

NSNH Special Needs Teen Club Program

Registration Package

BACKGROUND INFORMATION

Hello and welcome to the North Shore Neighbourhood House Integrated after School Care and Special Needs Teen Club.

The North Shore Neighbourhood House has been meeting the child care needs of the community since 1939 and is currently the largest provider of childcare on the North Shore.

The North Shore Neighbourhood House is a non-profit, United Way community agency that provides four areas of service; Childcare, Social and Community Services, Recreation, and Community Partners.

OUR MISSION STATEMENT

The North Shore Neighbourhood House is a not-for-profit registered charity serving the North Shore Community since 1939. We believe working together to meet the grassroots needs of our neighbours, especially our most vulnerable residents, is essential to building a safe, healthy and strong community. The House values and promotes cooperation, respect and empowerment through the provision of programs and services designed to meet the needs of individuals and the community as a whole.

OUR VISION

We are building a safe, healthy and strong community welcoming all ages, abilities and cultures. One where everyone has access to support, everyone is included and where everyone matters.

CARE PHILOSOPHY

Our program is committed to nurturing and guiding teens. We are providing an environment that fosters trust, security and comfort. We strive to provide a balance of activities that help teens to progress in social, emotional, physical, and cognitive development.

The programs respect and value differences, recognizing that teenagers are individuals and that every teen is unique.

The program provides a safe, secure and stimulating environment for all teens. It provides time and opportunities for teens to explore and investigate their world and to communicate with other youth and adults. The environment fosters an accepting, tolerant and flexible attitude towards others and respect for the natural world.

During adolescence, teens must learn how to get along in a group, to share, to problem solve in their relationship with peers and to have a positive self image. By providing an activity based program, the opportunity for the teens to develop these skills is then nurtured.

STAFF

All of our staff have valid First Aid Certificates and are experienced in providing quality care. The staff attend monthly workshops and other courses sponsored by the NSNH. The staff work on a 3 to 1 ratio which ensures the proper client care is maintained at all times.

All staff and substitutes are screened upon application and undergo a Canada – wide criminal record search conducted by the RCMP.

GENERAL PROGRAM INFORMATION

The program is licensed and staffed according to the regulations of the Ministry of Health.

Our daily programs include a regular schedule of indoor and community based outdoor activities, as well as structured and unstructured peer interaction time. Programming includes a wide variety of games, dramatic play, creative, physical and domestic activities. Current events, stories, and discussions of interest are also included regularly.

Parents are an important part of our team. We have an open door policy and welcome parents to visit anytime.

Waitlist Enrolment

Community Living BC maintains a wait list for Teen Club, which generally operates on a first come first serve basis.

CLOSURE DAYS

New Years Day	Labour Day	Victoria Day
Good Friday	Thanksgiving	Canada Day
Easter Monday	Remembrance Day	Christmas Day
BC Day	Boxing Day	Christmas Eve (4:00 pm)

In the event of **CLOSURES** due to circumstances or conditions beyond the control of North Shore Neighbourhood House Childcare, included but not limited to power failure, excessive snowfall, and flooding, the client will NOT be eligible for reimbursement. It is recommended that parents telephone the centre during such circumstances or conditions to determine status of service.

COMPONENTS OF THE PROGRAM

Arrival and Departure

Please sign your teen in upon arrival at the centre and out when leaving. We use the sign in sheet for attendance during earthquake, fire drill and emergency situations. Therefore, a record of whether your teen has arrived or departed from Teen Club is essential.

Please call the centre by 2:00pm if for any reason your teen will not be attending the program that day. If you are detained and will therefore be late picking up your teen, phone the centre and advise the staff when to expect you. You will be required to pay a fine. If you or an authorized person cannot pick up your teen, contact the centre to authorize a specific person who will be picking up your youth. The person designated to pick up your teen will be required to present identification upon arrival to ensure your teen's safety.

Please ensure that the staff has full information if there is legal documentation specifying custody/guardianship or limited access for your teen.

Clothing and Possessions

If you teen's name is visible on his/her belongings the chance of misplaced or lost items will be reduced dramatically.

Nutrition

See Attached Section 48 CCFL Regulations

Snacks

We will provide fruit and / or vegetables, with a nutritious snack each day – Snacks are accompanied by milk and water to drink.

Lunch

Families are asked to provide lunch for their teens on professional days or other specified holidays that Teen Club offers full time care.

Field Trips

It's part of our program to go on excursions away from the centre, either by walking, by bus or by the NSNH Bus with a licensed driver. Excursions are carefully pre-planned and supervised.

