

**Kelowna Child Care Society**  
**Membership - Licensed/RLNR - April 1<sup>st</sup>, 2017 to March 31, 2018**

**PROGRAM INFORMATION FORM**

\*Each **PROGRAM** is required to have their own membership to keep Records and Child Care Referral lists up-to-date

<b>Facility Name:</b>			
<b>Child Care Program Name:</b> <i>(If different)</i>			
<b>Website:</b>			
<b>Full Program Address:</b>		<b>Full Mailing Address:</b> <i>(If different)</i>	
<b>Program License #</b> <i>(If applicable)</i>		<b>Date of Issue:</b> <i>(mm/dd/yyyy)</i>	

<b>Contact name for Child Care Program Referrals:</b>	<b>Contact name for Program Operations:</b> <i>(if different)</i>
Last & First Name:	Last & First Name:
Email:	Email:
Phone:	Phone:

**Please Complete and Submit:**

- Membership Forms
  - Child Care Program Referral Information
  - CCRR Toy and Resource Lending Loan Agreement
  - Type of Membership Form
  - Membership Acknowledgement and Consent

**Please Note:**

Membership year runs April 1<sup>st</sup> – March 31<sup>st</sup>. Memberships can be purchased at any time throughout the year

1. Membership forms, with payment, will be processed within 7 business days of receipt
2. Memberships cannot be processed without payment or missing information
3. Society documents (e.g. By-Laws) are available at the KCCS office

<b>Please select</b>	
<input type="checkbox"/> I have never been a member	* <input type="checkbox"/> I was a 2016/2017 member

**\*Subject to a \$5 processing fee if received after April 1 2017**

<b>Update Program Information – Child Care Portal</b>
Your child care program will receive an email with the subject line “Kelowna Child Care Resource & Referral Program sign-up invitation” with your facility ID. This is a simple and quick process to update your or change program information. Click on the link, type in the facility ID and you can make changes and update anytime.

<b>Membership Certificate</b>		
Would you like your membership certificate	<input type="checkbox"/> Emailed	<input type="checkbox"/> Pick up at the office

**OFFICE USE ONLY**

FORMS REC'D(M/D/Y) \_\_\_\_\_ BY: \_\_\_\_\_ ~ PAYMENT REC'D \_\_\_\_\_ BY: \_\_\_\_\_ ~ MEMBERSHIP PROCESS COMPLETED \_\_\_\_\_ BY: \_\_\_\_\_

<input type="checkbox"/> WEBSITE	<input type="checkbox"/> CCP DATABASE	<input type="checkbox"/> LIBRARY	<input type="checkbox"/> DEPOSIT	<input type="checkbox"/> RECEIPT	<input type="checkbox"/> SCAN
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**CHILD CARE PROGRAM REFERRAL INFORMATION FORM**

Licence/Regulation Type <i>Please select</i>	Capacity <i>maximum # of children</i>	Ages Served
<input type="checkbox"/> Licensed Group (under 36 months)		
<input type="checkbox"/> Licensed Group (30 months to school age)		
<input type="checkbox"/> Licensed Group (School Age)		
<input type="checkbox"/> Licenced Preschool <i>Must hold a valid Preschool Licence with Child Care Licensing, Interior Health</i>		
<input type="checkbox"/> Licensed Group Multi-Age		
<input type="checkbox"/> Licensed In-Home Multi-Age		
<input type="checkbox"/> Licensed Family		
<input type="checkbox"/> Registered Licence not Required (RLNR)		
<input type="checkbox"/> Licensed Occasional Group		

Hours of Operation	Opening Time	Closing Time	Notes
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

<b>Accepting Child Care Referrals</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Display email address on referral	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Scheduling Options	Fees (or attach) Fees <i>are confidential</i>	
<i>(please check and complete all that apply)</i>	Monthly	Daily
<input type="checkbox"/> Full-Time		
<input type="checkbox"/> Part-Time		
<input type="checkbox"/> September to June		
<input type="checkbox"/> July		
<input type="checkbox"/> August		
<input type="checkbox"/> Before 7:00AM		
<input type="checkbox"/> After 6:00PM		
<input type="checkbox"/> Before School		
<input type="checkbox"/> After School		
<input type="checkbox"/> Flexible		
<input type="checkbox"/> 24 hour (Overnight)		
<input type="checkbox"/> Drop in		
<input type="checkbox"/> Temporary		
<input type="checkbox"/> Sick Care		
<input type="checkbox"/> Emergency		
<input type="checkbox"/> Preschool	1 day \$ _____ 2 day \$ _____ 3 day \$ _____	4 day \$ _____ 5 day \$ _____

