Child Matters Incorporated

CBS Regulated Preschool Program

## Parent Handbook

***2022***

******

***4 Woodgrove Acres, CBS NL, A1X 6G3***

#### Hours of Operation, Monday to Friday:

**7:30 am** to **5:30 pm**

***Facebook: Child Matters Incorporated***

***e-mail:*** [childmattersinc@gmail.com](mailto:childmattersinc@gmail.com)

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**Attachments for parent/guardian to complete in order to finalize registration:**

* Registration Form and Health Questionnaire signatures for pick up required
* Immunization Record Waiver
* Consent for Emergency Care and Transportation
* Alternate Authorized Adult Pick Up Consent Form
* Photo/Video/Audio Consent to Release Form
* Sunscreen and Insect Repellant Consent Form
* Community Outings Consent Form
* Automatic PAD banking forms
* Parent Handbook Acknowledgement Form

**1.** ***Welcome***

The Child Matters Incorporated (CMI) Preschool Program is a Centre that puts a strong emphasis on caring, respect and responsibility. We strive to provide every child with activities that foster personal growth and development.

We are pleased that you have selected us to provide preschool programming/care for your child at our new CBS location. Our goal is to provide quality childcare activities while balancing fun, learning and friendship.

Please read through this Parent Handbook and familiarize yourself with Centre policies and procedures. It provides you with information about services, activities and payment structure. Updates to the Parent Handbook information may occur throughout the year. Please take the time to read the new versions as they are updated on the website. We welcome you to contact us by emailing [childmattersinc@gmail.com](mailto:childmattersinc@gmail.com) with any questions or comments and to visit our Facebook Page to view the activities at the Centre.

2. *Statement of Philosophy*

CMI Preschool Program believes in supporting the families of the community through providing a high quality and affordable preschool program run by qualified and motivated Staff. We believe in fostering positive experiences towards the growth and wellness of the children at our Centre through the adherence to the following Core Values:

3.*Core Values*

###### Competent and Invested Caregivers and Staff

CMI believes in providing high quality service through the hiring of experienced, well-trained, caring, highly motivated and engaged Staff that are treated fairly and compensated at well above competitive rates.

###### Creativity and Open-mindedness

CMI believes in fostering creativity and forward thinking, embracing change and striving to find win/win solutions.

###### Equality, Inclusion and Diversity

CMI believes in the involvement of all children, families, Staff and community partners in equitable and inclusive environments. CMI recognizes that children are competent and capable and deserve the opportunity to be active contributors to the functioning of the Centre. As we are a regulated Centre families requiring financial subsidy and children requiring inclusion supports are assessed and supports are funded by the Provincial Government. In order to ensure smooth programming and for the safety of the child, supports must be in place prior to a child beginning at the centre.

**Objectivity, Accountability and Affordability**

CMI believes in a well-managed organization, ensuring effective resource management while offering quality care at affordable rates.

**Morality, Honour, Integrity and Mutual Respect**

CMI believes that everyone has worth and value and that all children, families and Staff are entitled to be respected, supported, understood and have a sense of belonging.

###### Care and Warmth towards Positive Growth

CMI believes, that every child is entitled to develop in a safe, warm and caring environment (a place where children thrive and want to be,) where they can grow and develop to their maximum potential. CMI is committed to fostering each child’s self-esteem and feelings of self-worth and value through positive care giving.

###### Transparency in Communications to Foster Trust

CMI believes in developing and maintaining open, honest and trusting relationships with our children, families, Staff, and community partners. CMI encourages open dialogue and input from all of the above individuals to ensure relationship strength.

###### Child, Family, Educator and Community Collaboration

CMI believes in working collaboratively and cooperatively with the NLESD, other agencies, as well as all levels of government, to meet current trends and expectations of child care to provide optimal services, support and resources to children and their families.

# 4. Program Description

The CMI Full Time Preschool Program is a preschool childcare program that is available to children between the ages of 3-5, before they start kindergarten.

The CMI program goals are:

* To create a fun, friendly, and safe atmosphere
* To strengthen children’s curiosity, self-confidence, and social skills
* To engage children in unique physical and hands-on activities

Staff will provide structured and free play opportunities daily. Children may participate in a variety of exciting and creative activities that will include drama, art, science, outdoor/indoor recreation, and projects related to emergent curriculum.

Provincially prescribed areas are set up each day with sufficient activities and materials. Adequate time will be given for the children to explore in the areas of their choice. Children will be permitted to repeat an activity, if they wish. Children will be supervised and observed as they work, create, play and relax. Staff will interact with the children by asking questions, being available, providing props and ideas, extending language, modeling play behaviours, and/or initiating spontaneous small group activities.

General environment:

Children will be provided with a clean, safe, and welcoming space where they can play and work. The Staff will treat your child with respect and dignity each and every day.

