

1730 Coquitlam Avenue, Port Coquitlam, BC, V3B 1H7 Also accessible from 1761 Westminster Ave, BC, V3B 1E5

604-941-8286 phtpreschool@gmail.com Mail: P.O. Box 123 Port Coquitlam, BC, V3C 3V5

## **Welcome to Our Preschool Community!**

Dear Parents,

Your child's place is confirmed and we look forward to welcoming your family to PoCo Happy Times Preschool.

#### Effective September 2022 - June 2023 our schedule is as follows:

2 days / week	Tuesday and Thursday	9:15 – 12:15 am
3 days / week Tuesday, Wednesday and Thursday		9:15 – 12:15 am

We would like to invite you to attend our Annual General Meeting in May/June. At the meeting, new families will have the chance to participate, nominate and vote for the preschool's volunteer administrative executive for next year.

In August, via email, you will be notified about the date for the September Parent Orientation meeting where discipline, philosophy and safety policies, a gradual entry schedule for the first two weeks of classes as well as the dare of the October general meeting will be available.

On the first day of class, please being **2 current pictures of your child** (1 for emergency card, 1 for the hook/locker). We will send a reminder in August.

If you have any questions, please do not hesitate to contact the preschool at phtpreschool@gmail.com

We look forward to seeing you soon!



CHILDS INFORMATION

SURNAME:

## The Annex, James Park Elementary School

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Class: 2 day 3 day 5 day Duty Days: yes / no

MIDDLE NAME:

Please fill out the forms as completely as possible.

NAME CHILD RESPONDS TO	GENDER: M	BIRTHDATE:	(M/D/Y) /	START DATE: (M/D/Y) / /
STREET ADDRES	SS:	CITY, PROV	/INCE:	POSTAL CODE:
PHONE #: CHILDS FIRST LAI		NGUAGE:	CHILI	DS SECOND LANGUAGE:
PERSON(S) WITH WHO	OM THE CHILD LIVES WI	TH:		EMAIL ADDRESS:
2. PARENT/GUARDIAN				
1) NAME (Moth	er's)	PAREN	NT ()	GUARDIAN (
ADDRESS (If different than Child's Information)			PHONE	(Home):
PLACE OF WORK:		PHONE (W	Vork):	PHONE (Cell):
2) NAME (Fathe	er's)	PAREN	NT ()	GUARDIAN (
ADDRESS (If different than Child's Information)			PHONE	(Home):
PLACE OF WORK:		PHONE (W	Vork):	PHONE (Cell):

**GIVEN NAME:** 

3. ALTERNATE EMERGENCY CONTACT	S OTHER THAN PARENTS/GUARDIANS:	
1) NAME:	RELATIONSHIP:	PHONE:
ADDRESS:	SPEAK ENGLISH: YES \( \) NO \( \)	IF NOT, WHAT LANGUAGE?
2) NAME:	RELATIONSHIP:	PHONE:
ADDRESS:	SPEAK ENGLISH: YES \( \) NO \( \)	IF NOT, WHAT LANGUAGE?
4. PERSON(S) AUTHORISED TO PICK U	P CHILD (INCLUDE MOTHER AND FATHER)	
NAME:	RELATIONSHIP:	PHONE:
5. HAVE ANY SIBLINGS ATTENDED PO	CO HAPPY TIMES	
	IAME:	AGE:
N	IAME:	AGE:
6. HAS YOUR CHILD PREVIOUSLY ATTE	ENDENDED DAYCARE/PRESCHOOL:	
YES O NO O	FACILITY/LOCATION:	

7. CHILD DEVELOPMENT					1
DOES YOUR CHILD HAVE ANY FEARS?					
DOES YOUR CHILD HAVE ANY NERVOU	S HABITS?				
HOW DOES YOUR CHILD REACT TO NEV	W SITUATIO	ONS?			
PLEASE INDICATE YOUR CONCERNS AB	OUTTHEF	OLLOWING	j:		
SNACK TIME:					- 1
					- 1
TOILET TRAINING:					
SOCIAL SKILLS:					
OTHER:					
					- 1
					- 1
DO YOU HAVE ANY SPECIFIC EXPECTAT	TONS OF TH	HE PRESCH	OOL?		
DO VOLUMANE ANIV CONCERNIC THAT H	AVE NOT D	EEN ADDD	ECCED ADOLIES		
DO YOU HAVE ANY CONCERNS THAT H	AVE NOT B	EEN ADDR	F22ED AROAE'.		
			Attach photocopy of immunization r	ecord. or ir	ndicate
8. IMMUNIZATION			dates that the immunization w		
DIPTHERIA, TETANUS & PERTUSSIS (DP	T)		POLIO		
(	-,				
MENINGITIS (HIB D)			MEASLES, MIMPS & RUBELLA (MMR)		
/			-,		
9. HEALTH / NUTRITION					
ALLERGIES:					
DOES YOUR CHILD:					
HAVE VISION PROBLEMS		○ NO	TAKE MEDICATION:		○ NO
HAVE SPEECH/LANGUAGE	○ VEC	O NO	HAVE OTHER HEALTH CONCERNS	○ VEC	O NO
PROBLEMS	○ YES	$\bigcirc$ NO		○ YES	○ NO

