

It's always sunny at
Goldstream Co-op Preschool



To find the sun call 250.474.3011

Goldstream Co-op Preschool

935 Goldstream Ave
Victoria, BC V9B 2Y2

Tel: (250)474-3011

Email: goldstreampres@hotmail.com

www.goldstreampreschool.org

Enrollment Package Summary

(Forms/Items highlighted in **Yellow** must be completed and returned to the Enrollment Parent)

1. Welcome to Goldstream Preschool and Important Information
Important information about Sharing Days, Monthly General Meetings, School Jobs (Parents), Orientation Hours, and Fundraising.
2. Goldstream Preschool Fee Schedule
3. Freedom of Information and Protection of Privacy Act
INFOsheet about Freedom of Information and Protection of Privacy as it relates to the Community Care Facilities (Preschools) Licensing Program.

4. **Standard Enrollment Form**

This form is to be completed and returned to the preschool along with the registration fee. Once received, you will be contacted regarding confirmation of enrollment and dates for your orientation.

Child's Information

Family Information

Child's Health

Medical Insurance Plan Number – Record the child's BC care card (personal health number) in this space.

Immunization record

Fill out the form itself, or include a photocopy of the child's immunization record. If you have lost this information, your family physical or local health unit can provide you with dates of immunizations. If you have chosen not to immunise your child, please indicate this on the form.

Release of children

This section indicates the individuals who you authorize to pick up your child(ren) from Goldstream Co-op Preschool in cases other than emergencies. These people may be the same as those listed under Emergency Release, but usually include names of child care providers or other family members who pick up your child on a regular basis.

Emergency release

This section gives your permission to allow the Early Childhood Educator (ECE) to act on your child's behalf in the event of an emergency and provides a list of those persons you have authorized to pick up your child if you cannot.

Parental Special Interests or Skills

Please indicate any interests or skills that may contribute to the school and children's classes.

5. Criminal Record Check Form

The consent for a criminal record check must be included in your completed enrollment package. A criminal record check must be completed for any family member who is participating in sharing days. Limited participation families are exempt. Please note that the processing fee is included in your \$100 registration fee.

6. Parental Medical Form

This form is to be completed by your physician in order for you to participate in sharing days. Limited participation families are exempt.

7. VICPA Membership Form

8. VICPA Parent Agreement Form

9. Enrollment Package Checklist

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Welcome to Goldstream Preschool --- Important Information for all classes.

Sharing Days:

There are usually one or two sharing days per month where sharing parents attend preschool with their child or children as assistants to the ECE. Siblings are not permitted to attend on sharing days. Sharing parents may also be asked to be an Emergency Duty parent.

Limited participation is an option for those families who cannot meet the sharing day requirements. In exchange for an increased monthly tuition, these families do not participate in sharing days. Limited participation is limited to 40% of the class spaces.

General Meetings:

These are mandatory meetings held on the second Wednesday evening of every month at the preschool from 7 to 9:30 PM. They are part of the ongoing parent education required by the Community Care Licensing Board and include an educational speaker and school business meeting. Parents rotate responsibility for refreshments. Sharing parents are expected to attend, but other caregivers are welcome. Limited participation families are exempt from the parent education portion of the meeting, but are required to attend the business portion.

School Jobs:

Every family in the school is assigned a job to do. Some choice will be given and we will do our best to accommodate each family's circumstances. Please review the job summary because you will be asked to state job preferences.

Orientation Hours:

Ten orientation hours must be completed by every sharing parent. This orientation is a mandatory requirement of the VICPA and the Community Care Licensing Board. Parents will not be able to perform sharing days until these hours are completed.

Fundraising:

Every member family is required to submit a fundraising deposit at the start of the school year. Each family is given the choice to participate in fundraising campaigns or to opt out of fundraising which will result in their deposit cheque being cashed. Fundraising helps support the preschool and keeps our fees low.

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Fee Schedule 2012/2013

Registration Fee: \$100 – non-refundable, \$50 due at time of registration and the remainder due with the September tuition.

Tuition: 2 days per week: \$82.00/month
Limited participation: \$123.00/month

- 1st cheque dated September 1/12 for \$132.00 or \$173.00 (limited)
- 9 post-dated cheques dated October 1/12 – June 1/13 for regular tuition amount.

