



# Summer Camp Program

## Family – Summer Program Agreement

The Bethany child Care Society (BCCS) undertakes to provide responsible and nurturing care and education for \_\_\_\_\_, the 'child'. BCCS encourages the child's legal Guardian(s) to discuss any suggestions or concerns with regard to the child care program with their child's program supervisor or the Director of Bethany's Child Care Services.

For your convenience all referenced Centre documents policies and procedures are on our website at: [www.bethanychildcare.ca](http://www.bethanychildcare.ca)

The Enrolling Legal Guardian(s) \_\_\_\_\_, hereinafter called the 'Guardian(s)', AGREE TO THE FOLLOWING CONDITIONS:

### 1. Hours

Hours my child will be in care are:

\_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM, M \_\_\_ T \_\_\_ W \_\_\_ T \_\_\_ F \_\_\_

Initials

I will make every effort to be prompt in picking up my child by \_\_\_\_\_ AM/PM. If I am running late, I will notify the program supervisor immediately of my estimated time of arrival. I understand that if my child is picked-up after 6:00 pm I will be charged \$10.00 for the first 15 minute increment, and \$1.00 per minute thereafter. If I fail to contact the program supervisor, I accept that the Ministry of child and Family Development will be called, and that I must contact the Ministry [(604)660-4927 or (604)310-1234] to retrieve my child.

### 2. Program Closures

Initials

I accept that the program will close for all Statutory Holidays: Canada Day July 1<sup>st</sup> (or if falls on a weekend then 1<sup>st</sup> Monday in July), BC Day 1<sup>st</sup> Monday in August & Labour Day 1<sup>st</sup> Monday in September.

### 3. Program

Initials

I understand that the Summer Program is an extension to our Before and After School Care Program and has the same Licensing and Staffing requirement as follows:

- One Staff person for 12 children and if no Preschool, Kindergarten, or Grade 1 children the ratio is One Staff person for 15 children.



- The Staff are responsible adults certified with updated CPR and First Aid Training, Criminal Record Checks, and a Doctor's Note to say they are mentally and physically able to work with children.

Initials

The summer program supports children from age 5 years to 12 years old.

Initials

The Staff tries their best to break the group up for age appropriate support with common programming.

Initials

Fieldtrip Days:

- I will ensure my Children will be at the Centre by 10:00am so that they can change into swimsuits if required, have sun screen applied (if not already applied at home), so the group can leave the Centre at their scheduled time.
- Latecomers will either keep their child with them until the group returns, or drive their child to meet the group at the venue.

Initials

I understand the Program uses public transportation (transit buses, Skytrain, and coach) for fieldtrips which is also an exciting part of exploring the children's experience and horizon.

Initials

I agree to provide the following labelled items for my child: sunscreen, hat, closed toe sandals / No Flip Flops or Roller Shoes, water bottles, extra change of clothes, towel and a backpack (Not a Shoulder Bag) especially for fieldtrips.

Initials

The children's clothing and belongings are the child's responsibility and the Staff is not liable for any lost items.

Initials

I am aware and will discourage my child from bringing personal belongings to the Centre such as toys, personal objects to avoid them being lost or broken.

Initials

I agree that there will be absolutely no electronics (Cell phones, hand held games, I pads etc.) allowed to be brought with my child to the Centre.

Initials

I agree that photographs and video may be taken of my child during fieldtrips and other activities. These photographs will be posted securely on our website which can only be accessed by Parents or Guardians of children in the program with an approved account credentials:

<https://www.bethanychildcare.ca/image-gallery/summer>



#### 4. Enrollment

Initials

I will ensure all home, business, mobile and emergency contact numbers are correct and will provide at least two local emergency contacts that will have different addresses from each other.

Initials

To secure my child's space the first weeks/month's tuition fees will be provided at the start or prior to the time my child starts in the program.

Initials

(*For children Requiring Extra Support Only*) I acknowledge that my child has extra support needs, and I understand that my child may not begin attending the program until funding from Supported child Development is in place, and the child Development Support Instructor position has been filled by a successful candidate.

Initials

I understand that the Program Supervisor and/or Director of child Care Services

- Reserves the right to discontinue care after giving one weeks' notice if the program is no longer able to meet my child's developmental needs or my child is unable to positively adapt to the program's environment.
- If my child requires ongoing and significant re-direction, or poses a serious physical threat to the staff or other children, that this will result in a phone call to request that I need to pick-up my child as soon as possible from Care.

#### 5. Tuition.

Initials

I agree to pay Bethany child Care Society the child care tuition in the weekly or monthly amount as your child is enrolled and to keep the account in good standing.

Initials

I will submit my banking account information through the Centre's Automatic Withdrawal Form.

Initials

If my child is eligible for child care subsidy, <https://childcareinfo.gov.bc.ca/childcare> I understand that I am responsible for keeping my authorized claim forms current. I also acknowledge that I am responsible for paying all remaining child care tuition each month, and that payment is due by the 1<sup>st</sup> of each month.

Initials

I am aware that I must pay my child's full child care tuition for each week or month, and that I will not be reimbursed for any vacations my family takes, any sick days my child experiences, or any program closures that are beyond the control of BCCS's child Care Services such as flooding, power outages, extreme weather conditions, pandemic outbreaks, etc.

Initials



I accept that the Annual Child Care Tax receipts will be issued electronically by February 28<sup>th</sup> of the following year.

## **6. Family/Program Partnership**

Initials

I agree to speak to the program staff about any questions or concerns I have regarding my child's care and education as soon as they arise and not in front of my child or any other children in the program

Initials

I agree to return/sign permission forms and other program-related paperwork by the designated deadlines.

