



## Enrollment Agreement

Prior to a child's first day at After The Bell Inc., parents or guardians must fill out and sign the Enrollment Agreement Form. Part of the enrollment package includes a parent handbook, please read it carefully as it also applies to this agreement.

I, \_\_\_\_\_ parent or guardian of \_\_\_\_\_ have read and understood the After The Bell Inc.'s parent handbook and accept the following to be my full responsibilities:

- I will pay my child care fees on or before the 1st of every month. I also understand there is a \$1/day late charge/child.\_\_\_\_\_ (Initials)
- I will pick-up my child no later than 6:00 p.m. I also understand there is a \$1/minute late charge/child.\_\_\_\_\_ (Initials)
- I will inform the After The Bell Inc. staff when my child will not be attending the program.\_\_\_\_\_ (Initials)
- I give all After The Bell Inc. staff with Child Care First Aid permission to administer 1st aid to my child when and if necessary.\_\_\_\_\_ (Initials)
- I give After The Bell Inc. staff permission to have my child transported in an ambulance in the event of an emergency.\_\_\_\_\_ (Initials)
- I will make alternate child care arrangements should my child become ill while at school or at After The Bell Inc. \_\_\_\_\_ (Initials)
- I understand my child is expected to follow the After The Bell Inc. Child Guidance Policy.\_\_\_\_\_ (Initials)
- I will provide After The Bell Inc. with one month's written notice prior to withdrawing my child from the program.\_\_\_\_\_ (Initials)
- I allow my child to be video-taped and/or have their picture taken.\_\_\_\_\_ (Initials)
- I have read and understood the above policies as well as the parent handbook; therefore, I accept the center's policies.\_\_\_\_\_ (Initials)

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note this Enrollment Agreement Form must be updated a minimum of every 6 months. Parents are expected to advise After The Bell Inc. staff of any changes to his / her child's information to keep this agreement current.**



## Family Information

### **Child's Information**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Arrival/Departure Times: \_\_\_\_\_

### **Mother's Information**

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Place of Work: \_\_\_\_\_ Hours of Work: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **Father's Information**

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Place of Work: \_\_\_\_\_ Hours of Work: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **Authorized Individuals – These people are permitted to pick up my child from the center.**

Name	Phone Number	_____
Address	Alternate Phone Number	_____
Name	Phone Number	_____
Address	Alternate Phone Number	_____
Name	Phone Number	_____
Address	Alternate Phone Number	_____
Name	Phone Number	_____
Address	Alternate Phone Number	_____

Is there anyone your child may not be released to? If so please provide a name, a full description of this person(s) and a picture if possible.

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Are there any custody issues? If yes please attach supporting legal documentation.



## Medical Information

Child's MSI Number \_\_\_\_\_

MSI Expiry Date \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Please circle if your child has had any of the following

- Mumps
- Chicken Pox
- Measles
- Rheumatic Fever
- German Measles

Please circle if your child is subject to any of the following:

- Allergies
- Hay Fever
- Asthma
- Heart Conditions
- Diabetes
- Insect Bite
- Dietary Restrictions
- Skin Conditions
- Epilepsy
- Tonsillitis

If you have circled any of the above, please attach details to the enrollment package when handing it in.

Please list all medications and foods your child is allergic to and the reaction types.

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Please list all medications your child takes on a regular basis.

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Please list any major operations that we need to be aware of

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Please list other pertinent medical information we need to know about

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Are your child's immunizations up to date?

Yes

No

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Parent Signature

Date



## Financial Policy – Fees, Subsidies, and Withdrawal

### **Deposits**

A \$100.00 deposit is required at the time of your child's registration. This fee will be deducted from your first month's fees, should you forfeit your space with After The Bell Inc. your deposit will not be returned.

### **Regular Fees**

All regular fees are due and payable by post-dated cheques on the first day of the month. A \$1.00 per day late charge applies and weekends are included. If you are having difficulty making your monthly payments please speak to the Program Owner, every effort will be made to set up a parent payment plan that works best for you and the center.

