Welcome to Swamp Willow Preschool!

All forms must be completed and returned no later than **August 14, 2026.**

The parent handbook can be found online at http://www.falsecreekcc.ca/licensed-childcare/

Please complete the attached forms. Signatures must be signed by hand as virtual signatures are not accepted.

Once complete, please send to tabatha.marin@vancouver.ca or drop off to the front desk at False Creek Community Centre c/o Taby Marin.

1. **Registration form:**
   Please attach a copy of your custody agreement if applicable.
2. **Small emergency consent card:**
   Please fill out ALL contacts on the front and sign the back.
3. **Immunization form:**
   Please attach a copy of your records if you have them.
4. **Parent Handbook:**
   After reading the handbook found online, please sign the agreement.
5. **Credit card authorization form OR**
   One cheque for your June deposit dated for no later than September 1st 2024. We will require 9 post dated cheques for Septemeber to May once final fees are confirmed. **Please make cheques payable to "City of Vancouver".**
6. **Add your credit card information to your account.**
   Please see included instructions.
7. **Waivers**
   Please sign the photo, walk, and Seesaw waivers.

If you have any questions or if you would like to return your forms by email please don't hesitate to contact our Childcare Manager - Taby at tabatha.marin@vancouver.ca

Name of Facility: Swamp Willow

CHILD'S STARTING DATE: ____/____/____ (YY / MM / DD)

SEX: M ☐ F ☐ Other ____

DATE OF BIRTH: ____/____/____ (YY / MM / DD)

NAME OF CHILD: _____ (Surname) _____ (Given Names) _____ (Also Known As)

Name the Child responds to: _____

Address: _____

Postal code: _____ Phone: _____

Person(s) with whom the child lives (adults and children): _____

Child's first language: _____ Other languages: _____

Parent(s) / guardian(s):

Name: _____ Home phone: _____ Cell phone: _____

Work phone: _____ Days/hours of work: _____ E-mail: _____

Name: _____ Home phone: _____ Cell phone: _____

Work phone: _____ Days/hours of work: _____ E-mail: _____

Person(s) authorized to pick up the child and/or be contacted in case of emergency. These people should be available during hours of care. (include mother / father / guardian):

Name: _____ Relationship to child: _____

Home phone _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

If appropriate, list an English speaking contact:

Name: _____ Phone: _____

Has the child previously attended daycare/preschool?

YES ☐ NO ☐ Comments: _____

Comments/instructions to help us care for your child. (Please feel free to add additional pages.):

Toileting/Diapering (special words): _____

Rest Time (special comfort – toy/blanket): _____

Eating/Mealtime (include food likes/dislikes): _____

Fears: _____

Please tell us anything else you think will help us provide an enriching experience for your child: _____

HEALTH INFORMATION

Health professionals involved with your child (other than doctor and dentist):

NAME	PROFESSION/AGENCY	
		Phone:
		Phone:
		Phone:

Does your child have:

A medical condition/concern? YES ☐ NO ☐
If yes, please provide further information:

Allergies? YES ☐ NO ☐
If yes, please provide further information:

Asthma? YES ☐ NO ☐
If yes, please provide further information:

Has your child had a seizure in the past year? YES ☐ NO ☐
If yes, please provide further information:

Does your child require a special diet related to a medical condition? YES ☐ NO ☐
If yes, please provide further information:

Food sensitivities? YES ☐ NO ☐
If yes, please provide further information:

List all prescription and "over the counter" medications your child receives:

Medication	Times Given	Reason for Medication

You may be asked to complete additional forms if you answered yes to any of the above.

This health information may be made available to the staff of Vancouver Coastal Health.

Custody Agreement YES ☐ N/A ☐ **Provided to Facility** YES ☐ NO ☐ N/A ☐
Immunization Documents Returned to Facility YES ☐ NO ☐

Information Provided By: _____ (Print Name) _____ (Signature)

DATE: ____/____/____ **YY MM DD**

Information Received By: _____ (Print Name) _____ (Signature)

DATE: ____/____/____ **YY MM DD**

Office Use Only

Date Child Leaves the Facility: DATE: _____/_____/_____ **YY MM DD**

Please attach child's photo to this form.