Initials

Bethany Child Care Society does not allow its staff to provide babysitting for children of the Centre or going into business ventures with families while employed at Bethany.

## **7. Health and Safety**

Initials

All children must wear a life jacket during all swimming activities, unless a parent personally notifies in writing a Staff person.

Initials

I am aware that I am responsible for providing my child two (2) nutritious snacks and lunch that don't need warming up for each day while in the program.

Initials

I understand that BCCS's Child Care Services **will** declare program environments nut-free, and I will refrain from sending any foods containing nuts in my child's snack/lunch.

Initials

I accept that staff will only administer to my child prescription medication that is in its original container, and only for the duration listed on the container's label.

Initials

I will take the responsibility as the parent or Guardian to ensure your child's care plan is up to date and all necessary medications are given to the Staff to keep while my child is under care of the Bethany Staff Team.

Initials

If an Epi – Pen is needed by my child, I will provide it and that my child can have it kept in their backpack. If the child keeps the Epi-Pen in the backpack then an extra Epi – Pen will be requested so Staff can also bring it along for all field trips.



Initials

I will not bring my child into the program if my child: has an illness, infection, or communicable disease; and/or is suffering from symptoms such as fever, vomiting, and diarrhea. In addition, I will not bring my child back to the program until the conditions outlined in the *Family Policy Handbook* found on the [www.bethanychildcare.ca](http://www.bethanychildcare.ca) site have been met.

Initials

If my child has – or has been in contact with – a communicable disease, I agree to notify the program supervisor and/or Director of Child Care Services immediately. Similarly, I also agree to notify the program supervisor and/or Director of Child Care Services immediately if my child contracts influenza or a pneumococcal disease.

Initials

I agree to provide the program with my child's immunization record, and I am aware that it will be forwarded to Richmond Health Services.

Initials

I will submit to the program supervisor a list of my child's allergies and/or health conditions/diagnoses, and I agree to keep the program staff apprised of any changes in my child's allergies and/or health conditions/diagnoses by providing copies of on-going medical evaluations. I will provide the program with any medications necessary to effectively manage my child's allergies/health condition(s) PRIOR to my child attending the program, and I understand that I must submit a "Permission to Administer Emergency Medication" form filled-out and signed by both myself and my child's physician.

Initials

I acknowledge that the staff of BCCS's Child Care Centre programs will administer first aid to my child when they believe it is necessary, and I accept responsibility for payment of ambulance fees if emergency medical assistance is required.

Initials

If my child becomes sick during the day the staff will notify me by telephone and keep the child comfortable until I arrive, if more assistance is needed the Centre will arrange to take the child to the hospital and will contact me to have me meet the staff and child there.

Initials

I will not leave my car idling at any time of pick-up and proceed with due care and caution at all times while arriving and departing the parking lot.

Initials

I agree to familiarize myself with the program's Evacuation Plan and Emergency Evacuation Procedures. As a licensed Child Care Centre, the practice Fire Drills and Earthquake Drills is done monthly.

Initials

I will provide my child with an earthquake comfort kit, and include all items listed in the *Family Handbook*.



## 8. Legalities

Initials

I acknowledge that information my family shares with the program staff and/or Director of the Bethany child Care Centre will be kept confidential unless they believe it is in the best interests of my child to pass along such information to other staff and/or community professionals. I understand that they will obtain my consent before passing along such information UNLESS they believe the information my family shared with them places my child at risk – physically, mentally, and/or emotionally.

Initials

I understand that all staff of BCCS's Child Care Centre programs will be alert to signs of child abuse, and are required by law to report any concerns to the Ministry of Children and Family Development.

Initials

I have read, understood and signed the BCCS - Consent, Waiver and Indemnity Form.

## 9. Guiding and Caring

Initials

I have familiarized myself with, and accept, the Guidance and Discipline policy outlined in the *Family Handbook*.

## 10. Daily Routines

Initials

I understand that an adult will always accompany my child into the program each day and that my child is required to be signed-in on the "Attendance Sheet". I also acknowledge that my child must always be signed-out on the "Attendance Sheet" upon pick-up.

Initials

I agree to not leave un-enrolled children unattended during drop off and picking up.

Initials

If I have a younger and older child registered in Bethany I will pick up the older child first before the younger for safety reasons.

Initials

I acknowledge that only those persons listed in the 'Person(s) Authorized to Pick-Up child' section of my child's "Registration Form" will be permitted to retrieve my child from the program. If another person is to pick up your child they must be confirmed by Staff through voice or photo identification. This includes pick up from Fieldtrip locations and Staff must be notified prior.

Initials



I accept that my child will not be released to any person who is under the influence of alcohol or drugs, and that an alternate pick-up person will be contacted.

Initials

I acknowledge that my child will spend at least fifteen minutes outside every day, rain or shine, and I will provide my child with seasonally appropriate outdoor clothing and footwear.

## 11. Visitors

Initials

I am aware that the program will be subject to periodic visits from the local health unit staff, including the Licensing Officer and Public Health Nurse. I recognize that these visits are for information and support.

Initials

Potential Families are welcome to call ahead and arrange a time to visit the Centre, meet then staff and observe the program and its operation.

Initials

If you or a Family member have a skill or talent to share with the children please talk with a Staff person to arrange a visit.

**It is understood that this agreement is for the benefit of the child, legal Guardian(s), and the Bethany child Care Society.**

**I have read, understood, and agreed to the policies and procedures in the Family Handbook and as set out in this agreement this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at Bethany child Care Centre (22680 Westminster Highway, Richmond BC, V6V 1B7).**

\_\_\_\_\_  
**Signature of Legal Guardian**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Legal Guardian**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of child Care Director**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**