

# **WE CARE DAYCARE & THE CHILDREN'S CENTRE**

## **DAYCARE APPLICATION PACKAGE**

MISSION STATEMENT:

INCLUSIVE, ACCESSIBLE, AFFORDABLE, QUALITY CHILD CARE

CHILD'S NAME: \_\_\_\_\_

PLEASE READ HANDBOOK ON LINE

Please fill out the following application documents and return to the office manager. If you wish a written copy of parent handbook, please see the office.

### **WE CARE DAYCARE**

120 5701 17<sup>TH</sup> AVE SE

CALGARY, ALBERTA

T2A 0W3

587-470-7770

403-828-4409

[asifa.hirji@live.com](mailto:asifa.hirji@live.com)

[www.wecaredaycare.ca](http://www.wecaredaycare.ca)

### **THE CHILDREN'S CENTRE**

3413 19<sup>TH</sup> AVE SE

CALGARY, ALBERTA

T2B 0A6

403-828-4409

403-248-4830

[asifa@tcccalgary.ca](mailto:asifa@tcccalgary.ca)

[www.thechildrenscentrecalgary.com](http://www.thechildrenscentrecalgary.com)

## **ENROLLMENT CHECKLIST**

Subsidy Proof Provided	YES	NO	
Parent Handbook Reviewed	YES	NO	
<a href="http://www.wecaredaycare.ca">www.wecaredaycare.ca</a>			
Contract Reviewed	YES	NO	
Fee Schedule Reviewed	YES	NO	
Holiday Calendar Reviewed	YES	NO	
Emergency Medical form Reviewed Signed	YES	NO	
Medication Form Reviewed and signed	YES	NO	
Sunscreen/Bug Spray Form Signed	YES	NO	
Photo Consent Form Signed	YES	NO	
Media Form Reviewed	YES	NO	
Confidentiality Policy Signed	YES	NO	
Consent for Child Development Signed	YES	NO	
Student Observation Signed	YES	NO	
Guidance Policy Signed	YES	NO	
Permission/Acknowledgment Signed	YES	NO	
Release/Exchange Form Signed	YES	NO	
Emergency Travel Form Signed	YES	NO	
Portable Record Added to Binders	YES	NO	
Menus Reviewed	YES	NO	
Authorization of Alternate Pickup Filled	YES	NO	
Health Care Card Provided	YES	NO	IF NO WHY: _____
Immunization Reviewed and Acknowledged	YES	NO	IF NO WHY: _____
Registration Fee \$100.00 Paid	YES	NO	IF NO WHY: _____

# CURRICULUM

## LEARNING AREAS

Our curriculum is made up of six learning areas:

Social Skills & Diversity

Emotional Skills

Cognitive Abilities

Communication, Language, Literacy

Physical Health

Imagination & Creativity

Through these learning areas children will learn to express themselves, engage in individual group interactions and use classroom materials productively and purposefully. Through age-appropriate activities children develop and enhance their skills, giving them a stronger foundation for the future.

At We Care Daycare our program focuses on three methods of learning:

**Emergent Curriculum** – this is based on the child and teacher interests and passions. Flexibility and creativity are key components

**Play Based Learning** - The Early Years **Learning** Framework defines **play-based learning** as a context for **learning** through which children organize and make sense of their social worlds, as they engage actively with people, objects and representations'. Children may engage in **play** on their own and explore different materials. Play based learning helps children develop social skills, motivation to learn, and even language and numeracy skills. Taking initiative, focused attention, and curiosity about the world are all a part of **play**. Children are naturally wired to do the **very** thing that will help them learn and grow.

**Montessori - Practical life in Montessori** is purposeful activity, develops motor control and coordination, and develops independence, concentration, and a sense of responsibility. The exercises in **practical life** cover two main areas of development: care of self, and care of the environment.

Meeting the needs and interests of a child is our #1 priority. Our teachers are committed to providing every child with the opportunity to reach their full potential.

