



THANK YOU FOR CHOOSING  
YOUR COMMUNITY ARTS COUNCIL'S  
AFTER SCHOOL PROGRAM.

**Enclosed you will find:**

Information brochure  
Policy information  
Registration Form

**To register your child:**

Please complete the registration forms and return them to the Community Arts Council of Prince George at 2820 15<sup>th</sup> Avenue. Please include:

- \$20.00 registration fee
- First and lasts months fee paid in full upon registration
- Fees and remaining payments may be paid by postdated cheques, Visa or MasterCard. The fees will be charged to your account the 1<sup>st</sup> of each month. Receipts will be issued for income tax purposes in December and June.

Please feel free to call the office if you have any questions  
PH: 250 562-4526 FAX: 250 562-0436

**"OPENING DOORS TO CREATIVE LEARNING"**

## **PROGRAM SESSIONS/FEEES**

<input type="checkbox"/> <b>6-11 year olds</b> Monday-Friday	2:30pm – 5:30pm	\$150/month
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### *Fees may be paid by the following:*

1. \$20.00 non-refundable registration fee due at time of registration
2. First and last months fees paid in full upon registration
3. Fees and remaining payments may be paid by postdated cheques, Visa, Mastercard or AMX; to be charged to the account the 1<sup>st</sup> of each month. Receipts will be issued for income tax purposes in December and June
  - ❖ There is no reduction in the monthly fee for vacation time, or Christmas break
  - ❖ \$25.00 will be charged for any N.S.F. cheques

## **POLICIES**

These policies are intended to serve as a guideline in the development of a satisfactory after school arrangement. It is to help us openly discuss expectations and responsibilities in providing an environment that promotes optimum growth, development, and well-being of the child. The after school program meets the standards set by the Community Care Facility Licensing Board.

## **ENROLMENT GUIDELINES**

- ❖ The ages of the children enrolled in the after school program range from 6-11 years.
- ❖ We reserve the right to determine suitability and readiness of the child within the program. We also maintain the right that any child not suitable or ready for the program may be asked to withdraw.
- ❖ Please dress your child in comfortable play clothes and appropriate for the weather.
- ❖ Inside shoes must be worn by the children at all times. These may be left on site.
- ❖ Please provide non-marking shoes.
- ❖ Please label all your child's clothing.
- ❖ A change of clothes stored in the child's backpack is a good idea.



### Please send the following:

- Healthy peanut free snack
- Indoor shoes
- Change of clothes
- Clothes for outside
- Water bottle to keep on site.

### Please leave at home:

- Toys from home unless they are requested for our Special Days
- War toys or guns - preschool is a safe, weapons free environment
- Candies or gum

## Outside Policy

When we are not in an art session we will be outside during our group time activity, weather permitting. Please send appropriate clothing.

Weather conditions when we will not be going outside

Below -15

Strong winds

Rainy or very wet.

Blizzard

Icy

Please be prepared for the weather everyday

## EMERGENCY PROCEDURE

Fire Drill will be practiced monthly. In the case of an emergency and we need to evacuate the building, children will be taken to Jack Bryan room and parents will be contacted.

## HOURS OF OPERATION

The after school program operates September – June. The program will follow School District 57 holidays, it is closed all statutory holidays, Christmas Holidays. Please adhere to the regular scheduled class times. If there is a problem please call to discuss this with the staff.

## SNACKS

The children are requested to bring a small nutritious snack from home each day. Good nutrition is emphasized at all times. We discourage sweet treats on a regular basis. We save these for special occasions such as, Christmas, Halloween, Valentines, etc. If a child in the program has any food allergies we will inform the families and ask for that particular food(s) not be brought into the program.

## WITHDRAWAL

You may withdraw from the program at any time. One month notice of withdrawal is required. A withdrawal form needs to be filled out at the registration office. Fees are still applied on a monthly basis. If your child attends one or more days during that month you will be charged for the entire month. Remaining months will be refunded.



## **BEHAVIOR MANAGEMENT**

The after school program is a safe environment for children. We use positive methods and approaches to guidance and discipline. We believe each child is an individual and will differ in activity level, interests, concentration, sensitivity and level of development. We as Early Childhood Educators accept this individuality and use a number of different guidance techniques.

Children are made aware of our rules, guidelines, and boundaries at the onset of the program and are reminded of them regularly. They are given some input into these guidelines and consequences of undesirable behavior.