CHILD CARE

CCFL3, Rev 04-2009

EMERGENCY CONSENT FORM

CHILD'S NAME: _____ BIRTHDATE: _____
SURNAME FIRST NAME(S) YEAR/MONTH/DAY

ADDRESS: _____

PARENT'S NAME: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

PARENT'S NAME: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT: _____ CELL PHONE: _____ PHONE: _____

OUT OF TOWN CONTACT: _____ PHONE: _____

CHILD'S DOCTOR: _____ PHONE: _____

DATE OF MOST RECENT TETANUS SHOT: _____

ALLERGIES / MEDICATIONS: _____

CHILD'S DENTIST: _____ PHONE: _____

CARE CARD NUMBER _____

CONSENT

1) It is the policy of this facility to 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 the child. Our procedure is to call for an ambulance.

2) Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre.

3) I hereby give consent for my child _____ to be taken to the nearest emergency centre when I cannot be contacted.

4) I hereby give consent for my child named above to receive medical treatment.

_____ _____
DATE SIGNATURE OF PARENT / GUARDIAN

_____
WITNESS

Provided by VCH – Community Care Facilities Licensing

Immunization Information for Child Care

Section 57(2) (a) of the Child Care Licensing Regulation requires licensed child care programs to have a record of each child's immunization status.

The completion of this form meets the requirement to maintain a record of children's immunization status and will assist in identifying those that may require exclusion in the event of an outbreak of a communicable disease because they are not immunized.

To be completed by Parent/Guardian of:

Child's Name	Date of Birth

Complete Immunization:

- ☐ Record of vaccinations attached
- ☐ Record of vaccinations unavailable

Incomplete Immunization:

- ☐ My child has had some vaccinations
- ☐ My child has had no vaccinations
- ☐ I do not know

If available, please attach a photocopy of your child's vaccination record to this form.
For example: BC Child Health Passport OR immunization record either in English or any language. Ensure your child's name and date of birth are written on each page.

Parent/Guardian Printed Name	Date

Parent/Guardian Signature

May 2018

Swamp Willow Preschool Parental Agreement Form

Child's Name: _____

Please initial "yes" or "no" to the following statements, sign your name and return one copy to the Preschool. Please retain a copy for your records.

	Yes	No
I have received and read the Parent Handbook		
I have been informed of and understand the policies and procedures of the Preschool.		
I have been informed of the goals and overall program for the Preschool.		
I am aware that I will be informed of specifics through postings on the class bulletin board, monthly newsletters, and the See Saw App.		
If it becomes necessary to withdraw my child from the program I will give one calendar months' notice in writing or pay one month's fee in lieu of notice. (i.e. If my child will be leaving the program as of April 1st , my notice is due on the 28th of Feb.)		
Throughout the preschool program, photographs may be taken. I give permission for my child to be photographed.		
I give permission for these photos to be used in the Community Centre's brochure and advertising.		
I agree that it is the responsibility of both the teachers of the Preschool program and I/we as parent(s) to keep an open line of communication between us during the school year.		
I agree to pick up my child on time and understand that a late fee will be charged should I not do so.		
I understand that June's Preschool fees are due at the time of registration. A series of Post-dated cheques or credit card authorization (for September-May) are to be given to the administrator before the first day of class. Failure to pay fees in a timely manner may result in discontinuation of service.		
I will retain my original receipts as duplicate receipts will not be issued.		

_____ _____

Parent Signature **Date**

Swamp Willow Preschool
Seesaw Photo Waiver

Swamp Willow preschool has created an account on Seesaw. Seesaw is an app that allows parents and teachers to share information, photos, and classroom updates. It is private and will only be accessible by the parents of the preschool.

Please fill out the information below.

I,_____ **Do** ☐ or **DO NOT** ☐
(Guardian's name, please print)

Give permission for photos of my child,_____ to be
(Child's name)

shared on our Seesaw account. I understand that some photos may be viewable by other parents in the program.

_____ _____
(Guardian's signature) **(Date)**

Vancouver Board of Parks and Recreation

False Creek Community Centre

Photo Release Form

Photos of participants are often taken in order to document and promote our programs and services. These photos may be used in program brochures, photo displays, and on our Park Board website. We will not release any names or give any other information out regarding the identification of individuals in the photos without their prior consent. This consent form is to obtain permission to use your son/daughter's image ONLY.

Child's Name: _____

Community Centre/ Other Location: False Creek Community Centre

Photo description/Program: Swamp Willow Preschool

I give permission for the image/photo of my son/daughter _____ to be used to promote Vancouver Park Board and/or False Creek Community Centre programs.