# 5. Admission of Children

Initial Registration: the parent/guardian will submit a completed registration form in PDF format by email to [childmattersinc@gmail.com](mailto:childmattersinc@gmail.com) (JPEGs cannot be accepted due to poor quality.) Completion of this form does not guarantee admission to the CMI CBS Regulated Preschool Program. Once the forms are reviewed and accepted, you and your child will be invited to the centre for a visit. Following the visit a non-refundable $25 registration fee and non-refundable $50 deposit will be requested by EMT to [childmattersinc@gmail.com](mailto:childmattersinc@gmail.com). The $50 deposit will hold a space for the child and will be deducted from the first automatic PAD biweekly payment. ***(Please do not send funds until directed to do so as the amount of the deposit may not be required, depending on the timing of the automatic billing cycle.)***

Once the CMI CBS Regulated Preschool Program is full, a waiting list will be created. As space becomes available, the admin will contact the parent/guardian of the child on the waitlist. Names will be added to the waitlist only once **ALL** the completed registration forms and immunization records have been received in PDF format, a visit has been conducted and the non-refundable registration fee/deposit have been paid. Once a space becomes available, it will be held for a maximum of one week. ***(Please note: only 16 children aged 3 to 5 will be accepted into the CBS Regulated Preschool Program per provincial guidelines. Attendance in the Full Time CBS Regulated Preschool does not guarantee transfer or placement in the CBS Year-Round School Age Program.)***

**6. *Child : Staff Ratio***

The child-to-Staff ratio will be 8:1 per the guidelines dictated by the province.

***7. Withdrawal/Discharge of Children***

Once registered, in order to officially withdraw a child from the Centre, a parent/guardian must complete and submit written notification (by email to childmattersinc@gmail.com) giving a minimum notice of **two automatic pre-authorized biweekly payments**. Verbal notification and/or non-attendance will **not** constitute discontinuation. Please note that recurring biweekly pre-authorized debit (PAD) payments are non-refundable once processed. If a balance remains after the discontinuation notification, the next scheduled recurring payment will be adjusted to collect the remaining balance in full. Should a family receiving subsidy for a space withdraw without the equivalent of two automatic biweekly payments and subsidy fail to pay for the time, the family will be responsible to make the payment immediately. Families receiving subsidy must adhere to the absence policy by the Department of Education. If they fail to do so the family will be required to pay for the missed days immediately on request.

If a payor’s PAD payment fails and the payor’s account becomes delinquent (NSF,) CMI will remove the child from the program after providing a minimum of seven (7) days written notice to the parent/guardian.

CMI promotes an atmosphere of safety and mutual respect and will not tolerate inappropriate conduct or behaviour towards the Staff. Violation of these principles may result in immediate termination of the child’s enrolment.

# 8. Behavioural Expectations

# At the CMI CBS Regulated Preschool Program behavioural expectations have been developed. The Staff will impart to all children attending the program, specific qualities of positive and age-appropriate behaviour and social interactions. Additionally, it is the responsibility of any and all Staff to provide an environment that assures each child’s maximum safety at all times. It is every child’s right to be given the opportunity to have a positive experience while attending the Centre. In addition, every child also has the responsibility to abide by a code of behaviour that promotes the social, emotional, and creative development of all children in the program.

With these purposes and goals as a guide, CMI have the following behavioural expectations:

* All children will speak/act in a manner that demonstrates respect for Staff and others.
* All children will behave in a caring manner that does not bring physical or emotional harm to themselves or others.
* All children will show respect for CMI property and personal property of others.

# 9. Behavioural Guidance Procedures

There are times when children display inappropriate behaviour. Testing limits is a normal and welcomed part of a child’s development. For most behaviours, the Staff are fully equipped to respond appropriately. The Staff will respond consistently to inappropriate behaviours. In order to help children identify their feelings, guide them toward acceptable ways to express emotions, and help them to obtain what they want/need in an appropriate manner, the Staff will utilize the following techniques.

***Preventative Actions:*** Reinforcing desirable positive behaviours, providing a positive model of acceptable behaviour and encouraging children to practice behaviour that allows for the resolution of conflicts so children can have their own needs met.

***Redirection:*** Appropriately and effectively redirecting undesirable behaviours into desirable behaviours.

***Coaching:*** Encouraging and helping the child to learn how to use their words to express their feelings and learn new ways to handle the situation that preceded the inappropriate behaviour. Facilitating a child’s attempt to settle their own disputes.

***Peace Out/Rest Time:*** If necessary, separating individual children who are having difficulties with each other to allow them time to breathe and de-compress. (Children will not be separated from the entire group as a means of behaviour management.)

***Warnings:*** Providing children with clear explanations as to which specific behaviour is inappropriate while helping them identify alternative appropriate and effective behaviours.

***Parent Conferences:*** Formal meetings between Staff and the parent/guardian will be scheduled by either the Staff or the parent/guardian when a child has difficulty managing his/her behaviour on a recurring basis. Planning for strategies to improve the undesirable behavior will be documented and kept in the child’s file. A follow up meeting with the parent/guardian and the Staff will be scheduled to review the child’s progress.

***Report Form:*** In the event a child’s behaviour endangers another child’s welfare, is destructive to property, or disrespectful to authority, an incident report will be completed, which the parent/guardian will sign at pick-up. One copy will be given to the parent/guardian and one copy will be placed in the child’s file.