## To All Parents,

We will be integrating a Montessori – Practical Life/Preschool Program for children ages 3- 4Y – Kindergarten under 6y.

This program will be for older preschool children and for children who do not attend Kindergarten in school.

This program will be based on **Practical life in Montessori**, providing purposeful activity, developing motor control and coordination, and developing independence, concentration, and a sense of responsibility. The exercises in **practical life** cover two main areas of development: care of self, and care of the environment.

We will also focus on learning skills in Math, English, Science and our Social Environment.

If parents are interested to register their children in this program, there will be an added cost for either ½ day mornings (8:30 – 11:30), ½ day afternoons (12:30 – 3:30), or full days (8:30 – 3:30).

There are only 16 spaces available in this program for Sept – June.

Please see me in the office if you would like more information.

# EMERGENCY RECORDS

PORTABLE RECORDS

ALL INFORMATION IS REQUIRED BEFORE YOUR CHILD CAN ATTEND.

CHILD'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST PREFERRED NAME

DATE OF BIRTH: \_\_\_\_\_ HEALTH CARD # \_\_\_\_\_

CHILD RESIDES WITH: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

TELEPHONE: \_\_\_\_\_  
HOME# WORK# CELL#

PARENT/GUARDIAN'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

TELEPHONE: \_\_\_\_\_  
HOME# WORK# CELL#

## EMERGENCY CONTACTS: (PEOPLE IN TOWN TO WHOM CHILD MAY BE RELEASED)

NOTE: UNDER NO CIRCUMSTANCE WILL THE CHILD BE RELEASED TO ANYONE ELSE WITHOUT PREVIOUS AUTHORIZATION FROM THE PARENT/GUARDIAN (ID WILL BE REQUIRED)

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

RELATIONSHIP TO THE CHILD: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_  
HOME# WORK# CELL#

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

RELATIONSHIP TO THE CHILD: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_  
HOME# WORK# CELL#

ALLERGIES: \_\_\_\_\_

ON GOING MEDICATION: \_\_\_\_\_

IMMUNIZATION UP TO DATE: YES NO

ANY OTHER RELEVANT HEALTH INFORMATION: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# DAYCARE REGISTRATION:

CHILD'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST PREFERRED NAME

SEX: MALE FEMALE DATE OF BIRTH: \_\_\_\_\_

CHILD RESIDES WITH: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

MOTHERS /GUARDIAN'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

TELEPHONE: \_\_\_\_\_  
HOME# WORK# CELL#

FATHERS /GUARDIAN'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

TELEPHONE: \_\_\_\_\_  
HOME# WORK# CELL#

## MARITAL STATUS OF PARENT:

MARRIED: \_\_\_\_\_ COMMON LAW: \_\_\_\_\_ SINGLE: \_\_\_\_\_ SEPERATED: \_\_\_\_\_

CUSTODY/VISITING/GUARDIANSHIP ARRANGEMENT (PLEASE EXPLAIN AND PROVIDE COPY OF AGREEMENT)

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## GENERAL INFORMATION:

CHILD'S BROTHERS & SISTERS:

NAME: _____	DOB: _____	SEX: M	F
NAME: _____	DOB: _____	SEX: M	F
NAME: _____	DOB: _____	SEX: M	F
NAME: _____	DOB: _____	SEX: M	F
NAME: _____	DOB: _____	SEX: M	F

OTHER PEOPLE LIVING AT HOME:

NAME: _____	RELATIONSHIP: _____
NAME: _____	RELATIONSHIP: _____
NAME: _____	RELATIONSHIP: _____

HAS YOUR CHILD ATTENDED DAYCARE BEFORE: YES NO

IF YES COMMENT: \_\_\_\_\_

PLEASE DESCRIBE YOUR CHILDS SLEEPEING PATTERN:

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

PLEASE DESCRIBE ANY BEDTIME/NAPTIME SLEEPING HABBITS:

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

IS YOUR CHILD TOILET TRAINED: YES NO

EXPLAIN: \_\_\_\_\_

IS YOUR CHILD A GOOD EATER: YES NO

EXPLAIN: \_\_\_\_\_

DESCRIBE ANY HABITS OR SPECIAL TRAITS YOUR CHILD MAY HAVE:

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

SPECIAL WORDS YOUR CHILD USES IN YOUR LANUAGE:

\_\_\_\_\_

FAVIOURITE ACTIVITIES: \_\_\_\_\_

DESCRIBE ANY LIKES/DISLIKES YOUR CHILD MAY HAVE: \_\_\_\_\_

WHAT IS YOUR CHILDS USUAL REACTION TO POSITIVE REINFORCEMENT:

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

WHAT ARE YOUR EXPECTATIONS FOR YOUR CHILD DURING HIS/HER STAY AT OUR CENTER:

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PLEASE DESCRIBE AND COMMENT ON ANY ILLNESS YOUR CHILD HAS:

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DOES YOUR CHILD HAVE ANY SPECIAL NEEDS OR HAS BEEN ASSESSED FOR SPECIAL NEEDS: YES NO  
IF YES PLEASE EXPLAIN:

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PLEASE DESCRIBE ANY MAJOR INJURIES OR SURGERY YOUR CHILD MAY HAVE HAD:

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IS YOUR CHILD ON ANY MEDICATION: YES NO  
IF YES, PLEASE SPECIFY WHAT MEDICATION IS, THE REASON CHILD IS RECEIVING IT, AND FILL OUT  
MEDICATION FORM PROVIDED BY CENTER.

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ADDITIONAL COMMENTS YOU FEEL WE SHOULD HAVE CONCERNING YOUR CHILD:

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# FOOD SERVICES

OUR DAYCARE SERVES A FULL MENU AS PER CANADA FOOD GUIDES BASIC FOOD GROUPS AND GUIDE FOR NUTRITION FOR CHILDREN. WE SERVE MORNING BREAKFAST FROM 8:00 AM TO 9:00PM. WE BEGIN SERVING LUNCH AT 10:30 AM TO 12:00 PM. WE BEGIN SERVING AFTERNOON SNACK AT 230 PM TO 3:30 PM.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

CHILDS NAME: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

FOOD DISLIKES: \_\_\_\_\_

FOOD SENSITIVITIES: \_\_\_\_\_

DOES YOUR CHILD HAVE A SPECIAL DIET:        YES                    NO  
IF YES PLEASE EXPLAIN (HALAL, NO VEG, FULL VEG ETC.)

\_\_\_\_\_

\_\_\_\_\_

IF THERE IS ANYTHING ELSE WE NEED TO KNOW ABOUT YOUR CHILDS EATING HABBIT:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: PLEASE TALK TO YOUR CHILD ABOUT THE FOOD SERVED AT OUR CENTER AND WHAT TO EXPECT BEFORE THEY START. ALL CHILDREN WILL BE ENCOURAGED TO TRY THE FOOD BEFORE REFUSING TO EAT IT.

NOTE: PLEASE REMEMBER WE ARE A NUT/PORK FREE FACILITY.

# TRANSPORTATION RELEASE

I, \_\_\_\_\_ GIVE MY CONSENT FOR  
\_\_\_\_\_ TO BE TRANSPORTED TO AND FROM SCHOOL BY  
JRS TRANSPORTATION OR DAYCARE VAN.

MY CHILD ATTENDS: \_\_\_\_\_  
NAME OF SCHOOL

GRADE: \_\_\_\_\_ KINDERGARDEN: YES NO

PICK UP: YES NO DROP OFF: YES NO

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

## EMERGENCY MEDICAL INFORMATION:

DOCTORS NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ARE THERE ANY ALLERGIES, HEALTH PROBLEMS OR CONCERNS THAT WE SHOULD KNOW ABOUT?