3 days per week: \$120.00/month
Limited participation: \$168.00/month

- 1st cheque dated September 1/12 for \$170.00 or \$218.00(limited)
- 9 post-dated cheques dated October 1/12 – June 1/13 for regular tuition amount.

Clean-up Deposit: \$30 cheque, dated June 30/13

- This cheque is not cashed as long as you participate in one of the seasonal clean-ups.

Fundraising Deposit: 2 cheques, dated February 15/13 and June 15/13

- The amount of these cheques will be announced in September, and is based upon enrollment and budget.
- These cheques are both collected at the beginning of the school year. They are returned if you participate in the mandatory fundraising activities. Usually, there are two of these per term.

If you have more than one child attending the preschool, the cost of the second child is 75% of the tuition.

All cheques should be made payable to Goldstream Preschool.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)



COMMUNITY CARE FACILITIES LICENSING PROGRAM

While everyone has rights to privacy, much of the information regarding a facility, as it relates to documentation collected by the Community Care Licensing Program, is accessible by any member of the public under the *Freedom of Information and Protection of Privacy Act*, which is provincial legislation. This means that most of the information in the licensing file may be releasable, and sometimes without a formal Freedom of Information request.

The Vancouver Island Health Authority (VIHA) may release information from a facility file regarding complaints, investigations, and routine inspection reports. To obtain copies of complaints, investigation reports, or for a full copy of a facility file, a formal FOI request must be made. Personal and third party information may be severed out prior to the release of the information to the requester.

The Regional Information and Privacy Office exists to oversee the information and privacy practices of VIHA, and ensure they are in compliance with the policies governing those practices, as well as the *Freedom of Information and Protection of Privacy Act (FOIPPA)*, an access and privacy legislation to which all public bodies are bound.

For more details of how this office can be of assistance with matters related to privacy and confidentiality in VIHA, please visit their website at www.viha.ca/info_privacy or contact them as follows:

Regional Manager, Information and Privacy (250) 370-8686
Regional Coordinator, Information and Privacy (250) 370-8043

Mailing Address:
Information and Privacy Office
1952 Bay Street
Victoria, B.C.
V8R 1J8

Office Fax Number (250) 370-8971

South
201 - 771 Vernon Avenue
Victoria, BC V8X 5A7
Ph: (250) 475-2235
Fax: (250) 475-5130

Central
528 Wentworth Street, 3rd Floor
Nanaimo, BC V9R 3E4
Ph: (250) 714-0424
Fax: (250) 714-1182

North
#200 - 1100 Island Highway
Campbell River, BC V9W 8C6
Ph: (250) 287-2818
Fax: (250) 286-3486

Vancouver Island Cooperative Preschool Association

Standard Enrollment Form for Goldstream Preschool

Child's Information

Child's Full Legal Name:	Birth date:
Given Name to be Used in Preschool:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address/Postal Code:	Today's Date:
	Enrollment Date: Completion Date:
	Class child enrolled in:

Family Information

Parent/Guardian Surname:	Given Name:
Country of Birth:	Occupation:
Address (if different from above):	Home Phone: Work Phone:
	E-mail:

Parent/Guardian Surname:	Given Name:
Country of Birth:	Occupation: (Optional)
Address (if different from above):	Home Phone: Work Phone:
	E-mail:

Number of Adults at Home: (Optional)	Languages Spoken at Home:
Name and Ages of Siblings at Home: (Optional)	

Custody of Child: Is there a written agreement or order with respect to custody of your child?

** If yes copy needs to be attached **

Yes

No

Child's favourite activities and previous group experiences:

Please identify any special problems:

Please explain the kind of guidance and control methods that your child responds to and other information which will help the Early Childhood Educator get to know your child's concerns, fears, interests and needs. Attach additional information, if necessary.

Have you been a member of a VIPCA or other Coop preschool? If so, where and when? Has your family been involved in other group activities? (E.g. Parent/Tot Groups, LaLeche League, Church, etc.)

Other Information: (Optional)

Child's Health

Medical Insurance Plan Number:	Effective Date:
Family Physician Name: Address: Telephone:	Child's Dentist: Name: Address: Telephone:
General Health (check one): <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Medications Taken Regularly:
Allergies:	
Disabilities (vision, hearing, etc.):	
Serious Illness (past and current):	
Special Diet for health, religious or other reasons:	
Parent/Guardians' Health: 1: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor 2: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Other Concerns:

Immunization Record

Please complete the chart by entering the **DATES** your child received the immunisations indicated.