***Suspension/Dismissal:*** CMI makes every effort to work positively with each child and family, and we will try to adapt methods and share our concerns with families. On rare occasions, a setting like ours may not always fit the needs of all families and their children. Some behaviours are severe enough as to disrupt the benefit of the Centre’s experience. In the event that a child’s or parent/guardian’s behaviour continues to be inappropriate or consistently disruptive/disrespectful, children/families may be suspended or dismissed from the program. Behaviour that can be considered inappropriate or

dangerous to the child, other children, Staff or owner will be cause for removal from the program. Children requiring extra assistance to effectively participate in programming will be assessed through the provincial inclusion program and may attend the program once inclusion supports are in place and an inclusion worker is hired and available to work with the child at the program.

# 10. Confidentiality

All information pertaining to the children will be kept strictly confidential. CMI will not release private personal information to outside agencies without the informed, written consent of the parent/guardian on record. Once signed by the parent/guardian, the Consent to Release Form (available at the Centre) gives the Staff permission to access records and exchange data regarding a child with various outside agencies such as the school, doctor, other clinicians, and relevant provincial departments. Where there may be reported or suspected incidents of child abuse or neglect, the Staff will report all suspicions to Child Protection Services for follow up and possible investigation without the prior consent of the parent/guardian, as dictated by the law.

# 11. Photos

CMI celebrates and documents everything that takes place at the Centre. We will often take photos of the children engaged in activities at the program. Photos might be posted at the program or included in a program photo album. Children’s names will not appear with any published images. Comments posted about children identifying them by name on CMI social media sites will be removed by the admin for safety purposes.

# 12. Scheduled Breaks/Stat Days

The regular program will not operate during any of the following days:

**\*New Year’s Day**

**\*Good Friday**

**\*Victoria Day**

**\*Canada Day**

**\*Regatta Day**

**\*Discovery Day**

**\*Labour Day**

**\*National Day of Truth and Reconciliation**

**\*Thanksgiving Day**

**\*Remembrance Day**

**\*Christmas Eve**

**\*Christmas Day**

**\*Boxing Day**

**\*One Staff Professional Development Day (variable dates announced once annually)**

# 13. Hours of Operation

The CBS Regulated Preschool Program will be open to welcome your child at 7:30 am Monday to Friday. The parent/guardian must pick up the child from the Centre no later than 5:30 pm, or late fees will apply.

**14*. Late Pick-up Policy***

It is extremely important that the parent/guardian pick up the child on time. If the parent/guardian is late picking up the child (after 5:30pm), a late fee of $15/child per 15 minutes late or any part thereof will be charged. This late fee will be processed through the automatic PAD.

# 15. Absences

If a child will be absent for any reason (sickness, extracurricular activity, etc.,) the parent/guardian must notify the Staff by leaving a voicemail message on the Centre phone every morning before 7:00 am on the days that the child will not be in attendance. **(IMPORTANT: Please do not email the CMI admin email address, as the absence message may not be communicated to the Centre Staff in time!)** Failure to notify the Staff of a child’s absence could lead to termination of services. This is extremely important in order to facilitate planning and outings for the day. Advanced notice of vacation must be given to the Staff. Payment is required for all days missed by the child and will not be refunded or credited to future dates, regardless of the reason, medical, Covid19, family vacation, kinder-start days, inclement weather or otherwise.

If a parent/guardian chooses to withdraw the child for any reason without adequate notice, the withdrawal will be considered a termination. In order to re-enter the program (if space is available), both a new registration fee ($25) and a full month’s payment must be paid in advance via EMT, prior to recommencement of the child at the program.

# 16. Telephone Communication

If the parent/guardian needs to contact the CMI CBS Regulated Preschool Program Staff during program hours for any reason, please call the Centre. If you reach the voicemail, please leave your name, your child’s name and your telephone number and Staff will return your call asap. If you call outside of the program’s operating hours, please leave a detailed message, including your name, your child’s name and your telephone number. A Staff member will return your call at the earliest available time.

# 17. Child Matters Incorporated Facility Closures

CMI CBS Regulated Preschool Program may close at times due to adverse weather, power outages, water outages, etc. The parent/guardian will receive an email regarding closure to the address provided. The parent/guardian must provide the Centre with up-to-date cell numbers and email addresses, should they change throughout the year. Please be certain to add the CMI email address to your ‘contacts’ as we will send group messages via bulk email. CMI will not refund or make-up any days that are cancelled due to unscheduled building closures.

# 18. Snow Days

CMI will follow the NLESD decision on snow days or other emergency or safety-related school closing situations.

On days when schools open, but close early because of weather, the Centre will not operate due to similar safety precautions for the children, families and Staff.

On days when schools do not open because of weather, the Centre will not operate. CMI does not refund or make-up days that are cancelled due to inclement weather.

# 19. Evacuation Procedures

In case of an emergency (fire/otherwise), children and Staff will evacuate to the BAC Masonry College at 631 CBS Hwy, CBS NL, A1X 7L4, which is next door to the Centre. Staff will bring emergency contact information to the evacuation site. On arrival, a parent/guardian will be contacted to pick up each child at the evacuation site. Practice fire drills will occur at the Centre once a month.