Transportation
<input type="checkbox"/> City Bus
<input type="checkbox"/> Own Vehicle
<input type="checkbox"/> Walking
<input type="checkbox"/> Other: _____

Schools Served	Drop Off	Pick up
_____	—	—
_____	—	—
_____	—	—
_____	—	—

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Curriculum	Environment	Language
<input type="checkbox"/> Montessori	<input type="checkbox"/> Near Public Transportation	<input type="checkbox"/> English
<input type="checkbox"/> Nature-Based	<input type="checkbox"/> On-site Play area	<input type="checkbox"/> French
<input type="checkbox"/> Play-based	<input type="checkbox"/> Non-Smoking	<input type="checkbox"/> Spanish
<input type="checkbox"/> Primary Caregiving	<input type="checkbox"/> Pet-Free	<input type="checkbox"/> Korean: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Meals		
<input type="checkbox"/>	Parents provide all food	
Program provides:	Accommodates:	Additional fees for:
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Organic	<input type="checkbox"/> Hot Lunch
<input type="checkbox"/> AM Snack	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> AM Snack
<input type="checkbox"/> Lunch	<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Lunch
<input type="checkbox"/> PM Snack	<input type="checkbox"/> Special Diets	<input type="checkbox"/> PM Snack
<input type="checkbox"/> Dinner	<input type="checkbox"/> Open to Discussion	<input type="checkbox"/> Dinner
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Qualifications		
<input type="checkbox"/> Ages & Stages Training	<input type="checkbox"/> Valid First Aid	<input type="checkbox"/> Food Safe
<input type="checkbox"/> Early Childhood Education	<input type="checkbox"/> Infant/Toddler Certificate	<input type="checkbox"/> Special Needs Certificate
<input type="checkbox"/> CCRR Family Child Care Training	<input type="checkbox"/> Responsible Adult	<input type="checkbox"/> Bachelor of Education
<input type="checkbox"/> Criminal Record Check	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
Workshops & Training <i>Licensed Family or RLNR only</i>	<input type="checkbox"/> List or attach Child Care related workshop/training (include dates)	

Special Needs	
Children must be toilet trained upon start date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accommodation for special needs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Dependant on child's needs

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**TYPE OF MEMBERSHIP**

I (print name) \_\_\_\_\_, am requesting the below type of membership

*\*Reminder: Each **PROGRAM** is required to have their own membership*

<p><b>1. BASIC Family (RLNR &amp; Licensed Family)</b></p> <ul style="list-style-type: none"> <li>▪ Access to the Toy &amp; Resource Lending Library and Child Care Resources</li> <li>▪ Support choosing developmentally appropriate toys/activities/programming</li> <li>▪ In-office Child Care Referrals: telephone and walk-in</li> <li>▪ Community Resource Referrals</li> <li>▪ Monthly Bulletin and Quarterly Newsletter by e-mail</li> <li>▪ Support Visits &amp; Consultation (Licensed programs upon request)</li> <li>▪ CCRR Training, Workshops, and Networking – member price (<i>member only</i>)</li> <li>▪ KCCS Voting Privileges at AGM</li> </ul>	<p>__ \$5.00</p>
<p><b>2. ENHANCED Family (RLNR &amp; Licensed Family)</b>  Includes all BASIC Family benefits as listed above <b>PLUS</b>;</p> <ul style="list-style-type: none"> <li>▪ Online Child Care Registry via telephone, email, face-to-face, and website <ul style="list-style-type: none"> <li>- Includes a 300 character submission of a description of your child care program to be included on Child Care Referral</li> <li>- please email submission to <a href="mailto:cindyp@kelownachildcare.com">cindyp@kelownachildcare.com</a></li> </ul> </li> <li>▪ Online Job Postings to recruit new staff</li> <li>▪ CCRR Training, Workshops, and Networking – member price (<i>member+1</i>)</li> <li>▪ Access to Ages &amp; Stages training through universal screening initiative – member price (<i>member only</i>)</li> </ul>	<p>__ \$35.00</p>
<p><b>3. LICENSED Group, Multi-Age, In-Home Multi-age or Preschool Program</b>  Includes all BASIC &amp; ENHANCED Family Benefits as listed above <b>PLUS</b>;</p> <ul style="list-style-type: none"> <li>▪ CCRR Training, Workshops, and Networking – member price (<i>member+2</i>)</li> </ul>	<p>__ \$40.00</p>
<p><b>OPTIONAL – MAILED NEWSLETTER</b>  Mailed copy of the newsletter – 4 times/year  <i>(covers copying, postage, etc.)</i></p>	<p>__ \$20.00  (additional cost)</p>