The Program Owner has the right to refuse care to families neglecting to pay their fees.

### **Subsidy**

If you require subsidy, you will need to apply to Provincial authorities. The center has no influence or authority in determining your eligibility for subsidy. Please speak to the Program Owner for the appropriate application forms should you require this financial assistance.

### **Withdrawal**

If you choose to withdrawal your child from After The Bell Inc. a one-month's written notice is required.

Without this notice After The Bell Inc. has the right to collect fees owing for the month.

I have read and understand After The Bell Inc. Parent Fees, Subsidies and Withdrawal Policy.

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_  
*(Please Print Clearly)*

Child's Name \_\_\_\_\_ Date \_\_\_\_\_  
*(Please Print Clearly)*

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_



## Child Guidance Policy

After The Bell Inc. is committed to providing a safe and secure environment for the children enrolled in the center. Part of this is following a Child Guidance Policy. It is expected that children will occasionally display inappropriate behaviors, therefore the staff will utilize strategies to deal with them. It is also understood that all children are different and strategies may need to be modified to suit the individual situations.

### **Staff Responsibilities:**

After The Bell Inc employees *must* behave in a manner that does not harm any child who is enrolled in the center.

#### **Strategies NOT used:**

1. Corporal Punishment (striking a child directly or with any physical object; shaking; shoving; spanking; or any other form of aggressive physical contact)
2. Requiring a child to repeat physical movements
3. Using harsh, humiliating, belittling, or degrading responses in verbal, emotional, physical, or any other form.
4. Confining or isolating a child.
5. Depriving a child of basic needs, including food, shelter, clothing, or bedding.

#### **Strategies Used:**

1. Having a clear set of boundaries and expectations
2. Intervening when a behavior is unsafe or unfair
3. Working with the child to accept the consequences for his / her actions
4. Concentrating on the behavior, not the child
5. Looking for a positive outcome
6. Ignoring when appropriate
7. Having children experience logical consequences
8. Consistency
9. Team approach

### **Behavior Categories:**

After The Bell Inc. has two sets of behavior categories described below.

#### **Minor Misconducts:**

1. Running inside the center
2. Leaving the room without informing a staff
3. Excessive noise while inside
4. Running away from the staff or group
5. Refusing to clean up or walking away from a mess a child has made in the center

Minor Misconducts are expected to happen from-time-to-time and are recorded in an Incident / Accident Form signed by the staff that took charge of the situation and the child's parent. This form will be placed in the child's form for future reference.

#### **Major Misconducts:**

1. Bullying other children (please find Bullying Policy attached)
2. Hitting, biting, scratching, pinching and pushing
3. Throwing objects
4. Swearing or using inappropriate language
5. Stealing



6. Ethnic or gender slurs
7. Disrespecting staff, other children parents or volunteers
8. Distracting or ruining group activities
9. Three Minor Misconducts
10. Graffiti and property or equipment damage
11. Smoking, drugs and alcohol

In the event a child's behavior is considered to be Major Misconduct it is expected that parents of that child work in a close partnership with the staff at After The Bell Inc. If a parent refuses to work with the staff, child care is terminated immediately.

#### **Steps Taken for Major Misconducts:**

The following are steps taken for Major Misconducts. It is imperative that all parents accept these steps to ensure consistency for a positive outcome.

##### **Step One:**

A meeting is arranged for the child, parents, and a staff member. During the meeting a strategy is developed and implemented to resolve the problem.

Weekly meetings will be held with parents and staff to discuss progress or any issues regarding the child's behaviors.

##### **Step Two:**

A meeting is arranged for the child, parents, Program Staff and Program Owner to discuss alternate measures. These measures include loss of privileges such as computer time, play stations, group tournaments or upcoming field trips or special events. Parents must make alternate child care arrangements should their child have to stay back from a field trip.