# 20. Pick-up Procedures at the Program

A preauthorized parent/guardian or alternate authorized adult will come into the Centre to sign out and pick up the child. The time of pick up will be recorded by the parent/guardian in the Register. The parent/guardian will assist the child in getting ready to leave, gathering the child’s belongings at the coat area. Staff cannot assist with departure and cannot have children ready in anticipation of their parent/guardian’s arrival, regardless of circumstance. Please do not call the centre to notify that you are “on your way.”

If the parent/guardian wishes to speak with a Staff member, it may be possible at pick up, provided the Staff is not otherwise engaged or working with the children. If the parent/guardian has a concern or question that will require time and privacy, a phone call or meeting can be arranged with the Staff after the program is closed for the day. Staff are available to support the parent/guardian and the child at all times, however, supervising children is the priority while the centre is operational.

Reminders and notes for the parent/guardian, will be posted near the Register or. If other authorized adults are picking up the child, the parent/guardian will familiarize them with the procedures outlined above.

The children’s safety is of primary concern at the Centre. If the CMI Staff does not know the person picking the child up from the program, they will be asked to show photo identification before the child is released to him/her. Only authorized adults (whose signatures have been provided prior to the day of pick-up) on the Registration Form or Alternate Authorized Adult Pick Up Consent Form will be permitted to pick the child up from the Centre. A phone call or email will not suffice to add names to the authorized pick up list of the child. It is extremely important that the child’s authorized pick up list is updated regularly to ensure the release of the child is not denied at pick up.

***\*Please note: Per Provincial guidelines, in order to prevent accidents and for hygiene purposes, adult’s outside footwear cannot be worn inside the Centre. This will help to maintain the cleanliness of the floor which the children play on. We thank you for your anticipated cooperation in this matter!***

# 21. Belongings

The parent/guardian will label the child’s belongings. The parent/guardian will send an extra change of clothes to the Centre, in case of inclement weather or a messy activity. The parent/guardian will provide a pair of indoor shoes for the child to be left at the Centre. Unless requested for a special activity, children will **not** be permitted to use toys or electronics from home. At the end of each day, any items left behind by the children will be put into a “Lost and Found” container. The Staff will do their best to reunite labeled items with the child the next day.

# 22. Snack Time

A healthy lunch and two healthy snacks will be provided every day. A Four-Week menu plan will be posted for the parent/guardian to view. The Centre serves 2% milk at lunch and water with the daily snacks. Snacks and will consist of a minimum of two food groups and will be portion controlled per nutritional guidelines. **Children will not be permitted to eat food brought from home at the Centre at snack time.**

Snack Time and Lunch Time Expectations:

* children will wash their hands before snack time/lunch time
* children will not be forced to eat food they choose not to eat
* children will be encouraged to pour their own beverage
* children will be encouraged to serve and clean up after themselves
* children will remain seated while eating
* children will be encouraged to try new foods

**23*. Immunizations/Sickness/Medical Procedures:***

On registration to CMI CBS Regulated Preschool Program the parent/guardian will provide the child’s current immunization records which will be kept in the child’s file. If immunization records are not available the parent/guardian is required to complete an Immunization Waiver Form, which will be kept in the child’s file. Children may not attend the program if they have any illness/disease listed as communicable/contagious. Following a communicable/contagious illness, a child will not be permitted to return to the Centre until written clearance has been provided from his/her doctor. Refunds/credits for missed time at the program due to illness will not be provided, (regardless of the length of illness.)

If a child becomes sick during the program, Staff will call the parent/guardian and/or emergency contact to pick the child up from the Centre as soon as possible. While waiting for the parent/guardian to arrive, the Staff will keep the child comfortable and somewhat separated from the other children at the Centre to reduce the possible spread of contagions. The Staff is not permitted to administer any medication or other treatment without the prior written direction from the parent/guardian and the child’s doctor. If the child has a high temperature, vomiting, or diarrhea, he/she cannot attend the Centre until all symptoms have ceased for a minimum of twenty-four (24) hours, *without the use of medication*.

**All of the child’s illnesses, medical conditions, disabilities, and behavioural concerns must be disclosed on the Registration Form. Failure to report any special needs of the child at registration as well as failure to report or repeated missed administration of medication during home time which leads to interference with program administration may result in immediate termination from the program. Failure to provide ample supply of medications required for administration to the child during the program may also result in termination from the program.**

The Staff have the authority to act on behalf of the parent/guardian in case of any emergency. If due to such circumstances as injury or sudden illness, medical treatment is necessary, the Staff are authorized to take whatever emergency measures are deemed necessary for the protection of the child. These safety measures may be taken prior to contacting the parent/guardian. **Any expense incurred for such treatment, including ambulance fees, is the responsibility of the parent/guardian.** A child will not be able to attend the Centre if the current MCP number/expiry date is not on file.

The Staff will keep the facility as clean and germ-free as possible and encourage frequent hand washing, which is the most effective way to prevent the spread of infection.