Confidentiality

NSNH cannot release the address or phone numbers of teens enrolled in our programs without prior consent. This protects the confidentiality of personal information regarding your youth.

GENERAL POLICIES

Discipline Policy

To the staff at the NSNH discipline describes the teaching/learning process by which youth develop socially and grow to maturity. Our goal is to assist youth in developing self control, self confidence, and ultimately self-discipline and sensitivity to their interactions with others.

Underlying our approach is the recognition that each youth is a unique individual and that the youth's experience, environment, developmental level and culture influences his/her behaviour.

Behavioral guidance

Section 51 (1) A licensee must

(a) ensure that behavioral guidance is appropriate to the age and development of the child who is receiving the guidance, and

(b) provide to employees and parents a written statement of the licensee's policy on behavioral guidance.

(2) If the child has a care plan that includes instructions respecting behavioral guidance, the licensee must ensure that

(a) any behavioral guidance given to the child is consistent with those instructions, and

(b) if the behavioral guidance includes the use of restraints, that the restraints are administered only by a person who is trained in the use of, and alternatives to the use of, restraints.

Harmful actions not permitted

52 (1) A licensee must ensure that a child, while under the care or supervision of the licensee, is not subjected to any of the following:

(a) shoving, hitting or shaking by an employee or another child, or confinement or physical restraint by another child;

(b) confinement or physical restraint by an employee, except as authorized in a child's care plan if the care plan includes instructions respecting behavioral guidance;

(c) harsh, belittling or degrading treatment by an employee or another child, whether verbal, emotional or physical, that could humiliate the child or undermine the child's self respect;

(d) spanking or any other form of corporal punishment;

(e) separation, without supervision by a responsible adult, from other children;

(f) as a form of punishment, deprivation of meals, snacks, rest or necessary use of toilet.

(2) A licensee must ensure that a child is not, while under the care or supervision of the licensee, subjected to emotional abuse, physical abuse, sexual abuse or neglect as those terms are defined in Schedule H.

Communication of Behaviour and Expectations

Realistic expectations based on:

- i) General information – age, sex
- ii) Individual differences – developmental level, activity level, health, personality, temperament and history

CLEAR Behaviour description (be specific)

WHO does it?

WHAT he/she does

WHEN it occurs

Guidance

STAFF/PARENT(S) Need to be a:

- i) Teen's level
 - Make eye contact
 - Calm, firm voice – positive statements
 - Have youth repeat you instructions
 - State your expectations clear and specific limits
- ii) Be consistent, follow through
- iii) Reinforce appropriate behaviour
- iv) Encourage teens to use staff as a resource, model problem solving
- v) Anticipate – be observant, be aware of difficult situations, this allows the opportunity to anticipate potential difficulties and strategies.

Intervention when Difficult Behaviour Occurs:

Techniques and strategies used:

1. **Withholding attention or ignoring:** using only in response to behaviors that are "attention seeking"
2. **Redirect (to appropriate activity):** change circumstances or environment which cause unwanted behaviour offer choice when appropriate.
3. **Natural and Logical Consequences:** Natural consequences result "naturally" from inappropriate behaviour choices. Adult does not intervene **SAFETY** must be take into account. Youth must be protected from decisions that would have dangerous or overly serious consequences.

Logical consequences are related or are somehow fitting for the particular behaviour. Logical consequences are imposed by the adult i.e.: a youth who is pushing other's during an activity is not allowed to participate for ___ minutes. Once youth has experienced the consequence, do not lecture or sympathize.

Outside the Community Assistance

If a teen's behavior is not appropriate and cannot be controlled by using the above mentioned strategies, outside consultation and community support services may be called upon to give input and suggestions to assist parents and staff. This procedure is to help the youth develop a sense of self-worth and success and should be, ultimately, for the youth not the adults.

Illness

Teens who are not well enough to participate in all program activities, both indoor and outdoor, should be at home.

If your teen contracts a communicable disease, notify the centre at once so that other families can be alerted. A doctor's written health clearance will be required before a child returns following a communicable disease.

The following are definite indicators that a child should NOT be at daycare.

1. A developing or acute cold with fever, runny nose and/or eye, coughing, sore throat. Once temperature, energy and well-being are normal, coughing and runny nose may continue without the teen being infectious.
2. Fever over 100 degrees Fahrenheit (38 degrees Centigrade).
3. Communicable disease, infected skin or undiagnosed result – whether or not a teen is infectious requires verification by the child's doctor (i.e.: the rash could be measles, scabies, etc.) so other families can be informed and take precautions.
4. Vomiting or Diarrhea– In the event that a teen becomes ill, the centre staff will isolate and care for the youth until the parent arrives. While every effort will be taken to maintain a healthy environment, it's important for families to plan alternate arrangements in the event of their teen's illness.

