

## **BACKGROUND INFORMATION**

Hello and welcome to the North Shore Neighbourhood House Integrated After School Care.

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.

### **Mission Statement**

The NSNH promotes a sense of community, cooperation, tolerance and mutual understanding through the provision of programs and services designed to meet the needs of the individual and community as a whole.

### **CHILDCARE PHILOSOPHY**

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

The programs respect and value differences recognizing that children are individuals and that every child is unique.

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

During these formative years children 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 a play-based program, the children develop these skills in their creative play activities. Play is child's work. It is their way of trying out rules and experimenting with life.

As well, children attending integrated program develop a better understanding and acceptance of differences.

### **STAFF**

All of our staff have valid First Aid Certificates and are experienced in providing quality childcare. The staff attends monthly workshops and other courses sponsored by the NSNH. The staff work rotating shifts, which ensures that proper staff/child ratios are 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 activities, quiet and active play, washroom routines, snacks and lunch, and group times. Play activities include a wide variety of toys and games, dramatic play and creative and physical activities. Stories, music and discussions of interest are also included regularly. Activities are presented in small groups so that the interests and abilities of individual children can be taken into account.

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

Consultative services are provided by North Shore Health and other Resource Personnel who may be working on a regular basis with the children within our program. Supported Childcare consultants will support the Child Care team when necessary.

### **Waitlist Enrolment**

The North Shore Neighbourhood House maintains a waiting list for space, which generally operates on a first come first serve basis. However, priority will be given to children of families already enrolled in the centre.

### **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)

## **COMPONENTS OF THE PROGRAM**

### **Arrival and Departure**

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

Please call the centre by 9:30 if for any reason your child will not be attending the program that day. If you are detained and will therefore be late picking up your child, 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 child, contact the centre to authorize a specific person who will be picking up your child. The person designated to pick up your child will be required to present identification upon arrival to ensure your child's safety.

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

### **Clothing and Possessions**

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

### **Snacks**

We will provide two nutritious snacks a day – one in the morning and one in the afternoon. Snacks are accompanied with milk or water to drink.

### **Lunch**

Families are asked to provide lunch for their children. We will heat up food items in the microwave. The centre provides milk.

### **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. Families are informed prior to excursions taking place and parental permission will be requested (with the exception of short walks within the immediate neighbourhood),

### **Confidentiality**

NSNH cannot release the address or phone numbers of children enrolled in our programs. This protects the confidentiality of personal information regarding your child.

### **GENERAL POLICIES**

#### Discipline Policy

To the staff at the NSNH discipline describes the teaching/learning process by which children develop socially and grow to maturity. Our goal is to assist children 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 child is a unique individual and that the child'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.

### **CLEAR Behaviour description (be specific)**

WHO does it?

WHAT he/she does

WHEN it occurs

### **Guidance**

STAFF/PARENT(S) Need to be a:

- i) Child's level  
Make eye contact  
Calm, firm voice – positive statements  
Have child repeat you instructions  
State your expectations clear and specific limits
- ii) Be consistent, follow through
- iii) Reinforce appropriate behaviour
- iv) Encourage children to use teacher 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. Children 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 child who is pushing other children off a climbing toy is not allowed to play on if for \_\_\_ minutes. Once child has experienced the consequence, do not lecture or sympathize.

### **Illness**

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

If your child 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 child being infectious.
2. Fever over 100 degrees Fahrenheit (38 degrees Centigrade).
3. Communicable disease, infected skin or undiagnosed result – whether or not a child 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– Because children often become ill rapidly, it's essential that families can be reached during childcare hours. If the parent cannot be available, and

alternate emergency contact should be designated. In the event that a child becomes ill, the centre staff will isolate and care for the child 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 child's illness.

### **Emergency Situations**

IF your child is seriously injured or becomes ill while at daycare, 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 child to the hospital.

All staff maintains 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 children. 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 child'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 child 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 child is picked up after 6:00 pm. The child will not be taken out of the centre by at the end of the day. If a child 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 child.
- Children will not be sent home in taxis, nor will they be driven home by staff.

If a child 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 child. **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 childcare. Payment of one month's fees may be given in lieu of notice.

If a child 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 children. If a family wishes to maintain a space for any absence, the family will be required to pay for their space.

**Registration Package North Shore Neighbourhood House OOSC:**

Start Date: \_\_\_\_\_ Monthly Fee: \_\_\_\_\_ Annual Membership Fee:  
\_\_\_\_\_

Days attending: \_\_\_\_\_

Please indicate what hours your child will be attending:  
\_\_\_\_\_

\*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.