*Please note: The parent/guardian is required to inform Staff of any serious illness or communicable/contagious disease (experienced by the child or close family member) immediately, in order to allow other families within the CBS Regulated Preschool Program to be alerted by the Staff.*

# 24. Medication

The Staff will dispense prescription medication only with written permission from the parent/guardian, and prescribing doctor using the “Medication Consent” form (available at the Centre.) Medication must be given directly to the Staff by the parent/guardian. All medication must be in the original packaging and clearly labeled with the child’s name, medication name, date, dosage, doctor’s name, and doctor’s telephone number. Due to possible allergic reactions, the child must have taken the medication for at least twenty-four (24) hours before attending the Centre with the medication. Failure to provide newly prescribed dosages or refills prior to the child’s attendance at the program may result in a suspension from the program until adequate amounts of the current prescription (in the original container,) are provided. Staff are not permitted to alter medication dosages based on verbal discussions or email requests from a parent/guardian as the Staff must follow the directions on the prescription bottle. Any changes must be clearly outlined on the Medication Consent form.

**25. *Child Accidents/Incidents***

In the event that a child is injured at the Centre, the Staff, (all of whom are certified in first aid) will administer appropriate first aid. The Staff will provide an Incident Report to the parent/guardian, which will include a description of the incident, any treatment given, or other action taken. In order to protect the confidentiality of all children at the Centre, the names of other children involved in any accident/incident will not be included on the Incident Report Form. In the case of serious injury requiring emergency medical attention, the Staff will call 911 and notify the parent/guardian.

**26. *Sunscreen & Insect Repellent***

The parent/guardian will complete a Sunscreen and Insect Repellant Consent Form which will give Staff permission to apply sunscreen and/or insect repellent to the child. The parent/guardian must provide labeled and unexpired sunscreen of at least SPF 30 for use on their child. Unexpired insect repellent labeled with the child’s name can be applied to the child on request to the Staff by the parent/guardian. The Centre is not responsible for the effects of sun exposure or insect bites on the child if the parent/guardian has not provided unexpired sunscreen or insect repellent for use at the Centre.

# 27. Payment Schedule

Automatic withdrawals for two weeks of Full Time Preschool care will be taken from the account specified by the parent/guardian on a biweekly basis on the preceding Friday for which care is provided at a cost of $15/day ($150/biweekly.) The parent/guardian will be provided with a Payor’s Preauthorized Debit Plan Agreement Form (PAD) which requires the provision of banking information for processing of automatic bi-weekly payments. CMI does not accept any other method of payment and does not direct bill external agencies except in the case of Provincial Subsidy, whereby the family has applied and written acceptance has been received by the Administrator.) Familiarity with the Provincial Subsidy program with respect to missed days or holidays is the responsibility of the parent/guardian and additional documentation is required by CMI in advance of acceptance of families availing of that service.

Step 1. The parent/guardian will complete the first two sections of the form as the “Payor”.

Step 2. CMI is the “Payee”. CMI will complete the third section, which will read as follows:

Child Matters Incorporated, 55 Karwood Drive, CBS, NL, A1L 0L3

[childmattersinc@gmail.com](mailto:childmattersinc@gmail.com)

Step 3. Sign then scan (in PDF format only) and email the completed form to childmattersinc@gmail.com

Please note:

* Due to processing time to set up a PAD, the first two weeks of regular Full Time Preschool programming may be requested by EMT (no password required.)
* The parent/guardian must resubmit a new bank form when the banking information changes, to ensure there is no interruption in payment, providing a minimum of two weeks notice of the change.
* All missed or late payments, regardless of personal financial circumstance will incur a $30 NSF fee, and will result in dismissal from the program.
* Adjustments may be necessary to cover fee increases, late fees, NSF fees, etc.
* Payments will be processed every two weeks regardless of statutory holidays or absences of the child due to illness or family vacation as building expenses, Staffing and supplies must be maintained to ensure operational readiness for when your child attends the program.

# 28. Statements and Receipts

Official receipts for income tax purposes will be emailed to the parent/guardian **once annually** (in January) or one month following withdrawal or termination from the program. Due to limited availability of administrative supports, weekly, monthly or mid-year receipts will not be provided, regardless of circumstance.

**29*. Daily Schedule***

**7:30am** Preschool Opens

**8:00am** Free Play

**8:45am** Small Group Activity

**9:15am** Snack

**9:45am** Outdoor play (weather permitting)

**10:45am** Free Play

**11:45am** Lunch

**12:30pm** Quiet Activities/Nap Time (if required)

**1:30pm** Free Play

**2:30pm** Snack

**3:15pm** Free Play

**4:00pm** Outdoor play (weather permitting)

**5:00pm** Quiet Activities

**5:30pm** Dismissal

**30*. Registration Forms***

Please complete and scan in PDF format all of the following forms to [childmattersinc@gmail.com](mailto:childmattersinc@gmail.com). If you do not have a scanner, we recommend something like the free Tiny Scanner App for your phone. (*Please do not send Jpegs/pictures of the documents as this format cannot be printed)* Please include all original handwritten signatures of all responsible adults listed on the forms and include a current copy of immunizations. If you cannot place the immunization records, they can be obtained by email from Eastern Health at Cordage Place.