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

ON GOING MEDICATION: \_\_\_\_\_

WHAT IS THE MEDICATION TAKEN FOR? \_\_\_\_\_

IMMUNIZATION UP TO DATE? YES NO

IF NO WHY? \_\_\_\_\_

ANY OTHER RELEVANT HEALTH INFORMATION: \_\_\_\_\_

# EMERGENCY MEDICAL INFORMATION

THIS WILL CONFIRM THAT I, \_\_\_\_\_, AUTHORIZE WE CARE  
DAYCARE & OUT OF SCHOOL CARE STAFF TO GIVE MY CHILD, \_\_\_\_\_,  
THE FOLLOWING MEDICATION (S) IN CASE OF EMERGENCY (ASTHMA ATTACK, SEVERE ALLERGY, ETC)  
\_\_\_\_\_  
\_\_\_\_\_

ANY TIME IT APPEARS TO BE NECESSARY. THE MEDICATION WILL BE STORED OUT OF REACH OF  
CHILDREN, HOWEVER NOT LOCKED SO IT IS EASILY ACCESSIBLE FOR STAFF IN CASE OF EMERGENCIES. A  
SEPARATE MEDICATION FORM MUSTBE COMPLETED AND SIGNED IN ADDITION TO THIS FORM.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE:

## EMERGENCY POLICY

I UNDERSTAND THAT IN THE EVENT OF A SERIOUS EMERGENCY WHERE IT IS DEEMED BY DAYCARE  
STAFF THAT MY CHILD MAY NEED HEALTH CARE I \_\_\_\_\_  
AUTHORIZE THE STAFF TO PROVIDE FIRST AID FOR MY CHILD AND TO PROVIDE HEALTH CARE SERVICES  
AND TREATMENT. IN THE EVENT THAT AN AMBULANCE OR PROFESSIONAL MEDICAL TREATMENT IS  
NECESSARY FOR ILLNESS OR INJURIES SUSTAINED, I CONSENT TO CALL FOR EMERGENCY MEDICAL  
SERVICES. I \_\_\_\_\_ AM RESPONSIBLE FOR THE COST OF THE AMBULANCE  
SERVICES FOR MY CHILD. IN THE EVENT THAT AN AMBULANCE IS NOT NEEDED I,  
\_\_\_\_\_  
\_\_\_\_\_  
AUTHORIZE STAFF TO TRANSPORT,  
\_\_\_\_\_  
\_\_\_\_\_, IN DAYCARE VAN TO THE NEAREST AVAILABLE SOURCE OF  
ASSISTANT.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE:

# PERMISSION FORM

I, \_\_\_\_\_, HEREBY GIVE PERMISSION FOR MY CHILD,  
\_\_\_\_\_, TO:

PARTICIPATE IN DAYCARE FIELD TRIPS IN THIS CASE MEANS LEAVING THE DAYCARE SPACE BY FOOT AND ACCOMPANIED BY STAFF. THIS WOULD INCLUDE BUT NOT LIMITED TO: PLAYING AT PLAYGROUND (JACK JAMES OR PENNBROOK MEADOWS SCHOOL PLAYGROUND, ELLISTON PARK, DOLLAR STORE, 7-ELEVEN, LIBRARY, PATCH PROJECT PARK, HOLY CROSS ELEMENTARY PARK, ALL NEIGHBOURHOOD WALKS).

YES

NO

PLEASE NOTE THAT ANY OTHER FIELD TRIPS REQUIRE A SEPARATE PERMISSION FORM SIGNED, DETAILING THE DATE, TIME, DESTINATION, TRANSPORTATION AND SUPERVISION DETAILS.

HAVE PHOTOGRAPHS TAKEN DURING DAYCARE PROGRAM BY STAFF FOR INTERNAL USE OR USE FOR ADVERTISING PURPOSES ON WE CARE DAYCARE WEBSITE AND FACEBOOK PAGE.