BASIC IMMUNIZATION SCHEDULE—VIHA SOUTH

	1 st visit @ 2 mos.	2 nd visit 2 mo. After 1st	3 rd visit 2 mos. After 2nd	4 th visit 12 mos. of age	5 th visit 12 mo. After 3rd
Diphtheria	*	*	*		*
Pertussis	*	*	*		*
Tetanus	*	*	*		*
Poliomyelitis	*	*	*		*
HIB	*	*	*		*
Hepatitis B	* (1)	*(1)	*(1)		
Pneumococcal Conjugate	* (2)	*(2)	*(2)		*(2)
Measles/ Mumps/Rubella				*	
Meningococcal C Conjugate				* (3)(4)	

- (1) Hepatitis B immunization program for children born on or after Jan. 1, 2001
- (2) Pneumococcal Conjugate for children born on or after July 1, 2003
- (3) Meningococcal C Conjugate for children born on or after July 1, 2002
- (4) Varicella Vaccine (Chicken pox) available for any child.

Release Of Children

Some parents may require other individuals to pick up their children from preschool during the year (e.g. nanny, grandparent). I, _____, authorize Goldstream Preschool (Early Childhood Educator or ECE substitute responsible in the school) to release my child _____ to the following adults:

NAME:	ADDRESS:	TELEPHONE:

Signed: _____ Date: _____

EMERGENCY RELEASE

In the event of an emergency or other major disaster, I _____, authorize Goldstream Preschool (Early Childhood Educator or ECE substitute responsible in the school) to release my child, _____ to the following adults. I understand that every effort will be made to contact me first.

NAME:	ADDRESS:	TELEPHONE:

Signed: _____ Date: _____

Parental Special Interests or Skills

Does anyone in your family have any special interest or skills that may contribute to the school and children's classes?
Please circle.

Singing	Cooking	Dancing	Teaching	Hiking
Writing	Gardening	Woodworking	Photography	Pottery
Computer	Accounting	Publishing	Advertising	Drama/Actor
Raising animals	Sewing/Knitting	Beach combing	First Aid	Lawyer
Typing/ Word Processing	Media: Radio/TV/ Newspaper	Nurse/Doctor/ Dentist	Physiotherapist	Speech Pathologist
Arts/Crafts (specify)		Collecting (specify)		
Musical instruments (specify)		Customs & items of interest from various cultures		
Other				



Consent to a CRIMINAL RECORD CHECK

For working with children and / or vulnerable adults

IMPORTANT: Please read information and instructions on Page 2. To avoid processing delays, ensure all relevant fields are complete and payment is included with the form.

Schedule Type*: A B C D E F

WORKS WITH (choose one): children vulnerable adults children and vulnerable adults

If you are unsure which 'works with' category to check, please contact your organization.

PART 1 – APPLICANT INFORMATION – To be completed by all schedule types.

Last Name: _____ First: _____ Middle: _____

Birth Date: _____ (yyyy/mm/dd) Gender: Male Female Birth Place: _____ (City, Province/State, Country)

OTHER NAMES USED OR HAVE USED: (e.g., maiden name, birth name, or previous married name)

Surname: _____ First: _____ Middle: _____

Surname: _____ First: _____ Middle: _____

Surname: _____ First: _____ Middle: _____

Mailing Address: _____

City: _____ Province: _____ Country: _____ Postal Code: _____

Contact Phone : (_____) _____ BC Driver Licence # : _____

PART 2 – ORGANIZATION INFORMATION – To be completed by all, except Schedule F.

Section A Complete this section if you have been provided with an ID number from Criminal Records Review Program.

Organization Name: _____
Employer / Childcare Resource Referral Program (CCRRP) / Health Authority / Governing Body / Education Institution / Office of Independent Schools

Organization Contact Name or Title (the person to receive the result of the check): Vice President

ID Number (provided by the Criminal Records Review Program): _____

Section B If you are unable to provide an ID Number please complete ALL of Section B.

Organization Name: Goldstream Co-op Preschool

Organization Contact Name or Title (the person to receive the result of the check): Vice President

Mailing Address (result of the check is sent here): 935 Goldstream Ave.