Child Matters Incorporated

**Registration Form and Health Questionnaire**

***CHILD INFORMATION*** (ONE set of forms per child)***:***

First Name: Last Name:

Birthdate (yyyy-mm-dd): Age: Gender: Address:

Home Phone Number: School Zone: Year child will start school:

***PARENT/GUARDIAN INFORMATION SIGNATURES REQUIRED:***

*PARENT/GUARDIAN 1: (Primary Contact)*

First Name: Last Name: Relationship: E-Mail:

Cell# Work #

Original Hand Written Signature:

*PARENT/GUARDIAN 2: (Secondary Contact)*

First Name: Last Name: Relationship: E-Mail:

Cell# Work #

Original Hand Written Signature:

***EMERGENCY CONTACT INFORMATION (2 required, NOT the Parent/Guardian)***

*EMERGENCY CONTACT 1:*

First Name: Last Name:

Relationship: E-Mail:

Cell# Work #

*EMERGENCY CONTACT 2:*

First Name: Last Name:

Relationship: E-Mail:

Cell# Work #

***MEDICAL INFORMATION***:

Family Dr: Phone:

Family Dr. Address:

**MCP #: Expiry:**

Dentist: Phone:

Dentist Address:

Name/phone number of other clinicians/professionals involved in the child’s treatment:

***HEALTH AND DEVELOPMENTAL HISTORY:***

Describe your child’s general health (e.g., recurrent colds, ear infections, stomach aches)

Does your child have any illnesses, conditions, special needs or diagnoses that Centre Staff should know about (e.g., asthma, diabetes, attention deficit disorder, autism, other health restrictions)?

Is your child taking any medication? (circle one): Yes No

If yes, which medication and what is it for?

Has your child ever been to a dentist? (circle one): Yes No

Describe any dental problems:

How would you describe your child’s emotional, physical and social growth and development:

Does your child have any food allergies? (circle one): Yes No

If yes, please describe:

Does your child have any other allergies? (circle one): Yes No

If yes, please describe:

Is your child on a special diet? (circle one): Yes No

If yes, please describe:

Describe any particular concerns you have about your child’s diet and/or eating habits:

Describe specific techniques used to settle or calm your child (e.g., time to themselves, listening to music, reading):

Describe your child’s sleeping habits and routine:

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

Describe how your child reacts to stressful situations (e.g., cries, withdraws, ‘acts out’, nightmares):

How does your child usually react to new situations?

Please provide any insight on guiding your child’s behaviour such as setting limits and whether there are any concerns you have about your child in relation to their behaviour:

Is there anything else that you would like the Centre Staff to know about your child to help with providing the best possible care?

***REGISTRATION FORM AND HEALTH QUESTIONAIRE COMPLETED BY:***

Parent/Guardian Name:

Parent/Guardian Signature: Date:

IN ORDER TO COMPLETE THE REGISTRATION PROCESS AND SECURE A SPACE FOR YOUR CHILD A VISIT WITH YOU AND YOUR CHILD WILL BE ARRANGED FOLLOWING WHICH A NON-REFUNDABLE REGISTRATION FEE OF $25 AND NON-REFUNDABLE DEPOSIT OF $50.00 WILL BE REQUESTED VIA EMT TO [childmattersinc@gmail.com](mailto:childmattersinc@gmail.com) *(Note: the deposit will be credited to your first biweekly payment.)*

*PLEASE DO NOT SEND MONEY UNTIL IT IS REQUESTED*

**TO BE COMPLETED BY CMI STAFF:**

Alternate Authorized Adult Pick Up Consent Form

Immunization Record

\_\_\_\_\_\_ Consent for Emergency Care and Transportation Form

Photo/Video/Audio Release Form

Sunscreen and Insect Repellant Consent Form

Parent Handbook Acknowledgement Form

PAD Banking Forms

Exceptionalities Treatment Form (If Applicable)

Medication Administration Form (If Applicable)

Subsidy Form (If Applicable)

Child start date: Child end date:

Administrator: Signature:

Date:

***Thank You!***

Child Matters Incorporated

Child Matters Incorporated

**Alternate Authorized Adult Pick Up Consent Form (4 Required)**

I give permission for:

to be picked up from the Child Matters Centre by:

(Name of Child)

1.

(Name of Alternate Authorized Adult AND Original Handwritten Signature of Alternate Authorized Adult 1) REQUIRED (not Parent/Guardian)

2.

(Name of Alternate Authorized Adult AND Original Handwritten Signature of Alternate Authorized Adult 2) REQUIRED (not Parent/Guardian)

3.

(Name of Alternate Authorized Adult AND Original Handwritten Signature of Alternate Authorized Adult 3) REQUIRED (not Parent/Guardian)

4.

(Name of Alternate Authorized Adult AND Original Handwritten Signature of Alternate Authorized Adult 4) REQUIRED (not Parent/Guardian)

Special Instructions:

Name of Parent/Guardian

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

Signature of Parent/Guardian

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

Date

Name of Administrator

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

Signature of Administrator

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

Date

***\*Note: photo identification and a sample signature may be requested by any/all alternate adults authorized to pick up a child from the Centre on arrival at pick-up***

Child Matters Incorporated

**Immunization Record Waiver**

*(Required until immunization records are provided)*

This is to confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of child)

Is immunized: YES NO

I have a current and up to date record of immunization: YES NO

I am awaiting a copy of my/child’s record of immunization: YES NO

If my child is not immunized, I am aware that I/my child may be asked to be absent from Child Matters Incorporated at the request of a public health official in the event of a communicable disease outbreak and may be unable to return for the duration of that outbreak and that refunds or credits for missed time during these circumstances will not be given.