YES

NO

HAVE BUG SPRAY APPLIED BY DAYCARE STAFF WHENEVER NECESSARY. (BUG SPRAY TO BE PROVIDED BY PARENT)

YES

NO

HAVE SUNSCREEN APPLIED BY DAYCARE STAFF WHENEVER NECESSARY. (SUNSCREEN TO BE PROVIDED BY PARENT)

YES

NO

DURING SPECIAL ACTIVITY DAYS TO PARTICIPATE IN THE FOLLOWING ACTIVITIES:

MANI/PEDI DAY	YES	NO
CRAZY HAIR DAY	YES	NO
FACE PAINTING DAY	YES	NO
TATOO DAY	YES	NO
WATER DAY	YES	NO

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE:

# RELEASE OF INFORMATION:

CHILD'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF BIRTH: \_\_\_\_\_

CHILD RESIDES WITH: \_\_\_\_\_

I, \_\_\_\_\_, PARENT OF \_\_\_\_\_

CONSENT TO THE RELEASE AND EXCHANGE OF INFORMATION FOR THE PURPOSE OF INDIVIDUAL PROGRAM PLANNING & ASSISTING FUTURE CHILD CARE WORKERS IN THEIR STUDIES BETWEEN WE CARE DAYCARE & OUT OF SCHOOL CARE AND THE FOLLOWING AGENCIES AS WELL AS ANY ASSISTANCE NEEDED FOR ANY FUTURE SUPPORT FOR MY BEHALF:

- |   |     |    |
|---|-----|----|
| - SCHOOL YOUR CHILD ATTENDS:                            | YES | NO |
| - ALBERTA HUMAN SERVICES – CHILD CARE LICENSING:        | YES | NO |
| - CHILD CARE SUBSIDY OFFICE:                            | YES | NO |
| - COMMUNITY OUT REACH SERVICES:                         | YES | NO |
| - ALBERTA HEALTH SERVICES:                              | YES | NO |
| - FAMILY SUPPORT FOR CHILDREN WITH DISABILITIES (FSCD): | YES | NO |
| - (CCS) CHILD CARE SUPPORTS:                            | YES | NO |
| - (FRFP) FAMILY RESOURCE FACILITATION PROGRAM:          | YES | NO |
| - COLLEGES & UNIVERSITY                                 | YES | NO |
| - AGES & STAGES QUESTIONNAIRE                           | YES | NO |
| - ALBERTA WORKS   | YES | NO |
| - CHILD AND FAMILY SERVICES (CFS)                       | YES | NO |

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE:

## CHILD GUIDANCE POLICY

Our goal is to help children develop self-control and learn appropriate social behavior's.

### **Methods of Guidance:**

Use of positive reinforcement

- Support positive behavior by praising the child at all times
- Encourage self-control, self-respect and respect for others
- Guide the children in a positive and gentle way
- Interact positively in response to conflict and inappropriate behaviors in order to help children to make proper choices
- Re-direction
- Give the child the time to calm down
- Set clear and simple limits
- Time away is used only if the child loses control and tries to harm him/her or others

If behavior concerns arise, staff will speak to the manager who will try to deal with the situation before addressing the issues to the parent.

We believe that talking and listening to the children are also the most reliable ways to dealing with the behavior.

A major influence that could affect the child's self-esteem is not feeling the support from the most important people that surround them.

Experiencing negative feedback from peers can be very negative on the child's self-esteem. As a result, consequences occur such as:

- Low social intersection skills
- Little or no effort towards realizing their projects or goals
- Irresponsible, shy
- Might become aggressive/hostile
- Unsure/anxious
- Lack of confidence on goals they achieve
- Poor performance
- Increase of the risk of depression

By communicating positively with the children, they will be able to deal with positive and negative emotions, act independently, assume responsibility of their acts, take pride in their accomplishments and have high self-esteem.

