



Quails' Nest Daycare



REGISTRATION CONTRACT (as of September, 2023)

Facility: **Quails' Nest Daycare (QND)**

Date of submission to QND:

day
month
year

Child's Name:

(legal last name)
(legal first name)
first name used

Gender:

male

female

Birthdate:

day
month
year

Home Address:

 postal code:

Home Phone:

email (please print clearly):

Parents / Guardians

Name:

Name:

Place of work:

Place of work:

Hours of work:

Hours of work:

Work Phone:

Work Phone:

Cell Phone:

Cell Phone:

Others at home:

 siblings (names and ages):

adults:

MEDICAL INFORMATION:

Family Doctor:

Doctor's phone:

B.C Medical #:

Please attach a photocopy of your child's up-to-date immunization records !

List any allergies, health issues, medical disabilities, communicable diseases or recent illnesses your child has had:

List any vision or hearing problems, or any possible other physical disabilities or limitations:

List any special dietary restrictions (for reasons of health, religion, ethnicity):

Additional information (*this page is optional*) to help provide quality daycare for your child:

Has your child ever been in child care before? If so, what type, and how was the experience?

What is your normal method of consequence (discipline) for your child?

How would you describe your child's temperament (easy-going, demanding, hard to please, withdrawn, ...)?

What are some of your child's favourite activities?

What are your child's daytime napping habits?

Do you have a back-up care provider in the case of illness or emergency?

Does your child have any restrictions with play or activities, indoors or outdoors?

Has your child had experience playing with other children?

How does your child feel about daycare, and being away from his/her mommy/daddy/guardian ?

Are there any recent traumatic situations that your child has experienced, such as a death in the family, death of a pet, divorce, family move, new sibling, ... ?

Does your child have any security objects such as a blanket, soother, bottle, toy, stuffy, ... ?

How does your child behave when sick?

How is your child most easily settled when upset or afraid?

What are your child's favourite activities, toys, books, or games?

Are there any areas you would like to see your child working on or developing?

Alternate Person to call IN CASE OF EMERGENCY:

Name:		phone:	
Relationship:			
Name:		phone:	
Relationship:			

Persons who are authorized to pick up your child (they MUST present government-issued picture I.D.)

Name:		phone:	
Relationship:			
Name:		phone:	
Relationship:			
Name:		phone:	
Relationship:			

Are there any custody orders? no yes

** If yes, legal documentation **MUST** be kept on file at QND*

persons **NOT** permitted access to your child:

Name:	
Relationship:	
Name:	
Relationship:	

I/We give consent for QND to take photos of my/our child for picture display boards at the daycare and for the QND website and newsletters:

signature:		date (day/month/year):	
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I/We give consent for a member of QND to call a medical practitioner or an ambulance for my child in case of accident or illness:

signature:		date (day/month/year):	
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Is there any other information you can share to help QND provide the best experience possible for your child?

If the child will regularly be picked up by more than one parent/guardian, both adults are requested to meet with the Quails' Nest Daycare staff when officially registering their child, prior to the child's enrollment.

Quails' Nest Daycare
Field Trip Permission Form



Please print legibly, and sign where specified

I, _____ hereby give permission for my child
(print first and last name of **adult**)

_____ to participate in QND's field trip, which is:
(print first and last name of **child**)

walk to Chancellor Park, Helmcken Centennial Park, or Eagle Creek Village

(location)

unannounced time during the week.

(date of trip)

supervised by the staff of Quails' Nest Daycare.

In case of emergency, I can be contacted at:

phone number(s)

By signing this permission form, I understand that:

- my child will be in the direct supervision of the QND staff;
- the QND staff will be in possession of a First Aid kit;
- the QND staff will be in possession of my child's Emergency Contact Card;
- in case of accident or illness during the field trip, if a parent/guardian cannot be reached, QND staff may phone an ambulance if needed;
- I am giving my authorization for emergency health services to be engaged for my child if required.