ONO HAVE HEARING PROBLEMS

YES

 $\bigcirc$  NO

○ YES

REQUIRE A SPECIAL DIET

DOES YOUR O	CHILD HAVE ANY PHYSICAL &/OR E	EMOTIONAL REQUIREMENTS?	
10. EMERGEN	ICY HEALTH INFORMATION		
DOCTOR:	ADDRE	ESS:	PHONE:
DENTIST:	ADDRE	ESS:	PHONE:
OTHER:	ADDRE	ESS:	PHONE:
MEDICAL INS	URANCE NUMBER / BRITISH COLU	IMBIA CARE CARD NUMBER:	
It is the polic	cy of the Preschool to notify a g	parent when a child is ill or needs me	dical attention. If we cannot
contact the	parents/guardians and we need	d to get immediate help for the child	
child to the	nearest emergency service cen	ter.	
Please sign be Preschool in		opriate action on behalf of your child	d. Return the signed for to the
I hereby give	consent for my child,		n ill, to be
		the staff of PoCo Happy Times Presch	
contacted. I	consent to an ambulance being	g called to transport the child if nece	ssary.
	REGISTRATION FEE IS	NON-REFUNDABLE (Initial)	
	anature of Danast /Counties	Mana (Diagramia)	
Si	gnature of Parent/Guardian	Name (Please print)	Date
 Si	gnature of Manager	Name (Please print)	 Date



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## **Parent Agreement:**

\*Keep one copy for reference, sign the second and return it with your other application forms.

## Please INITIAL beside each point

Pay registration fee of \$80. I understand that this fee is non-refundable. The Provincial Government is currently offering Affordable Childcare Benefits. Families earning up to \$111K may be eligible for these savings. The website is http://gov.bc.ca/affordablechildcarebenefit. The website also contains an online estimator.
Make prompt payments of monthly fees on the $1^{st}$ of the month, which are collected by post-dated cheques to be handed in together with the registration package. We only accept cheques, not cash.
If for any reason one of the cheques is not going to clear my bank account, I will notify the Treasurer immediately and make other payment arrangements. Failure to notify the Treasurer at least two (2) days prior to the cheque cashing date will result in a $$10.00$ service charge.
I will give one (1) month notice in writing to the Teacher and the Treasurer or pay one month's fee in lieu of notice if it becomes necessary to withdraw my child from the Preschool.
I agree that my phone number and email address may be shared with other parents within the preschool, the executive, and in some cases, the Council of Parent Participation Preschools.
I undertake to attend the four General Meetings that are held within the school year. If I miss a General Meeting, I must read the minutes of that meeting posted at the school, and sign that I have read them.
I will not send my child to school if they are ill. My child must <u>not</u> have vomited or have had diarrhea in the last 48 hours. My child must <u>not</u> have had a fever in the last 24 hours. If my child contracts a communicable disease, I will notify the teacher or the president immediately.
I understand that, in the playroom and on the playground, the teacher, for constancy, have overall responsibility for the program, teaching methods, discipline and health and safety measures
I will make every effort to be prompt in bringing my child to school and in picking them up after school closing. I understand that the Teacher is not legally allowed to release my child to anyone unknown to him/her and so I agree to advise the Teacher in advance if someone unknown to him/her is picking up my child.