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PARENT SIGNATURE

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DATE:

## CONFIDENTIALLY POLICY

The policy of our Centre states that all children's and employee's files will be stored in a confidential manner. The written and informed consent of the parent/guardian shall be obtained. The procedure used to ensure that this policy will be adhered to are as follows:

- Designated areas for all children's files are only accessible to staff and Director
- All conversations between parent and staff are kept confidential and is only disclosed if neglect or abuse is suspected and the management will be obligated by law to report to Alberta Children's Services. The following areas must be kept confidential:
  1. Marital status.
  2. Financial status.
  3. Anything personal.
  4. Any personal problems that they may share with you.
  5. Anything that child may tell you that is happening at home or on school.
  6. Direct conversation about a specific child will not take place outside the daycare without parental consent.
  7. Staff files will be kept in storage area accessible only to the Director and licensing on occasion when required.
  8. Staff may not relay any information that is learned about the parents or the child to any other staff member or to another parent.
  9. If this happens it will be grounds or immediate dismissal. However, if a child tells you something that needs to be looked after you must inform the Director who will then act on the information given. For example, if a child tells you that he/she is being abused.
  10. Staff will sign a declaration stating that they understand and will follow these procedures.

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PARENT SIGNATURE

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DATE:

## **PERMISSION & ACKNOWLEDGEMENT:**

- I HAVE ACKNOWLEDGED & UNDERSTOOD IN CASE OF EMERGENCY THE EMERGENCY TRANSPORTATION AUTHORIZATION POLICY.
- I HAVE UNDERSTOOD THE TRANSPORTATION RELEASE FORM.
- I HAVE UNDERSTOOD THE MEDICAL PERMISSION FORM.
- I HAVE UNDERSTOOD THE EMERGENCY POLICY.
- I HAVE UNDERSTOOD THE RELEASE OF INFORMATION FORM.
- I HAVE UNDERSTOOD THE GENERAL PERMISSION FORM.
- I HAVE UNDERSTOOD THE GUIDANCE POLICY.
- I HAVE UNDERSTOOD THE CONFIDENTIALITY POLICY.
- I HAVE UNDERSTOOD THE TECH POLICY.
- HAVE GIVEN WE CARE DAYCARE \$100.00 NON- REFUNDABLE REGISTRATION FEE.
- TO GIVE WE CARE DAYCARE 1 MONTHS WRITTEN NOTICE AT TIME OF WITHDRAWAL.
- TO PAY DAYCARE FEES BY 3<sup>RD</sup> OF EVERY MONTH UNLESS ARRANGEMENTS HAVE BEEN MADE FOR ANOTHER PAYMENT DATE AND IS AS FOLLOWS:  

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- TO HAVE MY CHILD PICKED UP BY 5:45 EACH EVENING OR TO PAY A LATE FEE CHARGE OF \$1.00 PER MIN. PER CHILD AFTER 6:00PM TO THE STAFF WHO STAYS WITH MY CHILD.
- ALL INFORMATION PROVIDED ON THIS APPLICATION IS CURRENT AND VALID.
- I WILL UPDATE THE DAYCARE IF ANY INFORMATION CHANGES.
- I HAVE READ AND UNDERSTOOD ALL THE INFORMATION IN THE PARENT HANDBOOK AS WELL AS THE PARENT REGISTRATION PACKAGE GIVEN TO ME BY THE MANAGER.
- I WAS GIVEN A TOUR OF THE CENTER.
- I HAD AN ORIENTATION PROCESS WHERE ALL POLICIES AND PROCEDURES WERE EXPLAINED AND I HAD THE OPPORTUNITY TO ASK AS MANY QUESTIONS AS I NEEDED.
- I AM HAPPY AND SATISFIED WITH ALL THE INFORMATION THAT HAS BEEN PRESENTED TO ME.

