

Green Trails Montessori and Daycare

Medical Consent

I believe that my child to be in fit condition to participate in all the phases and activities. I give the care giver permission to have a physician attend to my child should it be considered necessary. It is understood that the daycare center is not responsible for medical care costs. My child has the following medical problem(s) that the caregivers should be aware of

Date of Signature: _____

Signature of Parent/Guardian: _____

CONTRACT BETWEEN CAREGIVER AND PARENT(S)

CHILD'S SURNAME: _____ FIRST NAME: _____

ADDRESS: _____ BIRTH DATE: _____

PHONE HOME: _____

MOTHER'S NAME: _____ WORK PHONE: _____

FATHER'S NAME: _____ WORK PHONE: _____

NAMES OF PERSONS TO PICK UP CHILD: _____

NUMBER OF CHILDREN AT HOME: _____ AGES: _____

HAS YOUR CHILD HAD ANY EXPERIENCE AWAY FROM HOME? YES/NO

SPECIAL CONCERN REGARDING BEHAVIOUR: _____

ANY OTHER CONCERNS OR INFORMATION: _____

Sickness: Since I have to safeguard the health of all the children in my daycare, I have the right to refuse to accept your child in my daycare, if she/he is determined to be ill. It will then be your responsibility to find alternate care. Please let me know if your child contracts a communicable disease so that I may inform other parents in the daycare. Please never bring your child to the daycare with FEVER.

Please keep me informed about any change of routine, phone numbers, or address. If your child is attending school, please advise the school of my phone number and vice versa.

Signature of Parent

Signature or Caregiver

Name of Parent

Name of Caregiver

Field Trip Consent

I, hereby, give the caregivers and/or staff of Green Trails Montessori and Daycare my consent to take my child for walks and/or short trips away from the daycare without prior notification as in facility the caregiver or staff's discretion are appropriate, desirable, or necessary.

_____ **Signature of Parent(s)/Guardian Date**

_____ **Signature of Parent(s)/Guardian Date**

FRASER HEALTH
RECEIVED
OCT 22 2025
HEALTH PROTECTION SERVICES
100 - 13450 102 AVE
SURREY, BC V9T 0H1

Emergency Information

CHILD'S SURNAME: _____ **FIRST NAME:** _____
ADDRESS _____ **BIRTHDATE** _____
MALE or FEMALE: _____ **HOME PHONE:** _____
MOTHER'S NAME: _____ **TEL:(H)** _____ **(W)** _____
FATHER'S NAME: _____ **TEL:(H)** _____ **(W)** _____
EMERGENCY CONTACT: _____ **TEL:(H)** _____ **(W)** _____
CHILD'S PHYSICIAN: _____ **PHONE** _____
CHILD'S DENTIST: _____ **PHONE** _____
GROUP MEDICAL NUMBER: _____
CARE CARD NUMBER: _____
DATE OF MOST RECENT TETNUS SHOT: _____
MEDICAL CONDITIONS: _____
MEDICATION: _____
ALLERGIES: _____

Emergency Consent

It is the policy of this center to notify a parent/guardian when a child falls ill or needs medical attention while at the daycare. Occasionally, we cannot contact parents/guardians/emergency contact person as we need to get immediate help for the child. Our procedure is to call 911. Paramedics may attend to the child on site or take your child to a hospital emergency room. Please complete and sign the consent below:

I, hereby, give my consent for my child _____, when ill or injured, to be taken to the nearest emergency by Green Trails Montessori and Daycare staff. Further, I consent to an ambulance being called (and agree to pay for it) to transport my child and receive medical treatment if necessary.

Signature Parent(s)/Guardian

Date of Signature

Green Trails Montessori and Daycare

Green trails Montessori and Daycare agrees to provide the facilities to your child, for the hours between 8 A.M. and 5 P.M., ___ days per week, between Mondays to Fridays only, both days inclusive. A fine of \$10.00 per 15 minutes or portion may be charged for late pick up. If you are consistently late, then we reserve the right to terminate our services.

Fees: Green Trails is part of BC Government Childcare Fees Reduction Initiative. For 2023/2024, for 3 years and older children our full-time 5 days a week fees is \$975 per month. After applying CCFRI (\$545) parents' portion of fees is \$430 per month.

For Children under 3 years of age our full-time fees is \$1025 per month. Parents' portion of fees is \$200 per month, \$825 paid by CCFRI program.

Following is the link to CCFRI estimator.

<https://mychildcareservices.gov.bc.ca/ccfri-estimator>

Deposits: I will require the amount of the cost of two weeks (10 working days) day care service, not including CCFRI in advance as a deposit, which is refundable upon leaving daycare with one month's notice. The deposit amount is \$_____. If no notice is given by the parent or guardian, the sum of the deposit and the remaining balance will be charged as notice month's fee. Any N.S.F cheque will result in a **\$50.00** service charge.