Emergency Situations

If your teen is seriously injured or becomes ill while at Teen Club, you will be notified by telephone immediately. If necessary your alternative contact person will be called. In an emergency we will call a taxi or ambulance and a staff member will accompany your teen to the hospital.

All staff maintain first-aid certification and fire evacuation drills are held once a month at the centre.

Fire evacuation drills are practiced once a month in the centre. Evacuation plans are posted near the fire exits.

Medication

NSNH staff will administer prescription drugs to teens. Families are required to provide:

- a written authorization, including the dosage and times any drug is to be given and;
- medication in the original container, clearly labeled with teen's name, name of drug, and the dosage, the date of the purchase, and instructions for storage and administration of the drug.

Conflict Resolution

Families are encouraged to discuss any questions or concerns they have regarding their teen or the program with the centre staff. If concerns arise between an individual staff and a family they are encouraged to confront the Supervisor or Program Manager of Childcare.

If a resolution cannot be reached the Director of Child Care Services will become part of the resolution process.

FINANCIAL INFORMATION AND POLICIES

Fees

Upon registration an annual membership fee of \$15.00 is required. Membership in the agency entitles you to vote at the Annual General Meetings of the Board of Directors and to participate in programs offered by the agency.

Monthly fees are due on the first of the month to the accountant. Post dated cheques are encouraged, payable on the first of every month.

North Shore Neighbourhood House daycares and after school care programs are part of the Financial Assistance Program by the Ministry for Children & Families.

Subsidy

To be considered for childcare subsidy refers to the Provincial Government Blue Pages of the BC Tele Directory, and locate the nearest Ministry for Children & Families office to your home. You may be eligible for subsidy depending on the number of people in your family and the net family income. If your family is eligible for subsidy, an authorization form will be given to you by the MCF Financial Worker. This form needs to be given to the Supervisor at the daycare to initiate the process. The accountant will then determine the balance of your fee payable. Families will be notified by the centre before authorization renewal is required.

Late Pick-up

Late fines apply to families when the teen is picked up after 6:00 pm. The teen will not be taken out of the centre at the end of the day. If a teen is not picked up by 8:00 pm, he/she is considered abandoned and, if a family member has not contact the centre, staff must carry out the following procedures:

- A staff member will phone your home or place of employment. If there is no answer the alternate person listed on your registration form will be contacted.
- If no one can be contacted, the Ministry of Children and Families will be called to come and pick up your teen.
- Teen's may be sent home in taxis with written permission, they will never be driven home by staff.

If a teen is picked up late the following procedures is as followed:

1. First late pick-up - a notice is sent home to parents to remind them of our closing time.
2. Second late pick-up – a notice is sent to parents stating that they were late picking up their teen. **Late fee is \$1.00 per minute after 6:00 pm**
3. Third late pick-up, services will be withdrawn.

Withdrawal of a Child

One month's written notice is required when withdrawing from care. Payment of one month's fees may be given in lieu of notice.

If a teen is withdrawn for any period of time, their name may be placed on the waitlist for re-admission upon request. Spaces cannot be saved or reserved for returning teens. If a family wishes to maintain a space for any absence, the family will be required to pay for their space.

Section 48 CCFL Regulations

Nutrition

48 (1) A licensee must

(a) ensure that each child has healthy food and drink according to the Canada's Food Guide, and

(b) promote healthy eating and nutritional habits.

(2) If a child's record includes, or the child has a care plan that includes, instructions respecting food and drink for the child,

(a) the requirements of subsection (1) (a) do not apply to the extent that they are inconsistent with those instructions, and

(b) the licensee must comply with those instructions.

(3) A licensee must ensure that the food and drink given to a child is sufficient in quantity and quality to meet the developmental needs of the child, having regard to

(a) the child's age,

(b) the number of hours the child is under the care of the licensee, and

(c) the child's food preferences and cultural background.

(4) A licensee must ensure that children are not

(a) fed by means of a propped bottle,

(b) forced to consume any food or drink, or

(c) left unsupervised while consuming food or drink.

(5) A licensee must ensure that safe drinking water is available to children.

(6) A licensee must make available to parents information on the food and drink given to children.

(7) A licensee must ensure that food and drink are not used as a form of reward or punishment for children.

Registration Package

Start Date: _____

Monthly Fee: _____

Annual Membership Fee: _____

*Please note that all information will be kept confidential. In order to give the best care possible, the teachers need to have a clear picture of your child. Thank you for your assistance in completing the following questions.