I authorize the Teacher, after he/she has attempted to contact myself or my designated emergency numbers, to send my child home accompanied by a responsible adult if he/she appears ill or in case of an emergency.
I waive all claims against PoCo Happy Times Preschool in excess of public liability insurance carried by the Preschool in case of injury to my child while in the care, custody, or control of the Preschool.
I will keep the Teacher informed of any event or change of routine at home which may affect my child's behavior.
If I have questions about my child's progress or the program of the school, I will direct them to the Teacher; I will direct queries or suggestions about the administration of the preschool to the executive through the president.
We will pay our child's tuition fees promptly as arranged with the executive.
As our school is a cooperative, I will volunteer for a 'job' at the preschool to assist with the administration, fundraising or other as needed to successfully run the preschool.
I undertake to attend regularly and to participate in all general meetings.
I understand that if I do not adhere to my agreement, I may be asked to withdraw from the preschool.
Parent Signature:
Date:



Child's name: \_\_\_\_\_

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## **Media Permission Form**

	to see themselves and their friends s, and as labels in the classroom.	. Sometimes we use photos to record our projects, as part of
We may also	send photographs home with Parer	ts when we have finished with them.
Please indica	te if you give permission for your ch	ild's photo to be taken for classroom use.
<u>Please circle</u>	one:	
YES	I give permission for my child to b	e photographed.
NO	I don't give permission for my chil	d to be photographed.
The preschool	ol is a member of Facebook, and we	also have a website.
Although we		news, reminders and information about the Preschool program. often would like to have photos showing side or back views of
<u>Please circle</u>	one:	
YES	I give permission for my child to b	e photographed.
NO	I don't give permission for my chil	d to be photographed.
	Date	Signature of parent/guardian



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#### **Parent Volunteer Positions**

**EXECUTIVE POSITIONS** – from the board of executives who run the Administration of the Preschool and participate in executive meetings

<b>President</b> – Oversees the administration of the Preschool: coordinates the Executives, plans agendas and chairs Executive and General meetings. The main liaison between the Teachers and the Parents
<b>Vice-President</b> – Assists the President with any overload tasks. Assumes his/her responsibilities as required by illness or absence. Presides at meetings if President is not present. Responsible for the annual review of the constitution and By-Laws
<b>Treasurer/Co-Treasurer</b> (2 parents) – Oversees the financial activities of the preschool in collaboration with the Co-Treasurer and bookkeeper. Collects all fees, donations, and monies and deposits them into the Preschool's bank account. Presents a yearly budget (drawn up with the advice of the Executives) for the members' approval and presents a financial report at each general meeting. Presents the books for annual auditing in May/June
<b>Secretary</b> – Maintains accurate minutes of the executive and general meetings, noting corrections or additions. Presents draft minutes to the President for approval, and posts meeting minutes on the parent board. Handles correspondence, and keeps a file of all official letters sent and received by the Preschool
<b>Enrollment</b> (2-3 parents) – Promotes the Preschool via posters and ads in newspapers and recruits new members. Oversees enrollment procedure and updates the enrolment package. Keeps track of new and returning families, and waitlists. Presents the philosophy of our Parent Involvement Preschool to all families and the responsibilities that come with registration
<b>XECUTIVE POSITIONS</b> – from the general membership who need to vote any changes proposed by the ve Board
<b>Classroom Admin</b> – Prepares the sign in sheets for the classes and keeps the parent bulletin board up to date. Files necessary documents in the filing cabinet, making sure everything is in good order
<b>Cleaning Committee</b> (Ideally 4 parents, 2 from each class) – Responsible for cleaning the classroom at the end of each month and the two big cleans each year (December and June)
<b>Duty Day Coordinator</b> (One from each class) – Prepares the duty day calendar, contact person if a parent needs to switch their duty days or if they can't make it to school on their duty day

<b>Equipment Coordinator</b> – Maintains the preschool equipment in a state of good repair by enlisting the help of parents or arranging for professional work if necessary.
<b>Email/Newsletter</b> – Sends informative emails to parents on behalf of the Preschool (always use <i>bcc</i> not to disclose email addresses among users) when asked by a Teacher or President. Creates newsletter and emails it to all parents on the first of each month.
Fundraising Committee (Ideally 4 parents, 2 from each class) – Organizes the main fundraisers for the year.
<b>Facebook/Website Manager</b> – Posts relevant information when needed and keeps our Facebook and Website up to date.
<b>Laundry Coordinator</b> – Launders cloths, towels, painting smocks and costumes as requested by teacher (about once a month).
Marketing – Helps with poster/flier creation, distribution, open house and general publicity.
<b>Personnel Committee</b> (One from each class) – Photocopies, organizes and reviews annual evaluation, inventory (end of April), mediator if conflicts arise, hiring committee for teachers and substitute teachers.
Photo Day coordinator – Coordinates the annual photo shoot (Oct or Nov)
<b>Purchasing Committee</b> (Ideally min. 2 parents) – Responsible for the purchasing of supplies as directed by the Teacher and President. This includes art supplies, cleaning supplies etc. Performs research and cost analysis on other purchases the preschool wishes to make (This might include toys, furniture, etc.). Is responsible for keeping track of the supply catalogues and is aware of the best place to purchase items as required.
Scholastic – Distributed flyers and collects scholastic orders at least once a month.