City: Victoria Province: BC Country: Canada Postal Code: V9B 2Y2

Office Phone: (250) 474-3011 Fax: (_____) _____

Applicant's Position / Job Title with Organization: Volunteer

Governing Body Licence or Registration # (if applicable): 4072021

PART 3 – Schedule D Only must provide:

Licensed Child Care or Adult Care Facility Name: _____

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS:

I have read and understand the Consent for Release of Information and Acknowledgements on Page 2. I hereby consent to these terms as indicated by my signature below:

Applicant Signature	Parent or Guardian Signature for Applicant Under 19 Years of Age	Date Signed
_____	_____	_____

PSSG10-031 / April 2011



Consent to a Criminal Record Check (Schedule A, B, C, D, E or F)

INFORMATION and INSTRUCTIONS

Page 1 is set up with 'form fields' so you may complete it at your computer then print the number of copies required. You may also complete the form by hand, but please print clearly using dark ink. Processing delays will result if form is submitted incomplete, incorrect or if information cannot be read clearly. For information contact the Criminal Records Review Program at (250) 387-6981 or toll-free 1-800-663-7867.

SCHEDULE TYPES (including specific instructions for each schedule type)

Schedule A: use if the individual is an employee working with children and / or vulnerable adults and does not meet any description of schedules B, C, D or E. The employer retains the original signed consent form.

Schedule B: use if the individual is a) applying for membership or is a registered member of a B.C. governing body, or b) is applying for, or has certification, or a letter of permission to teach through the Office of Inspector of Independent Schools, B.C. Ministry of Education, or c) is a registered student in a post secondary program with a practicum component involving work with children and / or vulnerable adults. See website www.pssg.gov.bc.ca/criminal-records-review/who-qualifies/index.htm for a complete list of Governing Bodies covered under the Criminal Records Review Act. Either the governing body, Office of Inspector of Independent Schools or the post secondary institution retains the original form.

Schedule C: use if the individual is a volunteer, a resident age 12 or older, or a manager or owner / operator of a licence-not-required child care facility. The child care facility must apply for registration or be registered with their regional provincial Child Care Resource and Referral program. The local Child Care Resource and Referral Program must complete PART 2 of this form and retains the original signed consent form.

Schedule D: use if the individual is a manager or owner operator applying for or already holds a child care or adult care (vulnerable adults) facility licence, or is the manager's or owner operator's family member age 12 or older living in the facility. The local Health Authority, Community Care and Assisted Living facilities licensing office must complete PART 2 of this form and retains the original signed consent form. Individuals must also complete PART 3.

Schedule E: use if the individual is an employee or a volunteer at a child care or adult care (vulnerable adults) facility, licensed under the Community Care and Assisted Living Act which is administered by local health authority community care facility licensing offices. The manager or owner / operator of the facility keeps the original signed consent form.

Schedule F: use if the individual is a student (ECE college level or high school) on work placement at a child care facility, or a child care substitute, or a child care worker working at multiple facilities applying for registration on the Short-term Registry or an adult care facility licensed under the Community Care and Assisted Living Act. The applicant keeps the original form. NOTE, effective January 1, 2012 ECE students will be considered Schedule B.

CHECKLIST for Applicant

- I understand which 'schedule type' and which 'works with' category pertains to me (if this is not clear, please contact your organization).
- I have checked off which Schedule Type (A,B,C,D,E or F) I am submitting for a Criminal Record Check and indicated which 'works with' category.
- I have completed all the applicable sections clearly and legibly.
- I have read and understand the Consent for Release of Information and Acknowledgements and information regarding the Freedom of Information and Privacy Act (FOIPPA) — (outlined below).
- I have signed and dated the Consent for Criminal Record Check form.
- Payment: **I have provided the \$20 processing fee (non-refundable) by:**
 - Visa or MasterCard – and have completed the Credit Card Usage Form – www.pssg.gov.bc.ca/criminal-records-review/shareddocs/credit-card.pdf
 - Certified cheque or money order made payable to the Minister of Finance. **NOTE: Personal cheques are NOT accepted.**
 - My organization will pay the \$20.00 processing fee
 - I have not completed payment, but have completed the Fee Waiver (attached) – see www.pssg.gov.bc.ca/criminal-records-review/apply/index.htm
- I understand that my employer or organization will retain the originals of the forms I have completed and will forward a copy with the processing fee to the Criminal Records Review Program on my behalf unless I am a Schedule F then I am to retain the original signed consent form.