Parent's signature

Parent's name (please print) _____

Date _____

Vancouver Board of Parks and Recreation • 2099 Beach Avenue
• Vancouver, BC • V6G 1Z4 • **Phone** 311 • **www.vancouver.ca/parks**
False Creek Community Centre • 1318 Cartwright Street.. • Vancouver, BC • V6H 3R8
Phone (604) 257-8195 • **www.falsecreekcc.ca**

False Creek Community Centre
Child Care Credit Card Authorization Form

Please circle: Swamp Willow 3's Swamp Willow 4's Out of School Care

Please circle (above) the appropriate program for your child. Complete the following form (print clearly) to confirm that you wish to have childcare fees debited from your credit card for the 2026-2027 School year.

Parent's Name:_____Child's Name:_____

Home phone number:_____ Cell:_____

Last four digits of your credit card_____

I wish to authorize False Creek Community Association to debit my credit card for my child care fees on the 1st of each month. I acknowledge that I will be charged a $20 late fee for every month my payment is late. Consistent late payments may result in suspension of services

_____ _____

(Signature of credit card holder) (Date)

Please notify Taby Marin of any changes to this agreement during the school year.
Note: All credit card authorizations must be renewed by the beginning of September.

How to set up your Payments

Parents paying by credit card must ensure the correct credit card information is on your Vancouver recreation account. The card will need to be attached to the account of the person whose card will be used, not the child's account. We will only store the last four digits of your card and your ccv number. Please follow the steps below to update your card information.

If you know the login for your account, please follow these steps to update your card information.

1) Go to https://ca.apm.activecommunities.com/Vancouver/ActiveNet_Login and log into your account.
2) Go to "my account" on the top right corner of the page
3) Go to "my saved credit cards" under the account activity list in the left hand column.
4) Add your card information and save

If you do not have a login for your account please create an account for both yourself and your child.

VANCOUVER BOARD OF PARKS AND RECREATION

READ CAREFULLY

CHILD ACTIVITIES (refers to under 19 years of age)

PARENT/GUARDIAN CONSENT, ACKNOWLEDGEMENT OF RISK, WAIVER, RELEASE & INDEMNITY

Please complete form, sign and submit the original copy to Community Centre staff

Community Centre:	False Creek Community Centre

Note: All references herein to the "Community Centre" include the Community Centre, the City of Vancouver and its Board of Parks and Recreation, any society or association involved in the operation of and/or provision of programs or services at the Community Centre, and all of their respective officials, directors, officers, employees, volunteers and agents. Anyone under 19 years of age - infant, child or youth - is defined as a "Child" in legal terms.

Activity Name:	Swamp Willow Preschool	Date:	Sep 8, 2026 - Jun 25, 2	Time:	9:15am-11:45am

Activity Description: ☑ See attached	Swamp Willow Preschool will take walks around Granville Island. Sign will be posted at beginning of the day. ANY PROGRAM INQUIRIES PLEASE EMAIL: TABATHA.MARIN@VANCOUVER.CA Associated risks include but are not limited to slipping, falling, exposure to a change in weather conditions. Please bring appropriate footwear and clothing.

Mode of Transportation:	Walking

Child's Name:		Parent/Legal Guardian Name:	

NOTICE TO PARENT/GUARDIAN

It is a condition to the Child's participation in the Activity that you, the undersigned Parent/Guardian of the Child, must carefully read and understand this document and sign it to acknowledge that you have read and understand it and that you understand that the Child's participation in the activity will expose the Child to risks of harm and that you accept full responsibility for exposing the Child to such risks.

PARENT/GUARDIAN RESPONSIBILITY FOR CHILD

I, the undersigned Parent/Guardian of the Child, understand and accept that, with respect to the Child's participation in the Activity, it is my responsibility (1) to ensure that I consider and understand the risks, dangers, hazards and consequences of injury inherent in the Activity, (2) to determine, taking into consideration those risks and the Child's behavioural characteristics, physical health and abilities, whether the Child should be allowed to participate in the Activity, (3) to ensure that the Child is appropriately covered by medical insurance for any harm occurring in the Activity, and (4) to provide emergency medical information regarding the Child as required in this document.