FRASER HEALTH
RECEIVED

OCT 22 2025

Return of Deposit

I hereby acknowledge the return of the deposit policy from Green Trails Montessori and Daycare in the amount of \$_____. This deposit will be returned after giving two months withdrawl notice to caregiver from 1st of the month.

Name of Child(ren): _____

Date: _____

Green Trails Montessori and Daycare

Date of Enrollment: _____ Date of Termination: _____

Name of Child: _____ Birth date: ___/___/___ Sex: M___ F___
 yy mm dd

Full name of Parent(s)/Guardian(s):

1 _____

2 _____

Address:

1 _____

2 _____

Telephone Numbers: HOME: 1 _____ WORK: _____
 HOME:2 _____ WORK: _____

Place of work:

1: _____

2: _____

Child's Care Card Number: _____ Family Doctor: _____

Phone Number: _____

PERSONS AUTHORIZED TO CARE FOR YOUR CHILD AND CONTACT IN EMERGENCY

| <u>Name</u> | <u>Telephone Number</u> |
|-------------|-------------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

PERSONS ***NOT*** PERMITTED ACCESS TO YOUR CHILD

| <u>Name</u> | <u>Telephone Number</u> |
|-------------|-------------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

Names of other children in family: _____

Birth date: _____ (yy/mm/dd)
_____ (yy/mm/dd)

Has the child had previous experience away from home? NO YES

If YES, Explain: _____

Do you think your child feels comfortable leaving their parents/guardians? NO YES

Explain: _____

Special instructions concerning Care, Medications, Diet, NO YES
(Attach Documentation)

Custody Orders: Yes No
(Attach Documentation)

FRASER HEALTH
RECEIVED
OCT 22 2025
HEALTH PROTECTION SERVICES
100 - 13450 102 AVE
SURREY, BC V3T 0Y1

HEALTH HISTORY

Has this child any known health problems or depressed immune system? NO YES – if YES, please attach documentation.

List communicable diseases child has had: _____

Has he/she any recent illness? NO YES - if YES _____

Any allergies? NO YES - if YES, list ALLERGENS: _____

Attach special instructions to follow in the event of an allergic reaction:

What is the child's eating habit? _____

Favorite foods: _____

Strong dislikes: _____

**Basic schedule and Record of Immunization as submitted by Parent or Guardian
(ATTACH IMMUNIZATION RECORD OR RECORD THE DATES)**

| | |
|--|---|
| 1st Visit – 2 months of age: Date (yy/mm/dd) | 4th Visit – 12 months of age: Date (yy/mm/dd) |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Pertussis | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Meningococcal C Conjugate |
| <input type="checkbox"/> Haemophilus Influenza Type b (hib) | <input type="checkbox"/> Varicella (chicken pox) |
| <input type="checkbox"/> Hepatitis B | |
| <input type="checkbox"/> Pneumococcal Conjugate | 5th Visit – 12 months after 3rd visit: |
| <input type="checkbox"/> Meningococcal C Conjugate | <input type="checkbox"/> Diphtheria |
| | <input type="checkbox"/> Pertussis |
| 2nd Visit – 2 months after 1st visit: | <input type="checkbox"/> Tetanus |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Pertussis | <input type="checkbox"/> Haemophilus Influenza Type b (hib) |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Measles, Mumps, Rubella |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Pneumococcal Conjugate |
| <input type="checkbox"/> Haemophilus Influenza Type b (hib) | |
| <input type="checkbox"/> Hepatitis B | 4 – 6 years of age: |
| <input type="checkbox"/> Pneumococcal Conjugate | <input type="checkbox"/> Diphtheria |
| | <input type="checkbox"/> Pertussis |
| 3rd Visit – 2 months after 2nd visit: | <input type="checkbox"/> Tetanus |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Pertussis | <input type="checkbox"/> Varicella (chicken pox) |
| <input type="checkbox"/> Tetanus | |
| <input type="checkbox"/> Polio | Other Immunizations: |

| | |
|---|--|
| <input type="checkbox"/> Haemophilus Influenza Type b (hib) | |
| <input type="checkbox"/> Hepatitis B | |
| <input type="checkbox"/> Pneumococcal Conjugate | |

I have read the facility's guidelines and policies and I authorize the caregiver to obtain the following services for this child as necessary: Physician and/or Ambulance in the event of an emergency. I authorize the caregiver to apply sunscreen and administer medication with the written permission of the parent.

 Date Signature of Parents/Guardian
 Signature of Caregiver

Consent to post children's photos on Green Trails Montessori Website and Facebook page.

I grant permission to post my child's photos on Green Trails Montessori Website and Facebook page. I understand that pictures would show children involved in activities during daycare and field trips.

I agree / I do not agree.

 Parent's Signature

FRASER HEALTH
 RECEIVED
 OCT 22 2025
 HEALTH PROTECTION SERVICES
 100 - 12450 102 AVE
 SURREY, BC V3T 0H1