CHECKLIST for Organization

- The employee/applicant will provide you with the original, completed and signed consent form and applicable attachments.
- Retain the original form(s).
- Forward a copy of the form(s), along with payment, to the Criminal Records Review Program by either method below:
 - 1) **MAIL** : Criminal Records Review, Ministry of Public Safety and Solicitor General, PO Box 9217 Stn Prov Govt, Victoria BC V8W 9J1
 - 2) if the fee is being paid by credit card, you have the option to **FAX** the credit card authorization form with the completed form to: 250 356-1889.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS PURSUANT TO THE B.C. CRIMINAL RECORDS REVIEW ACT

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) under the Criminal Records Review Act;
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant or specified offence(s) as defined under the Criminal Records Review Act.
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant or specified offence(s) may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant or specified offence(s) and the matter has been referred to the Deputy Registrar;
- The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children and / or physical, sexual or financial abuse to vulnerable adults as applicable.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant or specified offence(s) for which I have received a pardon.
- If I am charged with or convicted of a relevant or specified offence(s) at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check form.

Page 2 of 2

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA): The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.



Vancouver Island Cooperative Preschool Association

Parental Medical Form

Cooperative Preschools are parent-owned and operated on a non-profit basis, hiring a qualified Early Childhood Educator.

In order for parents and/or guardians to assist in the classroom on a rotational basis, they must undergo ten hours pre-orientation as well as receive one and one-half hours on-going monthly parent education.

Parents and the Early Childhood Educator share the responsibility for 10-15 three and four year old children for 4 to 6 hours per month. The program includes field trips into the community throughout the year and is based on "Learning Through Play".

Prior to assisting in the classroom, parents must meet the requirements of the Child Care Licensing Regulations of the current Community Care Facilities Licensing Act, which states:

"the parent and/or guardian provides the preschool with the written opinion of a medical practitioner that his/her mental and physical health is adequate for the job."

I hereby certify that the mental and physical health of _____
(please print name) of Goldstream Preschool is adequate to assist in the preschool.

Date

Signature of Medical Practitioner



Vancouver Island Cooperative Preschool Association

The VICPA – What's That?

Dear Parent:

Your preschool is a member of the Vancouver Island Cooperative Preschool Association, which is an umbrella organisation for parent participation “co-op” preschools. All member preschools have the common philosophy of “learning through play”.

The VICPA Executive is a group of volunteer parents who share their time and experience for the benefit of all our preschools. The VICPA works on behalf of all its members to provide services which make running a co-op preschool easier.

These services include:

- Workshops – training and support of preschool executive
- Standards – ensuring VICPA's standards are met in all preschools
- Board and Committees – addressing issues relevant to preschools
- Equipment loan – sharing commonly held equipment amongst member preschools
- Information exchange including the Coverall newsletter

The VICPA provides a forum for networking between preschools. This sharing is invaluable to the school's executive members as it allows them to do their jobs more effectively and ultimately provides you with a well run preschool. Your VICPA fees allow us to run a small office, hire and Executive Coordinator and an Early Childhood Educator Consultant, publish our newsletter and present our annual spring parenting conference, Making Tomorrow.

Please consider the above information when filling in the VICPA Membership Form (which is on the back of this sheet).



Vancouver Island Cooperative Preschool Association

Membership Application Form

Please complete the following application and return to you preschool's Enrolment officer as soon as possible in order for you Preschool to remain a member in good standing with the VICPA.

I, _____, a _____
your name(s) parent/guardian

at Goldstream Co-op preschool, a group member in good standing with Vancouver Island Cooperative Preschool Association (VICPA) hereby apply to be an individual member with VICPA.

Signed: _____ Dated: _____

Enrolment Form for VICPA

Occasionally projects arise within the association requiring specific skills. Just as your preschool benefits from its members' talents, so can our association of preschools. While we understand that you lead busy lives, we ask that you consider volunteering with VICPA. Please look over the many suggested areas below and circle ones of interest and/or expertise denoting which parent. Also, please feel free to offer any skills that have not been listed.

Name: (please print) _____ Date _____

Preschool Name: _____ Class: _____

Home phone: _____ Work phone: _____

Most convenient time to reach you: _____

Are you a returning parent? Y N

If yes, how many years have you been with a VICPA co-op? _____

Do you know who or what VICPA is? Y N

Accountant (CA/CGA)___ Bookkeeper___ Carpenter (painter, repair skills)___ Graphic Artist___
Calligraphy___ Media (radio, TV, Newspaper, Magazine)___ Advertising/Public Relations___ Publishing___
Organisational Skills___ Drama/Actor___ Salary Negotiation___ Hiring Experience___ Lawyer___
Health professional (please specify) _____ Word processing (specify) _____
Making Tomorrow Conference___ Sewing ___ Other _____

Vancouver Island Cooperative Preschool Association - VICPA

PARENTS' AGREEMENT FORM for Goldstream Preschool a member school of V.I.C.P.A. for the school year 2012/2013.

We, the undersigned have read carefully the Constitution and By-Laws of Goldstream Preschool and agree to abide by it. We will also read the Early Childhood Educator's (ECE) Contract when available.

1. When acting as a duty-parent/caregiver, I agree to arrive 20 minutes before preschool opening and to stay for 20 minutes after preschool dosing. So that both my child and I may get the most out of this very special day, I will not bring any other children to the preschool. If I cannot be present, I will trade duty days with another parent/caregiver and notify the necessary people, i.e., ECE, class rep, duty scheduler.
2. We will make every effort to be **prompt in bringing**, and **picking up** our child for preschool and daycare.
3. We will not send our child to school or daycare if the child is ill, nor will we come as duty parents when we are ill. If our child contracts a communicable disease or condition (i.e., chicken pox, head lice, etc.) we will notify the ECE/Supervisor immediately.
4. We understand that, in the school room and on the playground, the ECE has overall responsibility for the program, teaching methods, discipline and health and safety measures; on a duty day, the parent/caregiver is there as the ECE's assistant.
5. We hereby authorize the ECE to:
 - a) Arrange for periodic examinations by public health personnel;
 - b) Send our child home, if we are unable to pick him/her up, accompanied by an adult approved by us, if he/she appears ill, when it has been ascertained there is someone there to receive him/her;
 - c) In case of serious injury or other medical emergency, to obtain professional help (family doctor and/or ambulance) and notify the parents/caregivers immediately. We agree that any cost incurred for such services shall be the sole responsibility of ourselves. If parents/caregivers cannot be reached contact is then made with the person whose name appears as an alternate on the enrolment form, and emergency form;
 - d) To exercise discretion to ensure the safety and well-being of our child.
6. We will keep the ECE informed of any event or change of routine at home that may affect our child's behaviour.
7. If we have questions about our child's progress or the program of the preschool, we will direct them to the ECE; we will direct queries or suggestions about the administration of the preschool to the executive through the President or Personnel Committee.
8. We will pay our child's tuition fees according to procedures adopted by the preschool/daycare.
9. If it becomes necessary to withdraw our child from school, we will give one month notice in writing to the Secretary, or pay one month's dues in lieu of notice. We understand that in some circumstances, June fees are non-refundable as outlined in the Preschool's Constitution and/or enrolment policy.
10. **TO BE A FULLY COOPERATIVE MEMBER OF THE PRESCHOOL/DAYCARE, WE WILL SERVE ON THE EXECUTIVE, ON A COMMITTEE, OR TAKE ON A JOB(S), AND TO ASSIST IN GENERAL UPKEEP AND THE FUNDRAISING FOR THE PRESCHOOL/DAYCARE.**
11. We undertake to attend all **MONTHLY MEETINGS**, held on the second Wednesday of each month at 7p.m. for the purpose of conducting society business and the PARENT EDUCATION PROGRAM. (**Participation in an ongoing Parent Education Program is a requirement to maintain compliance with Community Care Facility Act, Child Care Licensing Regulation**). We understand that the presence of one duty parent/caregiver per family is required at every meeting, **and that our family will be asked to withdraw from the preschool group if more than two meetings are missed**. We are aware that telephone contact with the secretary is necessary in the event of an unavoidable absence and that the posted minutes of the meeting must be read and signed and **Parent Ed must be followed up as per VICPA Standards**.
12. We will take an active interest in the **Vancouver Island Cooperative Preschool Association (V.I.C.P.A.)**.