Name of Parent/Guardian

Signature of Parent/Guardian

Date

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

Name of Administrator

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

Signature of Administrator

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

Date

Child Matters Incorporated

**Consent for Emergency Care and Transportation**

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(yyyy/mm/dd)

**MCP #: Expiry:**

If, due to such circumstances as injury or sudden illness, medical treatment is necessary, I authorize the Staff to take whatever emergency measures deemed necessary for the protection of this child while in attendance at the Centre. I understand that this may involve contacting a Physician, interpreting and carrying out the Physician’s instructions, and transporting this child to a hospital, including the possible use of an ambulance. This could also include emergency transportation required as a result of fire or other environmental emergencies. I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

Name of Parent/Guardian

Signature of Parent/Guardian

Date

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

Name of Administrator

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

Signature of Administrator

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

Date

Child Matters Incorporated

**Photo/Video/Audio Consent to Release Form**

Child Name:

I give permission for Child Matters Incorporated to take and post photos, videos and/or audio recordings of the above-named child of the program. I understand that the child’s name will not be published with the photos/videos and/or audio recordings taken of him/her. I agree not to use any child’s name when commenting on social media postings made by Child Matters Incorporated.

I understand that I may revoke my consent to release photos/videos/audio recordings at any time by emailing:

[*childmattersinc@gmail.com*](mailto:childmattersinc@gmail.com)

Name of Parent/Guardian

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

Signature of Parent/Guardian

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

Date

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

Name of Administrator

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

Signature of Administrator

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

Date

Child Matters Incorporated

**Sunscreen and Insect Repellant Consent Form**

I give the Staff of Child Matters Incorporated permission to apply:

(Name of sunscreen-*required*)

(Name of insect repellent-*optional*)

to the face and other exposed skin areas on:

(Name of Child)

All sunscreen and insect repellent will be provided by the parent/guardian in the original container, with a valid expiration date, free of nut products, labeled clearly with the child’s name, and given directly to the Staff. Sunscreen must provide UVB and UVA protection with an SPF of 30 or higher. Insect repellent or combination repellent and sunscreen or sunscreen without insect repellent will be applied to each child before going outside. ***\*\*Please note: Sunscreen and Insect repellent should be applied to a child at least once at home to test for any potential allergic reaction. This form is only valid during the year when the form is signed\*\****

Special Instructions:

Name of Parent/Guardian

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

Signature of Parent/Guardian

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

Date

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

Name of Administrator

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

Signature of Administrator

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

Date

Child Matters Incorporated

**Community Outings Consent Form**

*Consent to Take Child Off Premises for Regularly Occurring Community Outings:*

I give permission for (Child Name) to participate in the Community Outings with the Staff during the year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

By signing this form, I give permission for my Child to attend trail and community walks as well as visits to local community.

Walks can occur at varying times and to different locations. When an outing is in progress, a notice will be placed on the main door to the facility indicating the time of departure and estimated time of arrival along with the Centre’s phone number.

I understand that the children will be accompanied by the Staff following the Provincially Prescribed Centre Staff to Child ratio and it will involve walking to the locations.

Name of Parent/Guardian

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

Signature of Parent/Guardian

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

Date

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

Name of Administrator

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

Signature of Administrator

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

Date

Child Matters Incorporated

**Payor’s PAD Agreement**

**Personal Pre-Authorized Debit Plan**

Authorization of the Payor to the Payee to Direct Debit an Account

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Please see the Terms and Conditions at the end of this document.
3. If you have any questions, please write or call the Payee.

**Payor Information (please type or print clearly)**

Payor Name(s) (if joint account both names required):

Mailing Address:

Telephone Number(s): page1image1480793872Signature(s) (if joint account both signatures required) :

Date (dd-mm-yyyy):

**Payor Financial Institution/Banking Information**

**(please type or print clearly)**

page1image1480812832BranchNo. InstitutionNo. AccountNo.

Name of Financial Institution:

Branch Address:

**Payee Information (please type or print clearly)**

Payee Name:

CHILD MATTERS INCORPORATED Address: 55 Karwood Drive, Paradise NL, A1L 0L3 (709) 330-2273

**Payment Information**

Service: Childcare Start Date: (dd-mm-yyyy)

**I consent to the following:**

Fixed Amount: $8/Day = ($80 Biweekly) for the Full Time Morning Preschool or the Full Time Year Round School Age Programming during the school year **OR** $15/Day = ($150/Biweekly) for Full Time Toddler, Toddler/Preschool, Preschool and Year Round School Age Programming during school breaks and the summer.