TEEN'S NAME _____ SEX: M / F

ADDRESS: _____ POSTAL CODE: _____

BIRTHDATE: _____ PHONE NUMBER: _____

DIAGNOSIS: _____

PARENT/MOTHER/GUARDIAN: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____ POSTAL CODE: _____

EMPLOYER: _____ PHONE: _____

HOURS YOU CAN BE REACHED: _____

PARENT/FATHER/GUARDIAN: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____ POSTAL CODE: _____

EMPLOYER: _____ PHONE: _____

HOURS YOU CAN BE REACHED: _____

EMERGENCY CONTACT: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

THE FOLLOWING INFORMATION IS REQUIRED FOR THE SAFETY AND WELL-BEING OF YOUR CHILD: We urge you to keep it current: I authorize the following people to pick up my child:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

I understand that the staff cannot release my child to any persons not listed above and I must notify staff of changes in the above list.

Signature of Parent/Guardian: _____ Date: _____

FAMILY INFORMATION:

PLEASE LIST SIBLINGS

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Language Spoken at home: _____

YOU'RE TEEN LIVES WITH:

(Include any other significant adults or children living with your family)

Is there any specific custody arrangements? (If yes please describe) _____

Is there any imminent danger to your teen or a chance of future harm? (If yes please describe) _____

PLEASE DESCRIBE YOUR TEEN:

Hair Colour: _____ Eye Colour _____

Approximate Weight: _____ Approximate Height: _____

Have you applied for subsidy? YES / NO -- If so....

Who is your financial assistance worker? _____

Has your teen attended another childcare program: YES / NO

Have you or your teen ever used any other programs offered by NSNH? (Please describe and / or refer to listings below)

What other professional services is your teen currently using or has used from this or other organizations? (Refer to listings below as needed)

Other Professionals Involved

Telephone

Medical Clinics	_____	_____
Psychologist	_____	_____
Speech and Language Pathologist	_____	_____
Occupational Therapist	_____	_____
Physiotherapist	_____	_____
Social Worker	_____	_____
Child Care Worker	_____	_____
Respite Care Home	_____	_____
Teacher	_____	_____

Is your teen involved with any other Child and Adolescent Program?
(Refer to listings below as needed)

Support Program Listings:

1. Name of program: _____
Address: _____
_____ Telephone: _____
Contact person: _____
2. Name of program: _____
Address: _____
_____ Telephone: _____
Contact person: _____
3. Name of program: _____
Address: _____

What are your expectations for your teen during his/her stay in our program:

Do you follow any religious or ethnic observances?

HEALTH HISTORY

TEEN'S DOCTOR: _____ PHONE: _____

TEEN'S CARE CARD NUMBER: _____

Describe any difficulties or serious illnesses at birth, if any:

Does your teen have any allergies:

Please describe:

Describe you teen's general health (e.g. Recurrent Colds, stomach aches, etc.):

Describe your teen's diet (include food likes and dislikes):

Diet restrictions (cultural, religious):

Describe any particular concerns you may have about your teen's diet and / or eating habits:

Does your teen require any regular medication:

Please describe:

What happens if your teen does not receive said medication? Please describe.

Has your teen received any service from the public health nurse? YES / NO

Hearing: Does your teen experience frequent (2 or more) ear infections? YES / NO

Does your teen have a diagnosed hearing loss? YES / NO

Are you aware of any vision or hearing problems? YES / NO

Have you ever been concerned about your teen's speech or language development? YES / NO

Are there any health concerns? (physical, cognitive, emotional or environmental)

Does your teen have any condition that may require emergency care?

Please describe:

Daily Care: (please specify, eg. Catheterization)

Symptoms/problems to watch for (eg. Red Marks, sitting positions):

1. _____
2. _____
3. _____
4. _____
5. _____

Action required (eg. Skin care, does your teen need to be reminded or posture):

1. _____
2. _____
3. _____
4. _____
5. _____

Describe the level of assistance your teen requires during toileting, if applicable:

Please indicate any other special concerns, illnesses, allergies, operations, medications or chronic conditions etc.:

Do you agree to allow the public health nurse to examine your teen for vision, YES / NO hearing and general health concerns during any visits to the centre?

Are there any concerns of abuse or neglect? _____

Has your teen been in the care of the Ministry of Children and Families? _____

Is there a social worker involved? (If yes name and phone number)

Has your teen been affected by alcohol or substance abuse? If so how? _____

Behavior patterns and Habits:

Describe your teen’s behavior habits (e.g. Temperament, energy level):

Describe any self-stimulating behavior:

Describe any particular fears your teen has shown (e.g. To animals, loud noises, strangers):

Describe how your teen reacts to stressful situations (e.g. Cries, withdraws, has tantrums, nightmares):

How does your teen usually react to new situations?