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PARENT SIGNATURE

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DATE:

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DIRECTOR SIGNATURE

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DATE:



## **Technology Policy**

### **Video Games, Computer Games, Personal Handheld Entertainment Devices and Cell Phones**

Policy when it comes to technology. It is intended for both parents and students at the center.

Our centre is making this Policy available to parents and children because it is important that we work together to make sure each child knows the rules. I want every parent to work together with me to make sure each child remains safe in the technology world. The children will be supervised while on the internet but it is still important that we make sure they understand the rules.

To Students and Parents: While students are at centre and on internet:

1. Do not bring food or drinks near any technology devices,
2. Always make sure it okay with the educator before attempting to access the internet with your technology device,
3. Do not give out any personal information such as your name, address or phone number while on the internet, always ask the teachers if you are unsure,
4. Always use two hands when carrying any tech devices,
5. Never run when carrying any tech devices,
6. Do not throw, hit or damage devices,
7. If something pops up and you don't know what to do or something makes you uncomfortable, always get the teacher to help,
8. Do not bring any devices from home without the permission of your parents
9. Do not bring any devices from home without the permission of your teacher, provide all technology devices to your teachers to keep in the electronic bin Be responsible and make good choices when exploring with your technology devices,
10. There will be a designated area for the use of technology.
11. Teachers will always be available around the technology area,
12. There will be a sign in and sign out sheet for children. (Time limits will be set)
13. 15 min on school days and 30 min on non-school days (this is dependent on each child's individual needs, and as per parent requests)
14. Any use of TV's will be for special occasions as stated on program planning sheets. This will only be for Preschool, Kinder and OOSC.
15. All TV shows will be G rated for Pre-School and PG rated for Kinder and OOSC with parent consent.
16. Children under 2 years of age will strictly use TV, iPad, or any tech device for music and dancing. Absolutely no TV shows for children under 2 years of age. For children under 2 years of age tech devices or TV will only be used at play times and will be added to programming sheets.
17. Both children and parents will sign the technology policy, if the child is able to acknowledge.
18. Parents and children should be aware that children will be given 3 attempts to abide by this policy, failure to do so will mean your child will be suspended from using technology for 1 week. There will be an incident report and parents will be made aware as to the suspension of the technology device for 1 week.

19. If there will be 3 suspensions from the technology policy, your child will be suspended from the technology policy for the duration for the school year. There will be a parent meeting set up to discuss this further. We can revisit the technology policy with the parents and the child at that time.

20. The center has several large screen T.Vs. Children only watch G programs and only on planned occasions. The T. Vs can also be hooked up to a lap top, for playing educational games, videos and dance music.

21. Please remember that any electronics brought from home is the sole responsibility of the parent and the child. The center and the educator will not be held liable for any lost or stolen electronics at the daycare.

22. Children will not be allowed to use their **Video Games, Computer Games, Personal Handheld Entertainment Devices and Cell Phones for the purpose of taking pictures and or making personal calls from their devices. Any attempt to take pictures or make calls will result in withdrawing from the program or suspension from tech. as this is a breach of privacy and is taken very seriously.**

### **AGAIN**

Parents and children should be aware that children will be given 3 attempts to abide by this policy, failure to do so will mean your child will be suspended from using technology for 1 week. There will be an incident report and parents will be made aware as to the suspension of the technology device for 1 week.

If there will be 3 suspensions from the technology policy, your child will be suspended from the technology policy for the duration for the school year.

There will be a parent meeting set up to discuss this further. We can revisit the technology policy with the parents and the child at that time. However please be aware that. **Any attempt to take pictures or make calls will result in withdrawing from the program or suspension from tech. as this is a breach of privacy and is taken very seriously.**

The Center has several large screen T.Vs. Children only watch G programs and only on planned occasions. The T. Vs can also be hooked up to a lap top, for playing educational games, videos and dance music.