(Parent/Guardian signature)

(date)

Parent - Provider Contract

The following agreement is made between

Parent(s) / Guardian(s): _____

and **Quails' Nest Daycare** (hereafter referred to as QND)

for the care of (child's full name): _____

I/We _____

have received and read the **Quails' Nest Daycare Policies and Procedures Manual** and agree to comply with all provisions contained therein, and shall at this time enter into agreement with QND for the care of our child.

The QND monthly rates are: for Under 3: \$1,025.00; for Over 3: \$950.00.

Due to Provincial Government support fees, the ACTUAL cost to parents is: for Under 3: \$425 per month; for Over 3: \$450.00 per month.

PLEASE NOTE: These rates are contingent upon QND being approved by the Government Program. This is an annual process.

I/We understand that the fee will remain the same (age based) for the duration of our child's stay at QND.

1. My payment polices have changed due to unforeseen circumstances with a few clients during this past year. A few of them did not give 30-days notice, which meant that I was without those payments for a month. As this at-home daycare is my sole income, I rely on full enrollment for each month. Therefore, to complete the Registration process, the following payment is required:

For registering children Under 3:

\$925.00 Registration Fee of **\$500.00** AND 1st month fee of **\$425.00** (\$1,025.00 - government support of \$600.00)

For registering children Over 3:

\$950.00 Registration Fee of **\$500.00** AND 1st month fee of **\$450.00** (\$950.00 - government support of \$500.00)

The Registration Fee is then applied to the LAST month that your child is registered in the daycare, assuming one month's notice is given before departure. Otherwise, the Registration Fee is forfeited.

This means that for your child's last month of attendance at Quails' Nest Daycare, you are fully paid up!

2. To register, submit the Registration Fee, this Registration and Contract, and the most recent copy of the child's Immunization Records.

If using e-Transfer for payments, then payments are made on or before the 1st of the month.

I/We understand that my/our childcare rate must be paid by the 1st of the month, or a late fee of \$25.00 will be charged.

I/We understand that I/We will be charged a set fee, and that it will not be reduced because of my/our child's absence(s).

I/We understand that the payment covers the month in question, regardless of that month's holidays on which QND will be closed.

This includes, but is not exclusive to:

New Year's Day
Family Day
Good Friday

Easter Monday
Victoria Day
Canada Day

B.C. Day
Labour Day
Truth and Reconciliation Day

Thanksgiving Day
Remembrance Day

Christmas Day
Boxing Day

Quails' Nest Daycare will close for three one-week periods during the calendar year.

Typically, one week is during Victoria School District's Spring Break, one week is during Victoria School District's Christmas Break, and the third week is usually during July or August.

If needed, the Manager may take 6 sick-days in the calendar year. Previous night's notice is given, by phone, by 10:00pm.

Damages: Normal wear and tear of materials, toys, and furniture is expected. Willful destruction will not be tolerated.

In the event of my/our child willfully breaking or damaging the property of QND, I/We agree to pay the cost of repair or replacement.

This payment is to be received by QND within one week of notification.

Agreement: Parent(s)/Guardian(s) and Provider understand that this is a binding contract and agree to abide by the guidelines established herein.

Parent(s)/Guardian(s) also agree to follow all policies as outlined in the QND Policies and Procedures Manual.

Parent(s)/Guardian(s) or Provider may terminate this contract at any time by providing a 30-days written notice.

If Parent(s)/Guardian(s) wish(es) to terminate this agreement without notice, it is agreed that there will be a 30-days fee paid at the time of notification.

Immediate Termination: In the unlikely event that any of the following occur, QND reserves the right to give immediate termination without refunding fees for any or all of the following:

- willful destruction of property, if the child poses a threat to the safety and/or welfare of other children at QND;
- any physical or verbal abuse perpetrated by the parent(s)/guardian(s) upon the provider;
- insufficient funds that are not re-paid promptly;
- refusal to follow QND policies.

We, the undersigned, hereby agree to abide by the policies outlined herein this contract, and as also stated in the QND Policies and Procedures Manual:

Parent/Guardian: _____

date:

QND Provider: _____

date:

day

month

year