Describe any aggressive behavior your teen has shown (e.g. biting, kicking, scratching):

We like our program to reflect our families. Please answer the following questions:

1. What holidays do you celebrate in your home (please describe them, e.g. Food customs, etc.)?

2. Would you be willing to volunteer any time towards coming in to the program to participate with the children and share some of your celebrations and traditions?

Is there any other information that we should know (i.e. programming requirements) regarding your teen to better serve them?

Dear Parent or Guardian:

A. Life skills development and community integration are two major objectives of this program and we go on various outings every week in order to meet these goals i.e.: Lonsdale Quay, North Shore Bowl, library and local parks, etc. We undertake these activities to provide a stimulating program for the teens and wish to obtain your support and consent.

I understand that my teen may walk or take public transportation for these outings, or be driven in the NSNH vehicles.

B. I give permission for the use of photographs, films, slides, video tapes of my children taken during the program for educational and / or promotional purposes within the community. This may also include various electronic mediums (e.g. NSNH Website). I understand that names of the children will not be published without my express written permission.

C. In case of an emergency, I _____, authorize the staff of the NSNH to call an ambulance or to take my teen _____ to the nearest emergency centre. I understand that should such an emergency arise, I or my emergency contact (when I cannot be reached) will be notified immediately. I agree that any cost for such services shall be my responsibility.

D. I acknowledge that adult and peer volunteers will be working with my teen.

I give my permission for A _____ B _____ C _____ D _____
(Please initial) (Please initial) (Please initial) (Please initial)

Date: _____

REGARDING MY CHILD

1. To bring my teen in to the centre, not just to the front door and, to sign my teen in and out each day.
2. To pick up my teen by 6:00 pm. In there's an emergency or if I am going to be late, I will make arrangements for someone to pick up my teen. I will let the centre staff know who this person will be.
3. To notify the staff by letter or telephone if my teen is to be picked up by someone other than those persons listed on my teen's enrollment form. I understand that the staff will not release my teen if this procedure is not followed.
4. To notify the supervisor of the centre of changes in my address, phone number, or place of employment. I will also up-date emergency information on my teen's enrollment form as it is necessary.
5. To provide my teen with appropriate clothing. I will put my teen's name on all of his/her belongings.
6. Fee structure and/ or policies of the centre are subject to change on 30 days notice.
7. To discuss with the Director or Program Manager of Childcare of any concerns regarding the care of my teen, fee, payment, or any other issue relating to the service given by the agency.
8. To pay the full fee when my teen is away, this will hold my teen's place in the center. (i.e. holiday, etc.)
9. \$1.00 per minute late fee will be charged and is payable upon pick up of my teen.
10. Constant late pick up of my teen may be cause for termination of childcare.
11. To pay the Required Teen Club Fee
11. To give one months notice or pay one months fees in lieu of notice if my teen is to be withdrawn. Notice must be given at month end till the end of the next month.

Date: _____ Name of Child: _____

Signature of Parent/ Guardian: _____

REGARDING THE HEALTH OF MY CHILD:

1. I WILL NOT SEND MY TEEN TO THE CENTRE when he/she is ill. I will notify the staff if my teen is to be absent. In the event of my teen having a communicable illness, I will adhere to the centre policy and bring a Doctor's certificate for my teen when he/she is able to return to the centre.
2. That the staff will give no medication unless the medication has been prescribed by a doctor and in a prescription bottle. This includes aspirin, cough and/ or cold medication.
3. I understand that if my teen is well enough to attend the centre he/ she is well enough to be outdoors.
4. The Staff will encourage individual responsibility for dressing and toileting and that they will assist and support my teen to encourage these skills.
5. To pay the full fee each month when my teen is away, this will hold my teen's place in the centre (i.e.: illness, etc.).
6. To join the membership of the NSNH and to pay the annual fee of _____. This membership is payable at the date of enrollment. Membership in the agency entitles me to a vote at the Annual General Meeting of the Board of Directors and to participate in programs offered by the agency. I understand that the membership is mandatory as the NSNH is a registered non-profit society.

Signature: _____

Date: _____

REGARDING THE GUIDANCE AND DISCIPLINE POLICY:

I _____ (your signature) have read the discipline policy of NSNH and have understood it.