If warranted the Program Staff and parents will work together to seek help from outside agencies. Daily discussions via phone or e-mail are to be held during the resource search.

Weekly meetings with parents and staff discussing progress and any issues regarding the child's behavior.

##### **Step Three:**

A meeting between the child, parents, Program Staff, and Program Owner is held. A contract is to be signed by all personnel in meeting, and a suspension may be given.

##### **Step Four:**

One month's written notice will be given to terminate child care at After The Bell Inc.

Please note, if a child displays behavior that could potentially harm another child, staff member or parent that After The Bell Inc. has the right to terminate care immediately with no written warning.

I have read and understand the After The Bell Inc. Child Guidance Policy.

Parent's Name

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(Please Print Clearly)

Parent's Signature

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Child's Name

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(Please Print Clearly)

Date

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## Teasing and Bullying

### **What Is Bullying**

Bullying is defined as: "deliberate intent to harm another person physically or emotionally".

### **Unacceptable Bullying Behaviours:**

1. **Physical;** pushing, shoving, spitting, kicking, hitting, stealing, confining one in a small space, threatening with a weapon
2. **Social;** gossiping, embarrassing someone, ethnic slurs, humiliating someone and cruelly excluding someone
3. **Verbal;** mocking, name calling, taunting, dirty looks, teasing about appearance or clothing, verbal threats
4. **Intimidation;** Damaging property or clothing, stealing (lunch, toys or clothing), threats to hurt friends or family, threats to use a weapon

### **Consequences For Bullying**

After The Bell Inc. considers bullying to be a major misconduct as stated in the Child Guidance and Discipline Policy. Please refer to the second page of the document to understand the steps taken when bullying occurs at the program.

Parent Name

\_\_\_\_\_  
*(Please Print Clearly)*

Parent Signature

\_\_\_\_\_

Child Name

\_\_\_\_\_  
*(Please Print Clearly)*

Date:

\_\_\_\_\_

Owner's Signature

\_\_\_\_\_  
*(Please Print Clearly)*

Date:

\_\_\_\_\_

**Working Together With Parents To Stop Bullying**



## Field Trip Permissions

From time to time After The Bell Inc. will be taking spur-of-the-moment field trips within the Joseph Giles / Forest Hills area. The following locations are possible field trips that pertain to this permission form.

We will require signed consent for all other field trips not listed below.

**Field Trip Locations:**

- |   |  |
|---|--|
| - Joseph Giles Playground                           | 54 Gregory Drive (off of Flying Cloud Drive) |
| - Cole Harbor Place Library or Swimming Pool        | 51 Forest Hills Parkway                      |
| - Beazley Bowling Lanes                             | 613 Main Street                              |
| - Neighbourhood Walks                               | Including Walking Trails                     |
| - Tim Horton's                                      | 100 Main Street                              |
| - Basketball Court behind St Vincent de Paul Church | 320 Flying Cloud Drive                       |

I, \_\_\_\_\_ PARENT or GUARDIAN of \_\_\_\_\_ give After The Bell Inc. permission to take my child to the above locations. A notice will be posted inside the centre to advise parents of our whereabouts.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_



## Website Permission

I, \_\_\_\_\_, parent of, \_\_\_\_\_, give permission to After The Bell Inc. to post pictures of my child on our website ([www.afterthebell.ca](http://www.afterthebell.ca)).

After The Bell Inc. agrees to respect the identity of your child on the website (name, age, name of school, age, etc.) will not be posted under any circumstances.

Please check our site frequently to see updated pictures!

Parent Name

\_\_\_\_\_  
*(Please Print Clearly)*

Parent Signature

\_\_\_\_\_

Child Name

\_\_\_\_\_  
*(Please Print Clearly)*

Date:

\_\_\_\_\_

Owner's Signature

\_\_\_\_\_

Date:

\_\_\_\_\_



## Immunization Records

Please provide dates that your child was immunized for the vaccinations listed below. Place an X in the "has not received" column if your child has not received a particular vaccination.