We will try and honor your 'top three' choices, but may need to assign something different to you depending on enrollment numbers. Please know that every role at the Preschool is valuable and important to the smooth running of out Center.

Thank you for your support in running the Preschool.

### Please fill out your choices and return this form with your registration package!

My top three choices would be:		
1.		
2.		
3.		
Name:	_	
Childs Name:		

Lastly, please advise and share with us any special talents, skills, or interests that you would be willing to share with the Preschool (i.e. – play and instrument, cook/bake with the children, share an art or science project)



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#### Parent Information (for your files)

#### **Enrolment:**

The preschool consists primarily of children 3-5 years of age. Due to Provincial Licensing, only limited participation of 30-36 month aged children is possible. Registration for returning families and siblings will be taken in January. Open registration will commence late January or early February of the enrolment year.

#### Term:

The preschool is in session from September through June and follows the School District 43 policies with regard to statutory holidays and school breaks (except for Pro-D days).

Classes are from 9:15am-12:15pm. Children are presumed to arrive on time and to be picked up promptly by the designated parent or guardian listed on the sign- in/out sheet.

#### **Gradual Entry:**

The teacher will design a structured gradual entry process at the beginning of each school year. It is expected that the teacher will facilitate the family's adjustment to preschool, to enable the child to participate in class comfortably. Each child and family will have differing needs and adjustment periods. The goal is to create an atmosphere where the child is confident to play and participate independently. Parents are welcome and invited to stay in the classroom, to sign up for duty days as is needed and/or possible to share in and support their child.

#### Fees:

An \$80 non-refundable enrolment fee is payable upon notification of an opening and will secure the child's spot. If you register your child after December 31, the fee is reduced to \$40.

Families with more than one child enrolled in the preschool shall only pay one registration fee.

	Days / Week	\$ per month* (Duty Days)	\$ per month* (No Duty Days)
Ī	2 Days per week	\$220	\$264
	3 Days per week	\$245	\$294

Post-dated cheques are required for all monthly fees and are to be submitted with required paperwork by June 1.

Monthly tuition is for September through June. 10 post-dated cheques (dated Aug 1 — May 1)

PLEASE NOTE THAT WE CANNOT ACCEPT ANY CASH PAYMENTS.

#### **General Meetings:**

Parents are required to attend the 4 mandatory General Meetings: (Dates may change)

- September Parent Orientation
- December/January Meeting
- March/April Meeting
- Annual General Meeting (AGM) in May/June.

#### **Duty Days:**

Parents have the opportunity to sign up for duty days as a benefit of membership in the preschool. Duty parents do not count for the adult-child ratio, and there would be two ECE/ECEA on staff in the classroom.

Time spent in the classroom offers a unique perspective on your child and can support their early learning experience. Ways parents assist the teachers include classroom set- up, clean-up, sharing a special skill or helping with a special project in class, reading, playing and participating with the children in the day's preschool activities. The teachers have the overall responsibility for programs, teaching materials, discipline, and health and safety. Every duty parent would have approximately 1-2 duty days per month.

#### **Volunteer Responsibilities:**

PoCo Happy Times Preschool is a cooperative, non-profit society and as such parents must participate in **at least one volunteer position**. The volunteer position list can be found in the included 'Parent Volunteer Positions' sheet. If parents have additional questions about their responsibilities, they should discuss it with the Teacher or a member of the Executive. Any parent who fails to carry out his/her volunteer responsibilities, will be reviewed with the possibility of membership being suspended or revoked.

#### Clean-up Days:

To keep the classroom germ free and in accordance with Provincial Licensing the preschool is cleaned on the last Friday each month. These cleanings are organized and done by the Cleaning Committee (see Volunteer Position Sheet) and additional parent volunteers.

Conflict Resolution: Please refer to PoCo Happy Times Preschool - Communication & Conflict

#### **Resolution Policy**

It is expected that any parent with a grievance would first attempt to resolve the conflict by speaking directly with PoCo Happy Times.