Variable Amount: **YES** (only as applicable should NSF charges arise in the case of delinquent accounts with no maximum amount) Payments will occur at: **Biweekly** intervals from the start of registration into the program, regardless of child absences for any reason, medical or otherwise and regardless of scheduled or unscheduled centre closures or breaks throughout the year. In order to withdraw my child from the program and discontinue the biweekly payments throughout the year, one month written notice must be submitted to [childmattersinc@gmail.com](mailto:childmattersinc@gmail.com). Payments may include additions of NSF charges and/or late fees, only if applicable, in the case of delinquent accounts or the accumulation of late fees. Are top-ups or adjustments permissible? **YES**

I understand that with respect to: (i)  fixed amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of the first Personal PAD, and such notice shall be received every time there is a change in the amount or payment date(s); (ii)  variable amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of every Personal PAD; and (iii)  fixed amount and variable amount Personal PADs occurring at set intervals, where the Personal PAD Plan provides for a change in the amount of such fixed and variable amount PADs as a result of my direct action (such as, but not limited to, an email instruction) requesting the Payee to change the amount of a PAD, no pre-notification of such changes is required.

**PAYOR’S PAD AGREEMENT Personal Pre-Authorized Debit Plan Terms & Conditions**

1. In this Agreement , “I”, “me” and “my” refers to each Account Holder who signs below. 2. I agree to Bank of Montreal and any successor or assign of the Bank (the "Bank") debiting my account indicated on the reverse (the "Account") for personal/household or consumer purposes and I authorize the Payee indicated on the reverse and any successor or assign of the Payee to draw a debit in paper, electronic or other form, including any top-ups or adjustments, for the purpose of making payment for consumer goods or services (a "Personal PAD"), on my Account at the financial institution indicated on the reverse (the "Financial Institution") and I authorize the Financial Institution to honour and pay such debits. This Agreement and my authorization are provided for the benefit of the Payee and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association. I agree that any direction I may provide to draw a Personal PAD, and any Personal PAD drawn in accordance with this Agreement, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me. 3. **If the amount that I am required to pay under my agreement with the Payee changes, this authorization will continue to apply.** I may revoke authorization at any time, subject to providing notice to the Bank: this authority is to remain in effect until the Bank has received written notification from me of its change or termination. This notification must be received at least 30 days before the next debit is scheduled at any branch of the Bank of Montreal. I may obtain a sample PAD cancellation form or more information on my right to cancel a PAD Agreement at any branch of my financial institution or by visiting www.cdnpay.ca. This authorization applies only to the method of payment and I agree that cancellation of this authorization does not terminate or otherwise have any effect on any contract that exists between me and the Bank. 4. I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of any Personal PAD. 5. I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Agreement to the Payee’s financial institution and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution. 6. I understand that with respect to fixed amount and variable amount personal PAD occurring at set intervals, where the Personal PAD Plan provides for a change in the amount of such fixed and variable amount PADs as a result of my fee changes (or additions of NSF charges as applicable) I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting at least ten (10) calendar days before the due date of the first Personal PAD and such notice shall be received every time there is a change in the amount or payment date(s); 7. I agree that with respect to Personal PADs, where the payment frequency is sporadic, a password or secret code or other signature equivalent will be issued and shall constitute valid authorization for the Payee or its agent to debit my account. 8. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Agreement at least ten (10) business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs. 9. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition, I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms with the requirements of Rule H1. 10. I acknowledge receipt of a copy of this Authorization. 11. Applicable to the Province of Quebec only: It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English. Les parties conviennent que la présente convention et tous les documents s’y rattachant soient rédigés et signés en anglais. 12. I have certain recourse rights if any debit does not comply with this PAD Agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights visit www.cdnpay.ca. I have full responsibility to complete this form along with the payee. I acknowledge that the Bank of Montreal has no responsibility to complete this form and understand that this pre-authorized debit form may not be processed by the payee or the payee’s financial institution if all sections are not completed correctly.

Name of Account Holder: Signature of Account Holder:

Date:

Name of 2nd Account Holder: Signature of 2nd Account Holder:

Date:

Child Matters Incorporated

**Parent Handbook Acknowledgement Form**

*Once you have read the Parent Handbook associated with your child’s centre, please complete and sign this form.* ***BOTH parents/guardians must sign this form.***

Child Name:

I/We have read and understand the contents of the Parent Handbook associated with the Child Matters centre that my child attends. I/We understand that participation in this program does not guarantee a space in any other Child Matters program and that transfer to another room once my child ‘ages out’ is not guaranteed. I/We agree to follow the policies outlined in the associated Parent Handbook. I/We understand that Child Matters Incorporated reserves the right to amend policies and procedures in order to meet the needs of the families and Staff of our centres and I/We agree to abide to the changes. Any changes made to the policies and procedures Parent Handbook will be made available on the website at www.childmatters.ca

I understand that I may make suggestions to improve Child Matters policies and procedures at any time by making a written recommendation by email to: [*childmattersinc@gmail.com*](mailto:childmattersinc@gmail.com)

*SIGNATURES OF BOTH PARENTS/GUARDIANS REQUIRED:*

Parent/Guardian #1 Name Parent/Guardian #1 Signature

Date

Parent/Guardian #2 Name Parent/Guardian #2 Signature

Date

Administrator Name Administrator Signature

Date