Vaccine	Date Received	Not Received
Diphtheria		
Tetanus		
Pertussis		
Polio		
Haemophilus, Influenza Type B		
Measles, Mumps, Rubella		
Varicella		
Hepatitis B		
Meningococcal		
Prevnar		

I, \_\_\_\_\_ PARENT or GUARDIAN of \_\_\_\_\_ agree to update After The Bell Inc. in regards to my child's immunization dates.

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_  
*(Please Print Clearly)*

Child Name \_\_\_\_\_ Date: \_\_\_\_\_  
*(Please Print Clearly)*

Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_



## Transportation Policy

### **Personnel Transporting Children**

Only those personnel who have completed a class 4 driver's license and who have been screened by means of Police Checks and Child Welfare Checks may transport children. Only company vans may be used to transport children that have been registered and inspected by the Nova Scotia Review and Utility Board.

### **Transporting of Children Procedures**

- Van must be loaded from front to back
- All children and staff, including the driver must wear a seatbelt
- Nothing may be on the roof of the van
- Drivers are to drive cautiously at all times
- Tires are to be inspected on a monthly basis
- Gas tank must be kept as full as possible at all times
- Driver must drive speed limit or lower
- Driving logs must be kept
- No cell phones are to be used while driving
- Temperature of the van must be comfortable for the children

### **Transportation Safety Procedures**

- All children ages 9 and under or are under 4"9 must be in a booster seat provided by the parent
- All staff will be fully trained to install booster seats and another staff must inspect the installation before placing a child in the seat
- The driver must be equipped with a fully charged cell phone
- The cell phone will be used for emergencies only
- The cell phone will only be used while the van is at a complete stop and is in park
- The van must be equipped with a 72 passenger first aid kit
- The van must be equipped with a 5 pound fire extinguisher (beside driver)
- The van must be equipped with a hand axe (beside driver)
- The van must be equipped with hazard triangles (beside driver)
- The driver must have emergency cards for all children enrolled in the centre. Cards must be taken into the centre and placed in a locked filing cabinet when the van is not in use.
- Should tires drop off the roadway, the driver will gradually reduce speed and steer back onto the road when it is safe to do so.

### **Transportation Back-Up Plan**

In the rare event the van breaks down the staff will contact a local cab company to pick up the children and transport the children back to the centre.



### Expectations of Children

- Children must be on time for the van after school. Failure to do so 3 times may result in termination of care
- Children must behave and stay seated
- Seat belts are to be worn at all times
- All children ages 9 and under or are under 4'9 must be in a booster seat provided by the parent
- Children must keep limbs inside the van windows
- Feet must be in front and on the floor
- There is to be no yelling or screaming in the van
- Food and drinks are not permitted in the van unless the Program Owner has specified otherwise

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_  
*(Please Print Clearly)*

Child Name \_\_\_\_\_ Date: \_\_\_\_\_  
*(Please Print Clearly)*

Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_



## Van Cancellation Policy

From time to time the Halifax Regional School Board cancels all Stock Transportation. To ensure the safety of all children at After The Bell Inc, the 15-passenger van will not be running on days that Stock Transport is pulled off the roads.

In order to continue to provide quality care, After The Bell Inc will remain open during the school day for students who ride in the van, however it will be the responsibility of parents and guardians to get the students to After The Bell Inc.

Children who walk to school from After The Bell Inc will continue to walk to school on days when Stock Transportation is cancelled.

The Halifax Regional School Board has a cancellation line (464-4636) and they post the details of cancellations on their website ([www.hrsb.ns.ca](http://www.hrsb.ns.ca))

The only other time that the van can be pulled off the road is if the driver of the van determines that road conditions are unsafe. In this case, parents and guardians will be contacted with as much notice as possible.

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_  
*(Please Print Clearly)*

Child Name \_\_\_\_\_ Date: \_\_\_\_\_  
*(Please Print Clearly)*

Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_