AWARE OF RISKS

I AM AWARE OF, AND NOW FREELY ACCEPT AND ASSUME RESPONSIBILITY FOR, ALL RISKS TO THE CHILD IN CONNECTION WITH THEIR PARTICIPATION IN THE ACTIVITY, INCLUDING AS FOLLOWS:

(1) the Child's participation in the Activity, even if the Child possesses behavioural characteristics, physical health and abilities appropriate for the Activity, poses risks of harm to the Child;

(2) the nature of the Activity is such that the Community Centre cannot identify all risks associated with the Activity and cannot guarantee that Community Centre staff participating in the Activity will not make errors therein or that other children participating in the activities will not cause injuries therein others that staff can or might be able to prevent.

I, THE UNDERSIGNED PARENT/GUARDIAN, AM THE PARENT AND/OR LEGAL GUARDIAN OF THE CHILD AND I HEREBY CONSENT TO THEIR PARTICIPATION IN THE ACTIVITY, AND, IN RETURN FOR THE COMMUNITY CENTRE ALLOWING THE CHILD TO PARTICIPATE IN THE ACTIVITY:

1) **I NOW WAIVE ALL LEGAL RIGHTS TO SUE AND ANY AND ALL CLAIMS** which I and/or my successors and assigns may have against the Community Centre in connection with any loss, injury, damage or expense that I may suffer, incur or experience in connection with the Child's participation in the Activity; and

2) **I HEREBY RELEASE** the Community Centre from any and all liability for any complaints, demands, claims, actions, suits, judgements and orders for, or with respect to, any and all losses, injuries, damage or expenses I may suffer, incur, or experience in connection with the Child's participation in the Activity; and

3) **I AGREE TO INDEMNIFY** the Community Centre for, and hold it harmless from, any and all losses, injuries, damages and expenses of any kind that the Community Centre may suffer, incur or experience and for any and all complaints, demands, claims, actions, suits, judgments and orders against it with respect to any and all losses, injuries, damages or expenses of any kind anyone else may suffer, incur or experience to the extent they or any of them may arise from, or in connection with my conduct or the Child's conduct in, or with respect to their participation in the Activity.

EMERGENCY INFORMATION AND MEDICAL CONSENT

I hereby authorize the Community Centre, in the event of an apprehended emergency, to administer first aid to the Child and transport or arrange emergency transportation of the Child to a medical facility for medical treatment.

Child's Name: Child's Date of Birth: (mm/dd/yyyy)

List any medical or behavioural concerns staff should be aware of. Please include allergies, life threatening conditions, disabilities, or if extra assistance is required. This information helps staff determine if we can reasonably accommodate your child.

Emergency Contacts:

Name: Relation to Child: Phone: Phone:

Name: Relation to Child: Phone: Phone:

PICK-UP PERMISSION :

I understand that it is my responsibility to pick-up or to make suitable arrangements for the pick-up of the Child, immediately on completion of the Activity, and to communicate clearly and effectively to Community Centre Staff, prior to commencement of the Activity, any special instructions regarding the pick-up of the Child on completion of the Activity.

PERMISSION TO UTILIZE PHOTOS AND TESTIMONIALS:

I hereby authorize the Community Centre to photograph and/or otherwise record images and/or sounds of or including the Child while participating in the activities described above and to freely publish and otherwise make use of as it wishes, without compensation to the Child or anyone else, all such photographic images and other recordings of the Child for purposes of documenting and promoting Community Centre programs and services. Examples include: use in program brochures, on photo displays, and through Park Board social media such as web posting and video. I understand that names or any other information regarding the identification of the Child would require additional consent.

☐ YES ☐ NO

In signing this document and permitting the Child to participate in the Activity, I do not rely upon any oral or written statements, promises or other communications made by the Community Centre other than that set out in this document. This document will be exclusively governed by and interpreted in accordance with the laws of British Columbia and no court outside British Columbia will have any jurisdiction over this Consent, the Activity, or any of the matters arising from them.

I HAVE READ AND I UNDERSTAND THIS DOCUMENT

PARENT/LEGAL GUARDIAN

Signature:

Print Name:

Address:

City: Postal Code:

Home Phone: Work Phone:

Cell Phone: Date:

Email:

PARTICIPANT CHILD/YOUTH

Print Name:

Address:

City: Postal Code:

Home Phone: Cell Phone:

Date:

Reviewed for Completeness by Staff - Initials: