

St. James Early Learning Centre
2700 28 Avenue Vernon BC V1T1V7
250-938-4469 or 250-542-4081
sjelc@stjamesvernon.com

2022-2023 PROGRAMS

Daycare: Ages 2 ½ -5 years

5 Full Days - \$100 government discount already applied
(Children under 3 years is a discount of \$350, not \$100)

\$740/month (\$42.00/day)

Full Day is 7:30-5:30

Preschool: Ages 4 years (attending kindergarten the following year)

3 Mornings/week- \$30 government discount already applied
Tuesday/Wednesday/Thursday

\$270/month (\$25.00/day)

Morning Session is 8:30-11:30

School Aged Care: 5-12 years:

5 Days **After School Care** (grade 1+)
Kindergarten rate with Government parent fee reduction program

\$350/month (\$17.50/d)

\$300/month (\$15.00/d)

Spring Break-full days

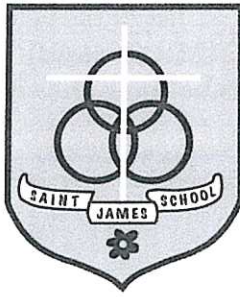
\$45/day

After School is 2:30-5:30

Full Day is 7:30am – 5:30pm

ALL PRICES IN EFFECT JULY 2022- MARCH 2023
AS GOVERNMENT CONTRACTS FOR FUNDING ARE UP FOR
REVIEW EVERY MARCH

Height: (feet & inches)
Weight: (lbs)
Hair Color:
Eye Color:



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Registration Form

Child's Name: _____ Date Of Birth: _____
(Last) (First) (Middle) (mm/dd/yyyy)

Gender: _____ Male _____ Female Name of School (if attending): _____ Grade: _____

Home Address: _____

Home Phone: _____ Email address: _____

Mother's Name: _____ Home Phone: _____ Cell : _____

Home Address: _____

Place of Employment and Address: _____ Bus. Phone: _____

Father's Name: _____ Home Phone: _____ Cell: _____

Home Address: _____

Place of Employment and Address: _____ Bus. Phone: _____

Persons Authorized to Pick up Child: _____

Under no circumstances will the child be released to anyone not on listed on this form, without authorization from parents or guardians

Persons to be called in Case of an Emergency (Be sure to include someone who will usually know your whereabouts and who is listed on above authorized to pick up list):

1. Name: _____ Relationship to child: _____
City: _____ Phone number: _____

2. Name: _____ Relationship to child: _____
City: _____ Phone number: _____

Child's Physician's Name: _____ Phone: _____

Physician's Address: _____

Care Card Number: _____

Permission granted for Emergency Medical Care: YES / NO (please circle) *See attached form

Immunization Record As Required Under The Health Act

(Please attach a copy of child's immunization or list dates below)

DPTP/HIB(4 doses + booster) _____ MMR (2 doses) _____ HEP B (3 doses) _____

OTHER _____ Note: If your child is not immunized, please fill out attached form .

Allergies? _____ If yes, please list _____

Other Health Concerns:

Colds _____ Bronchitis _____ Urinary Infections _____

Hay fever _____ Bleeding Nose _____ Ear Infections _____ Skin Conditions _____

Is your child on any medications? _____ If yes, what? _____

Does child have any vision, hearing, or speech concerns? _____

Any learning/physical concerns? _____

Any behavior/mental concerns? _____

Special diet? _____

Significant changes in your child's life(i.e. death, separation, move, new sibling) _____

Is there a custody agreement or restraining order(If so a copy must be provided) _____

Note: It is legal for either parent/guardian to pick up a child unless we have a copy of a court order restricting visitation.

Special instructions that might help us better understand your child? _____

I realize that the caregiver must report any accident or incident of a suspicious nature.

I have read and agree to the above information and will notify the caregiver if there are any changes.

Date of Admittance: _____

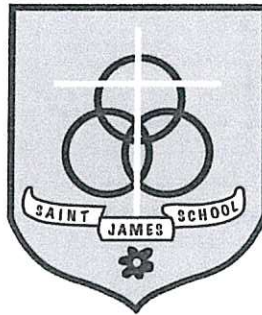
Date of Finishing: _____

PARENT OR GUARDIAN'S SIGNATURE

DATE

SJELC STAFF MEMBERS SIGNATURE

DATE



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Permission for Ambulance and Medical Care

I hereby grant permission for the manager or a staff member to take whatever steps may be necessary to obtain emergency medical care for my child. These steps may include, but are not limited to, the following:

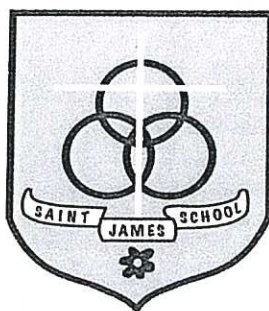
1. Attempt to contact a parent or guardian, the child's physician, or the persons listed on the emergency information form.
2. If the listed situation is deemed an emergency, paramedics will be called immediately, then parents/guardian will be contacted immediately thereafter.
3. Child will be released to the ambulance attendant, without a SJELC staff.
4. Any expense occurred under #2, above, will be borne by the child's family.
5. The centre will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Signed: _____
(Parent/Guardian)

(Date)

Signed: _____
(SJELC Staff)

(Date)



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Permission of Photo Release

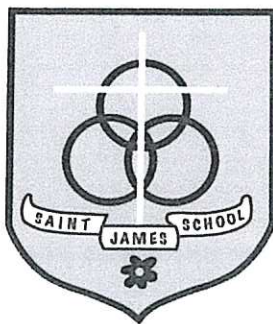
I _____ understand that photos of my child
(Please print Parent's full name)

_____ may be taken while he/she is attending
(Please print Child's full name)

St. James Early Learning Centre. These photos may appear in the newspaper, magazines,
in brochures and/or online media (including our Facebook page)

Signed: _____
(Parent/guardian) (Date)

Signed: _____
(SJELC Staff) (Date)



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Permission for Field Trips & Transportation

Field Trips:

I hereby grant permission for my child _____ to use all equipment, to participate in all centre activities and to leave the centre premises under the supervision of a staff member for neighborhood walks, city bus rides or field trips.

Signed: _____
(Parent/guardian) (Date)

Signed: _____
(SJELC Staff) (Date)

Transportation:

I hereby grant permission for my child _____ to be driven in an authorized vehicle by a staff member of St. James Early Learning Centre. If a booster or Child care seat is required (as per B.C. law), please check the appropriate box below.

Booster Seat for 40-80lbs required:

☐ Yes

☐ No

Child's Car seat for 0-40lbs required:

☐ Yes

☐ No

Signed: _____
(Parent/guardian) (Date)

Signed: _____
(SJELC Staff) (Date)

IDENTIFICATION AND EMERGENCY INFORMATION FORM

Name of child: _____
Last First

Date of birth: _____ School Child is attending: _____ Grade: _____

Home address: _____ Postal Code: _____

Home phone: _____ E-mail address: _____

Mother/guardian: _____

Place of employment: _____

Work phone: _____ Cell phone: _____ Hours: _____

Father/guardian: _____

Place of employment: _____

Work phone: _____ Cell phone: _____ Hours: _____

Persons authorized to pick up child:

(Under no circumstances will child be released to anyone not known to the centre without authorization from parents or guardians.)

IS THERE ANYONE RESTRICTED FROM PICKING UP/VISITING YOUR CHILD (not including court orders)? Y / N

(If YES, please give name: _____)

Persons to be called in Case of Emergency: (Be sure to include someone who will usually know your whereabouts and is on the above authorized to pick up list.)

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Child's Physician: _____ Phone: _____

Physician's Address: _____

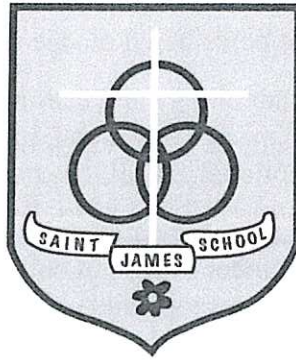
B.C. Care Card # _____ Allergies: _____

CHILD IS IMMUNIZED: YES / NO (please circle)

PERMISSION HAS BEEN GRANTED FOR EMERGENCY MEDICAL CARE: YES / NO

Note: It is legal for either parent/guardian to pick up a child unless we have a copy of a court order restricting visitation.

Parent/Guardian signature: _____ Date: _____



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ADMISSION AGREEMENT

St. James Early Learning Centre, (hereinafter referred to as the 'centre') is an Out Of School Care, Day Care, and Pre School program. The centre is licensed by the Interior Health of British Columbia, Community Care Facilities Licensing Division.

A. BASIC SERVICES

The centre shall provide the following basic services for:

(Name of child being enrolled)

(Birth date)

(2nd child's Name)

(2nd child's Birth date)

Parent or Guardian:

(Name of person enrolling the child)

(Relationship)

- ☐ After School Care 2:30pm -5:30pm Monday-Friday, excluding days the centre is closed.
- ☐ Daycare 7:30am-5:30pm Monday-Friday, excluding days the centre is closed.
- ☐ Preschool 8:30am -11:30am Tuesday/Wednesday/Thursday, excluding days the centre is closed.

1. The child shall be given assistance with personal care as needed.
2. The child shall be placed in a group of peers based on age and/or special needs as determined by the staff.
3. The child shall be involved in a program of play and learning experiences that are appropriate for the ages of children enrolled in the centre. Balance of active and quiet play is provided for, with individual and group activities geared toward the emotional, social, physical, aesthetic, and individual growth of children.
4. The centre shall assume responsibilities for the child after the child has been signed in by either the parent/guardian or a delegated staff member in case of children arriving from buses or other means of transportation. The centre shall maintain responsibility until the child is signed out by a parent/guardian or designated representative of the child's parents/guardians.
5. The child shall be administered physician-prescribed medication only upon written request of the child's parents/guardians. The centre shall not administer a non-prescription medication unless it is accompanied by a physician's request to do so. Parents/Guardians agree to provide a printout from the pharmacist of any side effects or adverse reactions which may occur when using said drug.
6. The centre shall give appropriate first aid to hurt children. A parent/guardian shall be contacted if it is the judgment of the staff that immediate medical attention is necessary. If it is further the judgment of the staff that if the injury is an emergency, paramedics shall be called to the centre and a parent/guardian shall be contacted.
7. An ill child shall be isolated and given appropriate care until picked up by parent/guardian, or designated representative.
8. The centre shall notify the child's parent/guardian of a suspected exposure to a communicable disease.
9. The centre shall make every effort to safeguard personal belongings brought by the child, but shall not be responsible for lost or broken items.
10. The manager or any other staff members shall report to Children's Protective Services or the Police Department as required by British Columbia law any suspicion of child abuse, sexual or otherwise, or endangerment of which they may become aware of.

B. PAYMENT PROVISIONS

1. In accordance with the statement of fees in the Parent/Caregiver Handbook

- a. Non-refundable \$50.00 registration fee (per family) shall be paid upon enrollment and on each registration date after that, typically April. This holds your space in program.
- b. Payment information will be required upon registration for tuition payments which shall be paid on the first of each month, September -June. If a payment comes back NSF there shall be a late fee of \$5/day until **cash** is received in place of the original payment. Cheques will not be accepted.
- c. Written notice of withdrawal is require 1 month in advance during the months of September-December and 2 months in advance for the months January-August.
- d. Statuary holidays are charged at full fee. The monthly rates have been pro-rated to take into account statutory holidays, Christmas Break and other closures, so full rates will be charged for these times as well. If your child needs care during Spring Break there will be an additional fee for the school aged program (ages 5-12 years). The daycare program is not affected by Spring Break. There will not be preschool during Spring Break.
- e. Sick days are charged at full fee. No make-up days will be substituted.
- f. If child care payment is subsidized, the parent is responsible for any portion not paid by Child Care Subsidy. The parent is also responsible to pay full fees until authorization comes through, then a credit will be given once approval amount is confirmed in writing.

C. OBLIGATIONS OF PARENTS OR GUARDIANS

1. A parent/guardian shall give requested medical information upon enrollment of the child, as well as provide updating as required.
2. A parent/guardian or designated representative of the child's parent/guardian shall bring the child to the centre building upon arrival, sign in on the appropriate register and bring into the classroom before leaving the premises.
3. A parent, guardian, or designated representative of the child's parents or guardians shall sign the child out on the appropriate register before taking the child from the premises.
4. A parent/guardian shall notify the centre when someone other than those named on the emergency information card will be calling for the child.
5. A parent/guardian shall provide the child with a nutritious lunch and AM/PM snacks. Contents should follow guidelines, as specified in the Parent/Caregiver Handbook.
6. A parent/guardian shall see that the child is dressed appropriately when brought to the centre following the guidelines in the Parent/Caregiver Handbook.
7. A parent/guardian shall notify the centre of the child's possible exposure to a communicable disease.
8. A parent/guardian must notify the centre when the child is going to be absent.
9. A parent/guardian shall give one month written notice or forfeit one month's tuition during the months of September-December, and two months written notice or forfeit two months tuition during the months of January -August, in case of withdrawal from the program.
10. A parent/guardian shall abide by the parking rules of the centre and school.
11. A parent/guardian shall try to call ahead if they are going to be delayed in picking up their child.
12. The late fee will be \$1.00/minute late, paid in cash to the staff member that is waiting with your child. The time will be according to our classroom clock.

D. TERMINATION OF THE AGREEMENT

This agreement shall be terminated if any one or more of the following occur:

1. The program year has come to an end.
2. Serious illness of the child, preventing attendance.
3. The parents/guardians of the child allow their account to be delinquent.
4. Failure to the parents/guardians to honor the obligations listed in this agreement or in any rules, regulations, or manuals provided by the centre.
5. The centre in its sole and unfettered discretion determines that it is unable to meet the needs of the child.
6. The centre in its sole and unfettered discretion determines that it is not in the best interest of the program or other children enrolled at the centre to have the child in attendance.
7. The centre in its sole and unfettered discretion determines that failure of the child's parents/guardians to cooperate with the centre is serious enough to warrant termination.

Procedure:

In exercising its discretion under numbers 4, 5, 6 and 7 above the centre may require the child and/or the child's parents/guardians to attend conference(s) with the centre personnel regarding the matters that potentially warrant termination of the agreement. The child's parents/guardians may request a conference with the centre personnel regarding the matters that potentially warrant termination.

The center's manager shall have the sole right and responsibility to determine any disputed factual matters regarding termination of this agreement.

E. MODIFICATION CLAUSE

This agreement may be modified whenever any of the circumstances covered by this agreement changes. Such modification may only be made in writing and must be signed and dated by the parties involved in order to be binding and effective. Oral modifications are not binding under this agreement and shall not be enforceable under any condition.

SIGNATURES TO AGREEMENT

For services listed in this agreement, and in accordance with the terms of this agreement, I agree to pay

St. James Early Learning Centre:

\$50.00/family registration fee due upon handing in complete paper work. Cash/E Tran:_____ Staff initial:_____

Pre-authorized payment information (separate form) has been given for the monthly sum of \$_____. Any amount owing that Subsidy does not cover is my responsibility to pay.

I agree to cooperate with the general policies of the centre; to perform obligations of parents/guardians set forth in this agreement and to abide by the rules, regulations and manuals provided by the centre. My signature below indicates that I have read the terms of this agreement and the rules, regulations and manuals provided by the centre.

Parent or Guardian signature:_____ Date:_____

Parent or Guardian signature:_____ Date:_____

Staff Signature:_____ Date:_____