Signature: _____ Date: _____

PROCEDURE FOR RELEASE OF YOUR CHILD FROM

North Shore Neighbourhood House Child Care Programs

- (1) The licensee must ensure that a child is not released from a facility to anyone except**
 - (a) the parent of the child, or**
 - (b) a person authorized by parents/guardians**
- (2) The licensee must have clear written policies and procedures to guide staff actions when**
 - (a) a person described in subsection (1)**
 - (i) appears incapable of providing safe care, or**
 - (ii) does not arrive to pick up the child, or**
 - (b) a person not described in subsection (1) requests the release of the child from the facility.**

North Shore Neighbourhood House Policy

- 1. If the person picking up the child is not on the list of authorized persons, staff will attempt to contact the parents or guardians for verbal authorization. If this is not successful, staff will not release the child.**
- 2. If the parent or person picking up the child does not appear to be capable of providing safe care, before releasing the child staff will discuss safe options, offer to call a family member, friend or taxi, to assist and ensure the safety of the child, or call the appropriate authorities if necessary.**
- 3. If the person picking up the child does not arrive for the child, staff will keep the child with them on the premises, when possible. When this is not possible, staff will call the emergency contact persons or other authorized persons to pick up the child.**

++Alternative Pick-Up

Families must tell the staff if a child is to be picked up by another person who is on the registration form. If an emergency happens during the day, the family can call the staff and tell them of another authorized person who will pick up the child.

If an unauthorized person arrives to pick up the child, the staff will not release the child and will stay with the child until the parent or guardian is reached. The parent or guardian will be reminded of the pick-up policy. If the parent/guardian gives permission over the phone to release the child, the staff will need information about the person (name, address, telephone number and a physical description). The pick-up person will need to provide photo identification to the staff and be expected to sign the child out. The staff will write down the time of the call and information shared.

If there are any problems, all reasonable efforts will be made to ensure the safety of the child, other children and the staff. The staff, if necessary, may need to call the appropriate authorities for assistance.

Alleged Impaired Authorized Pick-Up

It is the staff's legal responsibility, to the extent that it is possible, not to release a child to a person who is unable to care for a child.

If an authorized person is driving a vehicle and it seems like (s)he is unable to care for the child – staff will explain that driving in a state of impairment is unsafe, and staff are obligated to ensure the safety and well-being of the children. If the presumed impaired person chooses to get into the vehicle with the child and drive away, staff will immediately notify the police. Staff is required to notify Management, and if it is deemed the child is in

need of protection the Emergency Services of the Ministry of Children and Family Development will also be contacted. The staff will record this in the child's files. Should this happen again, a team meeting (with parent/guardian) will be called to discuss solutions.

Children will not be sent home by taxis, nor will they be driven home by staff.

Late Pick-Up

Late fines apply to families when the child is picked up after closing. The child will not be taken out of the centre at the end of the day. If a child is not picked up by 2 hours after closing, (s)he is considered abandoned and, if a family member has not contacted the centre, staff must carry out the following procedures:

1. A staff member will phone your home or place of employment. If there is no answer the alternate person(s) listed on your registration form or emergency contact card will be contacted.
2. If no one can be contacted, the Ministry of Children and Family Services will be called to come and pick up your child.
3. Children will not be sent home in taxis, nor will they be driven home by staff.

***Teen Club is an exception with taxis and Handy Dart**

If a child is picked up late the following procedures are followed:

1. First late pick-up – a notice is sent home to parents to remind them of our closing time.
2. Second late pick-up – a notice is sent to parents stating that they were late picking up their child. Late fee is \$1.00 per minute after closing.
3. Third late pick-up, services will be withdrawn.

Client Name: _____

Signature of Parent / Guardian

Date

NORTH SHORE NEIGHBOURHOOD HOUSE

INFORMED WRITTEN CONSENT FORM

We, the undersigned parents/guardians or person's served by the North Shore Neighbourhood House have the right to expect that all information provided to the agency will be treated with the utmost confidentiality. North Shore Neighbourhood House will release information concerning person's served only with the written permission of the person's served (or their parents/guardians or by order of a court or tribunal of competent jurisdiction.) I understand that myself or family may withdraw consent at any time, in writing. No further information will be shared after revocation of consent has been received. If the North Shore Neighbourhood House requests a one time release of information the date the consent expires is not to exceed 90 days from the date consent is given; or one year or as otherwise required by law when the release of information is required for ongoing service provision by a contracted or cooperating service provider.

