



**Parent Handbook and Fee Agreement**

Child's Name: \_\_\_\_\_

Type of Care(please circle one) : **Full-Time Care**

**Part-Time Care**

Days Desired (for part-time): \_\_\_\_\_

Monthly Child Care Fees: \$ \_\_\_\_\_

I/We (the undersigned) have read the parent handbook for Colwood Kids Early Childhood Center and understand all the information, policies and procedures outlined in the handbook. We (the undersigned) have also received a copy of these policies and procedures for our own records and reference.

By signing this agreement we consent to all the handbook policies and procedures and agree to them, including payment policies and late fee procedures. By signing this agreement we acknowledge that the information supplied in the registration form regarding our child and the information supplied below is true and accurate to the best of our knowledge.

**We, the undersigned, are in agreement with this contract.**

Signed:

\_\_\_\_\_ Dated: \_\_\_\_\_  
Centre Staff

\_\_\_\_\_ Dated: \_\_\_\_\_  
Parent/Guardian

**Field Trips**

During the year, the children will be taken on local field trips, nature walks, and other places of interest.

Supervision will adhere to licensing regulations. Signed permission must be given for your child to participate on these trips.

I allow my child \_\_\_\_\_ to participate in field trips under the care and supervision of Colwood Kids ECC Staff.

\_\_\_\_\_  
Date Parent/Guardian

**Photo Consent**

I allow my child \_\_\_\_\_ to have his/her picture taken while in attendance at Colwood Kids ECC. Pictures will not be used on social media or for advertising (unless with written permission from the parents)

\_\_\_\_\_  
Date Signature of Parent/ Guardian

**Medical Consent**

For my child \_\_\_\_\_ Personal Health No. \_\_\_\_\_

It is our policy to immediately notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for your child.

I authorize the staff of Colwood Kids ECC to call a physician, take my child to the nearest emergency centre, or summon an ambulance for emergency medical aid, should, in the opinion of the person(s) in attendance, feel such services are required and I cannot be contacted by phone. If such an emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of myself.

\_\_\_\_\_  
Date Signature of Parent/Guardian Witness

**Liability Statement**

While under the care of this facility, the staff will take all precautions in providing a safe and healthy environment for your child. Staff and ownership will not take responsibility for injuries resulting from circumstances beyond the control of staff members.

Parents/Guardians acknowledge the policies listed here and in the parent handbook and are willing to comply with each of these conditions.

\_\_\_\_\_  
Date Signature of Parent/Guardian Witness