CHILD'S NAME \_\_\_\_\_ SEX: M / F

ADDRESS: \_\_\_\_\_ POSTAL CODE:  
\_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ PHONE NUMBER:  
\_\_\_\_\_

PARENT/MOTHER/GUARDIAN: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE:  
\_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE:  
\_\_\_\_\_

HOURS YOU CAN BE REACHED: \_\_\_\_\_

PARENT/FATHER/GUARDIAN: \_\_\_\_\_

PHONE: \_\_\_\_\_

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.

FAMILY INFORMATION:

PLEASE LIST SIBLINGS

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Language Spoken at home: \_\_\_\_\_

YOU'RE CHILD 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 child or a chance of future harm? (If yes please describe)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE DESCRIBE YOUR CHILD:

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 child attended another childcare program: YES / NO

Have you or your child ever used any other programs offered by NSNH? Please describe

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other professional services is your child currently using or has used from this or other organizations?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER PROFESSIONAL SERVICES RECEIVED: (Please list name and phone number below)

Speech and Language Pathologist: \_\_\_\_\_

Physiotherapist: \_\_\_\_\_

Child and Adolescent Program: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you follow any religious or ethnic observances?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH HISTORY**

CHILD'S DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILD'S CARE CARD NUMBER: \_\_\_\_\_

Does your child have any allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child require any regular medication:

\_\_\_\_\_  
\_\_\_\_\_

Please describe:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

Does your child 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 child's speech or Language development? YES / NO

Does your child have any condition that may require emergency care?  
Please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Are there any concerns of abuse or neglect?

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

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

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

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

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Are there any support needs that we must be aware of?

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Does your child receive any support at school?

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Does your child receive any other support?

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Is there any other information that we should know regarding your child to better serve them?

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Dear Parent or Guardian:

- A. I give my permission for my child/ren to accompany staff on short neighbourhood trips, ie. Lonsdale Quay, NSNH, library and local parks, etc. I understand that my children may walk or take public transportation for these outings, or be driven in the NSNH Van.
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 child \_\_\_\_\_ 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 from time to time this centre has volunteers and/or students.

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

## REGARDING MY CHILD

1. To bring my child in to the centre, not just to the front door and, to sign my child in and out each day.
2. To pick up my child by 6:00 pm. In an emergency if I am going to be late, I will make arrangements for someone to pick up my child. I will let the centre staff know who this person will be.
3. To notify the staff by letter or telephone if my child is to be picked up by someone other than those persons listed on my child's enrollment form. I understand that the staff will not release my child 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 child's enrollment form as it is necessary.
5. To provide my child with appropriate clothing. I will put my child'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 child, fee, payment, or any other issue relating to the service given by the agency.
8. \$1.00 per minute late fee will be charged and is payable upon pick up of my child.
9. Constant late pick up of my child may be cause for termination of childcare.

Date: \_\_\_\_\_ me of Child: \_\_\_\_\_

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

**REGARDING THE HEALTH OF MY CHILD:**

1. I WILL NOT SEND MY CHILD TO THE CENTRE when he/she is ill. I will notify the staff if my child is to be absent. In the event of my child having a communicable illness, I will adhere to the centre policy and bring a Doctor's certificate for my child 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 child is well enough to attend the centre he/ she is well enough to play outdoors. Children play outside each day and this time is important to their well being.
4. To pay the full fee each month when my child is away, this will hold my child's place in the centre (ie: holiday, illness, etc.).
5. 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**

#### **Community Care Facility Act, Child Care Regulations, Section 19**

- (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 under sec. (19)**
- (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 6:00 pm. The child will not be taken out of the centre at the end of the day. If a child is not picked up by 8:00 pm, (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.

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 6:00 pm.
3. Third late pick-up, services will be withdrawn.

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Signature of Parent / Guardian

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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** \_\_\_\_\_

<b>A. CHILDS INFORMATION</b> (Please Print)	
Child's Name _____	Sex F ___ M ___ (Birthdate <u>   </u> / <u>   </u> / <u>   </u> )
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 BASIC IMMUNIZATION SCHEDULE**

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

**B, VACCINE AND DESCRIPTION**

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

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 ♥	● <sup>1</sup>				● <sup>□</sup>			●♥♥	●♥♥	
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 4<sup>th</sup> 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 ♥**

- <sup>1</sup> Infants born on/after April 1, 2005
  - at 2 and 12 months
- <sup>□</sup> 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)