I, _____ give permission to the North Shore Neighbourhood House Special Needs Teen Club Program Staff to release copies of Progress reports and pertinent information on, _____ to the agencies indicated below; or to obtain information from the agencies listed:
(Teen's Name)

Community Living BC	_____	_____ (agency contact)
School Board	_____	_____ (agency contact)
CBI Consultants	_____	_____ (agency contact)
Child & Adolescent Program	_____	_____ (agency contact)
Laurel Group	_____	_____ (agency contact)
_____	_____	_____ (agency contact)
_____	_____	_____ (agency contact)
_____	_____	_____ (agency contact)

The purpose of the requested release/obtaining in formation is:

(at the request of the person served/guardian may be written as the purpose)

Signature of parent/guardian
Person served

Date

Date consent expires

Signature of person served if
14 years or older & competent

A copy of this form has been given
to the person served/parent or guardian
Initials _____ of receiver

This is the file copy

Re: Immunization

To whom it may concern,

We, _____

(caregivers' names) have chosen not to have our child immunized against communicable diseases. We understand that if any child in the program contracts a communicable disease OR comes in contact with one, our child must be excluded from the program during the course of the disease. This time period will be determined by the pre-school staff in conjunction with the community health nurse. We will be notified if and when a child contracts any one of the communicable diseases listed here: Mumps, measles, rubella, diphtheria, pertusis (whooping cough), tetanus, polio or meningitis.

Parental/Caregiver Signature: _____

Date: _____

LICENSED CHILDCARE FACILITY IMMUNIZATION HISTORY FORM

PLEASE COMPLETE AND RETURN THIS FORM PROMPTLY TO COMPLETE YOUR REGISTRATION PROCEDURE

In order to protect the health of your child and the health of other children, all parents or guardians of children seeking admission to any Licensed Childcare Facility in the jurisdiction of North or West Vancouver must provide a statement of their child's immunization. This form **MUST** be returned to the facility.

I understand that all information provided will be entered into the BC Public Health Information System (database). This allows Vancouver Coastal Health to access the level of immunization within the entire preschool population and allows for quick and easy access of information should there be a communicable disease outbreak. This information may be provided by the facility to Vancouver Coastal Health by means of a class list that includes child's legal name, date of birth and address. The information is collected and shared as per the Freedom of Information & Protection of Privacy Act (FOIPPA) and the Personal Information Protection Act (PIPA) of B.C. This information will only be used for the purposes identified on this form.

New Child to this facility: Fill out Part A and B

Returning Child to this facility: Fill out Part A only: Part B if new immunizations need to be added to the child's existing record.

Child Care Facility _____

A. CHILDS INFORMATION (Please Print)	
Child's Name _____ Sex F ___ M ___ (Birthdate ___/___/___)	
Surname _____ Given name _____	Y M D
Personal Health Number _____ Country of Birth _____	
Parent /Guardian's Name _____ Work Phone (Father _____ (Mother) _____)	
Address _____ Postal Code _____ Home Phone _____	
Doctors Name _____ Doctor's Phone _____	

PLEASE SEE OTHER SIDE FOR

Conscientious Objector Yes

BASIC IMMUNIZATION SCHEDULE

Children not protected may be excluded from the childcare centre for the duration of a communicable disease outbreak

B, VACCINE AND DESCRIPTION				
PRIMARY INFANT SERIES	Dose #1	Dose #2	Dose #3	Dose #4
1. PENTACEL * (DaPT/IPV/HIB)- Diphtheria, Pertussis, Tetanus, Polio & Haemophilus Influenza Type B)				
2. HEPATITIS B				
3. PNEUMOCOCCAL CONJUGATE (Prevnar)* # of doses depends upon age of start up				
4. MMR – combined (Measles, Mumps and Rubella)				
5. MENINGOCOCCAL C CONJUGATE # of doses depends upon age of start up				
6. VARICELLA (Chicken Pox or history of disease)				
7. OTHER (SPECIFY)				
SCHOOL ENTRY				
QUADRACEL (DaPT/IPV) –school entry booster of Diphtheria/Pertussis/Tetanus/Polio)				
OTHER (SPECIFY)				

Parent/Guardian Signature: _____ Date: _____

ROUTINE IMMUNIZATION SCHEDULE

		2 mo	4 mo	6 mo	12 mo	18 mo	4-6 yr	Gr 6	Gr 9	Adult
DPT/POLIO/HIB (Diphtheria, Pertussis, Tetanus, Polio, Haemophilus Influenzae type B)	Diphtheria ♦	●	●	●		●▲	●♦♦		●♦♦♦	●+
	Pertussis ♦	●	●	●		●	●		●	
	Tetanus ♦	●	●	●		●	●		●	●+
	Polio ♦	●	●	●		●	●			
	Haemophilus Influenzae type B	●	●	●		●				
PNEUMOCOCCAL ** CONJUGATE ▲		●	●	●		●				
HEPATITIS B ♣		●	●	●				●♣♣		
MMR (Measles, Mumps, Rubella)	Measles				●	●				
	Mumps				●	●				
	Rubella				●	●				
MENINGOCOCCAL C ♥		● ¹			● ²			●♥♥	●♥♥	
VARICELLA ●●					●		●●●	●●●		●++

Infant/Child (2 months – 4 years)

DPT/Polio/HIB (Penta)

Interval of 8 weeks preferred between doses 1,2,3

▲ Interval of 12 months preferred between doses 3 & 4

♦♦ If dose 4 is given after 4th birthday, dose 5 not needed

Pneumococcal Conjugate ▲

Infants born on/after July 1, 2003

Hepatitis B ♣

Infants/child born on/after July 1, 1998

MMR (subcutaneous)

Must be on/after first birthday

1 month minimum between dose 1 & 2

Meningococcal C ♥

●¹ Infants born on/after April 1, 2005
- at 2 and 12 months

●² Infants born on/after July 1, 2002
- on/after first birthday

Varicella ●● (subcutaneous)

Infants born/after January 1, 2004

- Must be on/after first birthday

Catch-Up Program: April 1, 2005 – April 1, 2006 all children 18 to 48 months of age (if no history of disease or immunization)

School Program (5 years plus)

DPT/Polio (Quad) under 7 years of age Kindergarten Booster

TdaP

♦♦♦ Grade 9 Booster dose TdaP (ADACEL)

Hepatitis B – if not previously immunized

♣♣ Grade 6 (2 dose schedule as of September 1, 2001)

Meningococcal C – if not previously immunized

♥♥ Grade 6 as of September 2003

♥♥ Grade 9 as of September 2004

Catch-Up Program: Grade 12 for 2 years starting September 2005

Varicella – if no history of disease or immunization

●● Kindergarten and Grade 6 as of January 1, 2005

Adult Program

Td

+Adult Booster dose every 10 years

Varicella

++ Women of childbearing age who test negative for varicella (2 dose schedule, one month apart)

Note: Children with history of varicella disease under 1 year of age, vaccination is recommended. For delayed or interrupted schedules consult BCCDC Immunization Manual or contact North Shore Health Department Communicable Disease Team at 604-983-6700.

Please be advised, as per Section 4(1)(b) of the Community Care and Assisted Living Act, CCFL can call for and inspect all records of a community care facility.

It is a requirement of the Community Care and Assisted Living Act, Child Care Regulations, that the licensee obtain an emergency consent form signed by a parent of each child enrolled in their licensed facility.

NAME OF PARENT(S)/GUARDIAN(S): _____

NAME OF CHILD: _____

ADDRESS: _____

DATE OF BIRTH _____ SEX _____

CITY: _____

ALLERGIES/MEDICAL CONDITION:
 (Please note any medications used for the above.)

TELEPHONE: _____

Office: _____

Home: _____

ALTERNATE EMERGENCY CONTACTS:

I hereby authorize my child to be released to the following:

MEDICAL PLAN NO. _____

FAMILY DOCTOR: _____

Name: _____

Telephone: _____

NAME TELEPHONE

NAME TELEPHONE

PERMISSION FOR EMERGENCY MEDICAL AID IN CASE OF ACCIDENT OR ILLNESS

I hereby give my permission to _____ to call a physician or ambulance in the case of accident or illness of my child _____ when I cannot be immediately reached.

 Date

 Signature of Parent or Guardian:

W: CCFL / Emergency Management / First Aid – Emergency Permission (March 15, 2005)

REQUEST FOR TEMPORARY RETENTION

We, the undersigned parents/guardians, wish to support the attendance of our child in the North Shore Neighbourhood House Teen Club Program. This program has been licensed under the Community Care Facility Act since September 1992, and was initiated by the Ministry of Social Services in order to provide care, recreation and life skills activities to adolescents who require extra support. This program was licensed as a school age program as the North Shore Neighbourhood House wished to have the support and guidance of the provincial regulations and this was the category that best fit the proposed program and is unique on the North Shore. Children attending this program are typically between the ages of 13 and 19 years old.

It is our understanding that a recent change in Child Care Regulation, Section 61 means that a child attending a licensed school age program over the age of 12 years is now non-compliant with the Regulation. The undersigned wish to apply for a Request for Temporary Retention to allow the currently enrolled children to continue to receive developmentally appropriate care and activities in order to enhance their Health, Safety and Well-being. There is no other program available to accommodate this.

Child Name

Child Birth date

Parent/Guardian Name

Parent/Guardian Signature