At the after school care, praise, encouragement, modeling, setting consistent limits and effective communication are used at every opportunity. Our goal is to guide the children in a positive manner and to provide them the tools to solve conflicts that may arise. The following techniques are used at all times within the preschool:

- a) Setting clear, consistent, and guidelines
- b) Remind, redirect, remove (from play environment)
- c) Stating limits in a positive way
- d) Focusing on the behavior rather than the child
- e) Offering choices
- f) Natural and logical consequences
- g) Reinforcing appropriate behaviors

## **CONFLICT RESOLUTION POLICY**

The after school program recognizes that conflict is a natural part of relationships between people. In order to deal with conflicts that arise between the children in our care, we have adopted the following policies:

1. In the event of a dispute between children the staff shall follow these steps to reduce the negative effects of the conflict:
  - ❖ Staff will immediately stop the conflict and calm the involved children
  - ❖ In the event of physical action between the children, staff shall first assess then treat any possible injuries
  - ❖ Once the children are calm and separated, staff shall engage children in a conflict resolution process
  - ❖ Each child will be asked, in turn to explain the problem and their feelings about the conflict
  - ❖ The children (and staff) will present possible solutions to the conflict and/or more effective ways to deal with a similar conflict in the future
  - ❖ All parties will agree on a solution to the conflict and consequences if the solution is not adopted
  - ❖ Staff will monitor the problem to ensure that the solution is adopted and conflict resolved, repeating the conflict resolution process if necessary
2. Staff will inform parents or guardians in the event that their child is involved in a conflict that requires the implementation of the conflict resolution process.
3. Staff recognizes that not all children are suited to the program. Staff also recognizes that they may not have the expertise or resources to deal with all possible problems that may arise. As a last resource, staff reserves the right to remove the child from the center.



**SICK POLICY**

This program has a goal to provide a healthy, germ free environment for our staff and children. In addition to the registration policies we have adopted the following sick child policies.

<b>Responsibilities of Parent</b>	<b>Responsibilities of the after school program</b>
Parents will inform this facility of a serious illness or contagious disease in the family.	Staff will report a case of communicable disease to the Public Health Nurse within 24 hours.
Parents will ensure that the child is free of symptoms before returning to the program. This may require a doctor’s approval in the case of communicable disease.	Staff will notify parents immediately if a child becomes ill or injured. If a parent cannot be reached, the emergency contact person will be notified.
Medications will be administered by parent only. Exception to asthma medication.	If emergency contact persons cannot be reached, staff will contact a physician or ambulance if necessary. All costs incurred are the responsibility of the parents or guardian.
Parents will keep, or take, a child home if the child has one or more of the symptoms listed in this policy (see below).	Staff will provide a quiet, supervised area for a child who becomes sick while at this facility. Parent will be contacted immediately for pick up of child.
Parents will provide information on the care of a recuperating child when the child returns to the center, providing that the child is able to continue with the program.	Staff will maintain valid First Aid Certificate at all times.

You are required to keep (or take) a child home when the child is suffering from one or more than the following symptoms or is not well enough to take part in the regular program of the after school.

Complaints of unexplained or undiagnosed pain

- ❖ Acute cold with fever, runny noses and eyes, coughing and sore throat
- ❖ Difficulty in breathing-wheezing or persistent cough
- ❖ Acute, unexplained fever
- ❖ Sore throat or trouble swallowing
- ❖ Severe itching of body and scalp, infected eyes or an undiagnosed rash
- ❖ Headache and stiff neck
- ❖ Unexplained diarrhea or loose stool combined with nausea, vomiting or abdominal cramps
- ❖ Children with known or suspected communicable diseases

**ULTIMATELY, THE CARE OF THE CHILD IS THE PARENTS OR GUARDIANS RESPONSIBILITY.**

If your child is unable to participate in all of the after school activities they should remain home.



FOR OFFICE USE ONLY		
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		

**REGISTRATION 2010-2011**

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

**PLEASE RETURN THIS PACKAGE WITH PAYMENT TO THE COMMUNITY ARTS COUNCIL OF PRINCE GEORGE**

**PROGRAM SESSION:**

**6-11 year olds      Monday-Friday      2:30pm-5:30pm      \$150/month**

**Child's name:**

\_\_\_\_\_

Name child responds to: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male / Female

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Parents or Guardians living in the home:**

#1: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Place of work:

\_\_\_\_\_

Is this person authorized to pick up the child? YES / NO

#2: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Place of work:

\_\_\_\_\_

Is this person authorized to pick up the child? YES / NO

**Parents living outside the home:**

#1: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Place of work:

\_\_\_\_\_

Is this person authorized to pick up the child? YES / NO

#2: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Place of work:

\_\_\_\_\_

Is this person authorized to pick up the child? YES / NO

Is there any current custody agreement that you wish us to be aware of? Provide documentation if necessary.