**Payment Options:**    \_\_ Cash            \_\_ Cheque

- Make cheques payable to "Kelowna Child Care Society"
- Please make note of program in notes section of cheque for admin reference
- Memberships will only be processed when payment is received

**Mail or drop off membership forms, with payment, to:**

Kelowna Child Care Society  
#4-1890 Ambrosi Rd.  
Kelowna BC V1Y 4R9



**CHILD CARE RESOURCE AND REFERRAL PROGRAM (CCRR)**

**Toy Lending and Resource Library loan contract**

The Kelowna Child Care Society retains full and complete ownership of any product or item(s) being borrowed from the CCRR Toy Lending and Resource Library. I agree to release, save harmless, and indemnify the Kelowna Child Care Society and programs from and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to person or property, arising out of, or in connection to, the CCRR Toy Lending and Resource Library.

Initial \_\_\_\_\_

I agree to only use resources that are developmentally-appropriate and/or follow the recommended ages for the children. Resources will only be used under my direct supervision.

Initial \_\_\_\_\_

Upon borrowing a resource, I understand that it is my responsibility to ensure all pieces are present. If there are discrepancies, I will notify CCRR within 48 hours.  
 I agree that I will return the item(s) in the condition as to which it has been borrowed.  
 I will periodically check the item(s) for damage, and if found, I will return the item(s) to the CCRR Toy Lending and Resource Library and discontinue use.

Initial \_\_\_\_\_

I agree that I will return the item(s) within the borrowing time period (1 month) and understand that there is a \$2.00 per day late charge if the item(s) are not returned on time.  
 I understand that after my third time returning an item late, my borrowing privileges will be suspended for no less than one month.

Initial \_\_\_\_\_

I agree that I am responsible for the replacement of any resources I have lost or damaged. The replacement cost will be determined by CCRR. This replacement fee will be payable within a week upon receipt of an invoice from CCRR. I understand that in the event that I have any outstanding fees or overdue items, lending privileges will be suspended until the fees are paid in full and all items are returned.

Initial \_\_\_\_\_

I (*print name*) \_\_\_\_\_ give permission for the following staff/family to borrow resources under my membership. I understand that all conditions and responsibilities outlined in this agreement apply and I am fully responsible for all items picked up by staff/family on my behalf.

- Please note only those that are listed on this form will have access to the lending library.
- Updates and/or changes to this list are your responsibility.

Print First and Last Name	Email	Relationship to you

I, the undersigned, acknowledge my borrowing privilege, responsibilities, and obligation in this by my signature.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Membership Acknowledgement and Consent**

I, the undersigned member, am in agreement with the following as shown by my signature below:

- Complete Membership forms and pay my membership fee as per my membership type.
- It is the responsibility of the Child Care member to update Child Care Referral information via:
  - Email [cindy@kelownachildcare.com](mailto:cindy@kelownachildcare.com) - may take up to 10 business days for Registry to be updated
  - Child Care Portal – Licenced programs can make own changes - within 5 business days Registry will be updated
- To return all lending material on time, in good repair, cleaned and pay late or replacement fees as per the lending agreement
- To notify CCRR program if I
  - Close or move to another location
  - Am under investigation from Community Care Facility Licensing
  - In non-compliance with Registered Licence not Required (RLNR) Regulations.

KCCS follows the Personal Information Protection Act (PIPA), Ministry of Citizens Services, BC

1. Information is used for KCCS reporting/statistics (identifying information will not be published)
2. Information is used for the purpose of maintaining membership Child Care Registry and Library Database

I, the member, **give consent** for your referral information to be shared via: (no fee information will be shared)

- Face to Face
- Telephone
- Email
- Written Material
- Website
- \_\_\_\_\_ I do not want information shared via \_\_\_\_\_

To ensure that Kelowna Child Care Society is following and abiding CASL legislation we require updated information from you. Please take a moment to either provide your consent or withdrawal to continue emailing you.

For more information on CASL legislation, please visit <http://fightspam.qc.ca/eic/site/030.nsf/eng/home>

\_\_\_ *I give consent*, for Kelowna Child Care Society to continue sending emails to update on Workshops, Training Newsletters, and Resources

\_\_\_ *I withdraw my consent* and want to be removed from the email list. Please provide email address and name to be removed: \_\_\_\_\_

Printed Name /Facility Name	Signature	Date Signed