#### Fire/ Earthquake Drills:

Safety drills are practiced regularly.

#### Illness:

Children who have been sick during the evening or morning prior to class should NOT attend class. The general rule is if your child is not well enough to play outside, he/she is not well enough to attend preschool. If a child contracts a communicable disease, the Teacher or President must be notified immediately.

#### Lice:

Head lice are not a problem of poor hygiene. They are however common amongst children in groups.

Parents are responsible for checking their children on a regular basis and notifying the teacher immediately if lice are found so appropriate actions can be taken.

#### Clothing:

Dress your child in comfortable casual clothing. Painting or crafts may cause clothes to get dirty. Please provide a change of clothes which will be kept in the classroom in the case of accidents or wet weather.

Please also provide a pair of indoor shoes for your child. Please make sure that all clothing is appropriate for the season (change of shoes/boots in winter, sun hats, sunscreen in the summer, etc.) The children might play outside rain or shine, so please ensure they are appropriately dressed for outdoor play in any weather.

#### **Snacks:**

Please send a healthy snack to class with your child. Please let the teachers know if your child has any allergies that may need attending. Epipens and Care Plan should be left on site for easy access. We may set certain restrictions on snacks (i.e. no nuts/seeds etc.) if there are allergies in the class.

#### **Fundraising and Donations:**

There may be a few times in the year when parents will be asked to assist with fundraising for the operation of the school.

PLEASE KEEP FOR YOUR FILES



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## **Mailing Address:**

P.O. Box 123

Port Coquitlam, BC, V3C 3V5

#### **Email Address:**

phtpreshool@gmail.com

#### **Teachers:**

Joy Kinloch

Janice Loverock

#### **Class Times:**

09:15 - 12:15

#### Fees:

Registration \$80 (nonrefundable), reduced to \$40 if registered after Dec 31

Days / Week	\$ per month* (Duty Days)	\$ per month* (No Duty Days)
2 Days per week	\$220	\$264
3 Days per week	\$245	\$294

#### PLEASE KEEP FOR YOUR FILES

# PoCo Happy Times Preschool

## **Emergency Consent Card**

GENDER

F

BIRTHDATE

NAME

ADDRESS		
MOTHER'S NAME	HOME TEL #	
	MOBILE TEL #	
	WORK TEL #	
FATHER'S NAME	HOME TEL#	
	MOBILE TEL #	
	WORK TEL #	
EMERGENCY CONTACT	HOME TEL #	
	MOBILE TEL #	
OUT OF TOWN CONTACT	TEL#	
DOCTOR ALLERGIES / MEDICATIONS / DISABILITIES	TEL#	
Conso	ent Form	
Conse	ent Form	
For my child		
Care Card #		
It is our policy to notify a parent when a child is ill or needs	medical attention.	
Occasionally we cannot contact parents and we need to ge so that we can take appropriate action on behalf of your chemergency center.	t immediate help for the child. Please sign the consent below nild. We will take this signed consent with us to the	
nearest emergency center; or summon an ambulance for ein attendance, feel such services are required and I cannot	Center, to call a physician: take my child to the mergency medical aid; should in the opinion of the person(s) be contacted by phone. If such emergency should arise, I shall ed for such services shall be the sole responsibility of myself.	
 Date	Signature of parent/guardian	

# PoCo Happy Times Preschool

## Volunteer Information Sheet

Parent's Name:		
Character Reference:		
Please provide three names and a	addresses for a character reference	
Name	Address	Phone
Work Experience:		
Please list where you have worke	d in the last 5 years	
Company	Job Title	Number of Years
Immunization Status:		
In compliance with the Communi	ty Care and Assisted Living Act.	
•	,	
Please circle:		
YES I have all my immunizatio	ns	
NO I am not immunized		

## Emergency Pickup Persons

List in order of preference	
1.	Phone #:
2.	Phone #:
3.	Phone #:
from the school in event of an emergency or oth teacher permission to call upon these people if t	ission for the people listed above to pick up my child / children ner situation that prevents me from doing so myself. I give the the need arises in accordance to the Emergency Plan. The ss the right code word (specified below), is given by the called
Code Word:	
Code Word should only be known by you, the en	nergency pickup persons and the teacher.
Example: The child's middle name or nickname,	something he emergency pickup person will remember.
Out of province emergency contact person: IMF	PORTANT TO HAVE
Name:	
Phone Number:	
Signature:	