be given. An unscheduled drop in attendance needs to be paid for in advance of care.
5. Fees not paid by the 15th of each month will be considered past due. If fees are not paid by this date, we will give notice advising you of the status of your account.
6. It is not our policy to grant refunds regardless of circumstances. However, if one month's notice is given, the child is withdrawn from the program and the account is paid in full; any remaining monies on the account will be returned by AVCS via cheque.

### REGISTRATION FEE:

1. A registration fee applies to all the Alberni Valley Childcare programs.
2. If your child has discontinued attendance for more than one (1) year, you will be required to re-register and provide another registration fee.

### OVERDUE ACCOUNTS:

1. You will have until the end of the month to correct the status of your unpaid fees. If fees are not received by the last day of the month, and you have not made payment arrangements with the finance office, you will be notified that your child(ren)'s space will be considered open. You will not be permitted to bring your child unless fees are paid.
2. Overdue accounts will be issued a notice to withdraw, and the overdue account will be listed with a collection agency.
3. If you have difficulty making your payments, please contact the finance office to discuss alternate arrangements. The finance office will review each situation on a case-by-case basis.

### NSF CHEQUES:

1. You will be notified by the finance office of any NSF cheques and will be required to replace the fees plus the NSF charge immediately in cash.

### SCHEDULE CHANGES, WITHDRAWAL NOTICE:

1. Changes in schedule which affect billing outcomes or withdrawal require 30 days' notice in writing. If you plan to withdraw from the programs, you may also pay one month's fees in lieu of 30 days' notice.
2. AVCS will request information from you regarding your child's attendance for pro days and seasonal breaks. This is an organizational planning tool for staffing and activities, and these scheduling requests do not indicate a discount in fees.

### REGULAR SCHEDULED DAYS OF ATTENDANCE THAT FALL ON DAYS OF ILLNESS or GENERAL ABSENCE:

In order to cover regular operating costs, we still require payment of the following:

1. Regular scheduled days that your child is not in attendance due to illness, or general absence are still considered payable.

### SCHOOL NOT IN SESSION AND SEASONAL BREAKS - FEES

1. Fees associated with days where school is not in session will be billed at the current full day or half day daycare rate.

## PAYMENT POLICIES FOR ALL PROGRAMS OF THE ALBERNI VALLEY CHILDCARE SOCIETY

### HOLDING FEE

1. If you wish to maintain your child's space, **fees must be paid regardless of attendance.**

### SUBSIDIES:

1. For the calculation of discounts and cost of care, AVCS recognizes subsidies as any monies a parent/caregiver receives to help offset the cost of fees. This includes, but is not excluded to monies from service clubs, other agencies and organizations, and government subsidy such as Affordable Childcare Benefit (ACCB)
2. Agencies administering subsidies for child care will not be eligible for any special discounts that AVCS implements to help parents bear the cost of fees. These agencies are expected to pay the full cost of care.
3. Parents receiving subsidies are responsible for paying any balance of fees owing (parent portion) on the first of each month.
4. Parents/Guardians receiving ACCB are responsible for ensuring that ACCB renewals are kept up to date. If ACCB renewals are not kept up to date, the parents/guardians are responsible for paying the full amount of fees.
5. We will give you a reminder notice 4-6 weeks before your ACCB requires renewal. You are then responsible for showing us written proof of ACCB renewal by the end of the month for which the subsidy expires.
6. If confirmation of ACCB is not received by the finance office, your child will not be permitted to attend our programs.

**New applicants to our programs, who are awaiting ACCB, will not be permitted to start attending AVCS programs until written confirmation of ACCB is received.**

### RECEIPTS:

1. Official Receipts for income tax purposes will be issued on an annual basis before the end of February. Receipts are emailed to the parent and if requested printed for the parent to pick up.
2. Official Receipts will not be issued for accounts that are in arrears.
3. Programs will provide unofficial receipts at the time of payment.

I have read the above policy and agree to abide by the payment procedures mentioned herein.

**Child's Name:** \_\_\_\_\_

**Parent's/Guardian's Name:** \_\_\_\_\_

**Parent's/Guardian's Signature:** \_\_\_\_\_

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

**Alberni Valley Childcare Society:** \_\_\_\_\_

CENTER NAME: \_\_\_\_\_



## Participation Agreement

To email and publish my child's work, photographs or videos via Lillio

To: Parent/ Legal Guardian,

Please read this page carefully as it includes information about safety and security issues associated with privacy and behaviour.

In the interest of safety and security we require parent/guardian permission for the publishing of children's work, photographs or video through a software program called Lillio, formerly known as himama, (the "Program"). By signing this form, you grant permission for Alberni Valley Childcare Society to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein.

Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission.

I hereby acknowledge that I wish to voluntarily participate in the Program:

My Child's Name: \_\_\_\_\_

My Name: \_\_\_\_\_

My Email: \_\_\_\_\_

My Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Please Circle:

- |   |     |    |    |
|---|-----|----|----|
| 1. Does your child identify as Indigenous/Metis/Inuit?    | Yes | or | No |
| 2. Are you New to Canada (within 1 year)?                 | Yes | or | No |
| 3. Are you Francophone (French descent)?                  | Yes | or | No |
| 4. Are you a young family (under 25 yrs old)?             | Yes | or | No |
| 5. Do you receive the Affordable Childcare Benefit (ACCB) | Yes | or | No |
| 6. Are you a single parent?                               | Yes | or | No |

Thank you for completing the questions.