13. We understand that in accordance with the **Child Care Licensing Regulation** as a duty parent/caregiver we are required to have on file the written opinion of a medical practitioner that our mental and physical health is adequate for the job. A form letter from the V.I.C.P.A, is provided to the duty parent/caregiver for the Medical Practitioner's signature. **We may not serve as duty parents in the classroom until this form has been presented to the Enrolment officer and kept on file at the preschool.**

If the local Medical Health Officer in your community does not require a T.B. (tuberculosis) test then disregard item 14.

14. We understand that in accordance with the **Child Care Licensing Regulations**, it is compulsory for the regular duty parent/caregiver born or raised in countries where tuberculosis is endemic, to have a TB test that proves they do not have active tuberculosis A copy of the results of this test must be presented to the Enrolment & Orientation officer and will be kept on file at the preschool. This process must be completed before the parent/caregiver begins the first duty day.

15. We agree to make every effort to present the forms for items 13 and 14 at the time of registration and no later than 2 weeks after our child has commenced preschool **THESE FORMS ARE LICENSING REQUIREMENTS FOR THE LEGAL OPERATION OF OUR PRESCHOOL. Parent cannot assist as duty parent until above mentioned documents have been received by the Enrolment Officer. Children cannot attend the program fully until all their registration forms have been submitted.**

16. We understand that according to government regulations, all non-legal guardian duty parents are unable to do participation days in the classroom without a Criminal Record Check in accordance to the Criminal Record Review Agency (Schedule E).

17. For insurance purposes it is recommended that we ask the following question. Please circle one answer.
To the best of your knowledge, have you ever been accused of an act of abuse or neglect against a child?
Yes or No (please circle one)

18. We understand that the use of the preschool & daycare facilities and the activities which our child or children undertake during program hours involves some risk of minor physical injury. We hereby release and discharge the V.I.C.P.A., the Goldstream Preschool and its employees and volunteers from any actions, causes of action or liability which we may have individually or have on behalf of our child or children in excess of the public liability insurance carried by V.I.C.P.A. and the society.

This Parents' Agreement form and in particular, the waiver-release clauses herein contained represent the entire agreement between the parties and the said terms are contractual in nature and not a mere recital.

We have read the Parents' Agreement form in its entirety and confirm that we know the contents of this agreement and that we sign the agreement voluntarily.

This Agreement signed and duty witnessed on the _____ day of _____ 20____.

Parent/Caregiver

Parent/Caregiver

Parent/caregiver(s) (print): _____
(persons "on duty" and delivering child to class)

Signatures: _____

Witness (print): _____

Signature: _____

Address: _____

Occupation: _____

For use only for families participating for a consecutive year. I/We have reread the Parent Agreement form.

Signatures: _____

Date: _____



Goldstream Co-op Preschool

935 Goldstream Ave
Victoria, BC V9B 2Y2

Tel: (250)474-3011

Email: goldstreampres@hotmail.com

www.goldstreampreschool.org

Welcome to Goldstream Co-op Preschool. Please read and thoroughly complete all forms in this package. We encourage you to choose one of the following options, which will help make the preschool more familiar.

Prior to your child's first day of preschool

1. Contact our ECE to arrange a PARENT ONLY OBSERVATION of a preschool class in action.

OR

2. Attend our free weekly DROP-IN with your child(ren). Drop-in is every Tuesday from 12:30-2pm starting February 21, 2012.

OR

3. Attend a GENERAL MEETING held the second Wednesday of each month from 7-9:30 pm at the preschool.

If we can answer any questions, please call the Goldstream Preschool at (250)474-3011 or the Enrolment parent Dara Kirkpatrick at (250) 590-2938.

Enrolment Check List

Upon registration submit the following to the preschool or the enrolment parent:

- All attached forms, fully completed
- \$50.00 non-refundable registration fee is due now to ensure your child's spot.

Before classes begin, complete the following:

For September enrolments

- Orientation – The year will start with an orientation meeting. This is a great chance to meet other parents and ask questions. During the summer, you will be contacted with the date and time.
- Submit 10 tuition cheques, post-dated for September 2012 – June 2013, and the remaining \$50 enrolment fee.
- Fundraising package (distributed at Orientation meeting)
- Prepare supply list items.

For registrations after September

- Orientation – You will be contacted by our Orientation parent for an individual orientation.
- Submit tuition cheques, post-dated for the first month of enrolment – June 2013, and \$100 enrolment fee.
- Fundraising package
- Prepare supply items
- Note: Late registrations will have a start date of either the 1st or 15th of the month.