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**Emergency Contacts:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

**Persons Authorized to pick up your child:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

**Names and Ages of siblings living in the home:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male /  
Female  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male /  
Female  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male /  
Female  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male /  
Female

**Names and Ages of siblings living outside the home:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male /  
Female  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male /  
Female  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male /  
Female  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male /  
Female

Has your child previously attended an after school care?

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What school is your child currently attending?

Are there any past or present medical, physical or emotional issues that we should be aware of for the betterment of your child's care?

Does your child have?

Vision problems: Y/N

Allergies: Y/N

Hearing problems: Y/N

Speech/language issues: Y/N

Does your child have any dietary issues that we should be aware of?

Does your child take any daily medication?

## EMERGENCY RELEASE AUTHORIZATION

CARE CARD NUMBER: \_\_\_\_\_

In case of illness or accident of my child \_\_\_\_\_ and I cannot be reached by phone, I authorize the staff of the after school program to have my child taken to:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Should the above not be available, or the staff at the after school program feels this is an emergency, I agree that they can call upon the local hospital or ambulance. All costs incurred are the responsibility of the parent or guardian.

\_\_\_\_\_  
Parent/Guardian (printed name)

\_\_\_\_\_  
After school Staff (printed name)

\_\_\_\_\_  
Parent/Guardian (signature)

\_\_\_\_\_  
After school Staff (signature)

Date: \_\_\_\_\_



<b>CONSENT FORM</b>
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**PLEASE CHECK BOXES (All boxes checked indicate parent/guardian consent)**

**FEES** *Fees may be paid by the following:*

- \$20.00 non-refundable registration fee due at time of registration.
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- There is no reduction in the monthly fee for vacation time, or Christmas break.
- \$25.00 will be charged for any N.S.F. cheques.
- There is a late pick up fee of a \$1.00 a minute till you arrive to pick up your child.

**MEDICAL**

- Any food allergies have been made known to the staff.
- We authorize the staff to take any action necessary in the event that my child becomes ill. Or has had an accident which requires medical attention. Any fees incurred will be the responsibility of the parent/guardian.
- In case of injury to my child while in the care of the after school program, I hereby waive all claims against the program.

**NEIGHBOURHOOD WALKS**

- I give permission for my child \_\_\_\_\_ to participate in spontaneous local walks with the staff of the after school program.
- I give permission for my child \_\_\_\_\_ to participate in field trips with the staff and volunteers of the after school program.

**PHOTO PERMISSION**

- I give permission for my child \_\_\_\_\_ to be photographed by the after school program, or media.

- I understand that these photos may be used for publicity, displays, or for use with the children.

**PLAYGROUND**

- I give permission for my child \_\_\_\_\_ to participate in outdoor play at the Studio 2880 Arts Complex and Freeman Park. I understand this includes the playgrounds as well as the surrounding areas.

**WITHDRAWAL**

- I understand that I need to formally withdraw my child at the registration office. Fees will be charged until such a time.
- I understand that fees are applied on a monthly basis, therefore I need to provide one months notice of withdrawal. Last months fees will be applied.
- If my child attends one or more days during that month I will be charged for the entire month.

**And FINALLY...**

- We agree to keep each other informed if there are any disruptions in the child's normal routine.
- We realize that communication and cooperation are essential to a happy, enriching after school experience.
- We have viewed the facility, met with the staff and have discussed the type of program offered and agree that it is a safe and healthy environment for the care and well being of my child.
- I fully understand all of the Community Arts Council's after school programs Policies, and procedures.

\_\_\_\_\_  
Parent/Guardian (printed name)

\_\_\_\_\_  
After school Staff (printed name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (signature)

\_\_\_\_\_  
After school Staff (signature)



As a licensed group child care provider in the provincial child care operating funding program, the after school program must create and maintain registration, enrollment and attendance records. For auditing purposes we must permit the province at any time during office hours to review any or all of these records (including the contact information of parents and children enrolled in our facility) and to contact parents of children enrolled at our facility.

It is our responsibility to obtain informed consent of parents to allow for information collected to be used for this purpose. The province does not have control of these records for the purposes of the Freedom of Information and Protection of Privacy Act.

Please sign the form below for our records.

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I give permission for my contact information as outlined above to be made available for review by the Province of British Columbia.

\_\_\_\_\_  
Parent/Guardian (printed name)

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Parent/Guardian (signature)

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Date