Please remember that any electronics brought from home is the sole responsibility of the parent and the child. The Center and the daycare staff will not be held liable for any lost or stolen electronics at the daycare.

Parent's, please go over this policy with your children and if you need any further information, please feel free to contact me and we can discuss this further.

## **HANDBOOK REVIEW POLICY:**

THIS HANDBOOK WILL BE REVIEWED AND UPDATED AS NEEDED. THIS REVIEW WILL INCORPORATE CHANGES WITH STAFF, PARENT INPUT AND MANAGEMENT CONSENT TOWARDS AN IMPROVED PROGRAM. THE ANNUAL PARENT SURVEY WILL BE A GREAT TOOL IN ALLOWING US TO REVIEW AND UPDATE THE PROGRAM AND ITS POLICES AND PROCEDURE

## **PARENT ACKNOWLEDGEMENT:**

I, \_\_\_\_\_, PARENT OR GUARDIAN OF  
\_\_\_\_\_, AKNOWLEDGE THAT I HAVE REVIEWED THE OUR  
PARENT HANDBOOK AND REGISTRATION PACKAGE. I HAVE DISCUSSED ALL CONCERNS AND HAVE READ  
AND UNDERSTOOD ALL POLICIES AND PROCEDURES.

THE PARENT HANDBOOK IS AVAILABLE ON LINE FOR YOUR CONVIENCE.

### FEE FORM

CHILDS NAME: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

SUBSIDY: \_\_\_\_\_

FULL FEE: \_\_\_\_\_

START DATE: \_\_\_\_\_

LAST DAY: \_\_\_\_\_

MONTH 2021	PARENT FEE	SUBSIDY	PARENT PORTION	DISCOUNT	PAYMENT	REG FEE	COMM.
JAN							
FEB							
MAR							
APR							
MAY							
JUNE							
JULY							
AUG							
SEPT							
OCT							
NOV							
DEC							
TOTALS							

## **WHAT YOU NEED FOR ON LINE SUBSIDY**

**IS THIS RENEWAL OR NEW SUBSIDY (CIRCLE ONE)**

1. PREVIOUS ID
2. IS IT NEW SUBSIDY OR RENEWAL
3. SUBSIDY APPROVED IN PAST 12 MONTHS
4. LENGTH OF MOST RESENT SUBSIDY – 2 MTHS OR MORE
5. MARITAL STAT
6. DATE OF SUBSIDY REQUIRED
7. APPLICANTS FIRST/LAST NAME
8. SAME FOR CO- APPLICANT (IF APPLICABLE)
9. DOB FOR EACH
10. SOCIAL INSURANCE NUMBER FOR EACH
11. TEL# & EMAIL ADDRESSSS FOR EACH
12. FULL ADDRESS WITH POSTAL CODE
13. REASON FOR CARE      WORKING OR IN SCHOOL
14. IF AT SCHOOL FULL NAME, ADDRESS & NUMBER
15. IF WORKING PLACE OF WORK AND PHONE NUMBER
16. LIVE ON RESERVE YES OR NO
17. LINE 15000 FROM NOTICE OF ASSESSMENT FOR CURRENT YEAR
18. PERMANENT RESIDENT OR CANADIAN CITIZEN EACH PARENT

### **CHILD INFORMATION**

1. NUMBER OF CHILDREN LIVING AT HOME UNDER AGE 18
2. NAME, DOB FOR EACH CHILD UNDER AGE 18
3. PERMANENT RESIDENT OR CANADIAN CITIZEN OF EACH CHILD

**PLEASE REMEMBER TO BRING IN ALL ID'S IF DAYCARE IS HELPING YOU WITH ON LINE APPLICATION**

I \_\_\_\_\_ give We Care Daycare permission to do my subsidy on line.

\_\_\_\_\_  
**DIRECTOR SIGNATURE**

\_\_\_\_\_  
**PARENT SIGNATURE**

