

PROGRAM INFORMATION FORM

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

Membership Year:	April 1 st , 2018 to March 31 st , 2019		
Child Care Program Name:			
Website:			
Full Program Address:		Full Mailing Address: <i>(If different)</i>	
Program License # <i>(If applicable)</i>		Date of Issue: <i>(mm/dd/yyyy)</i>	
Attach or email (resource@kelownachildcare.com) a copy of your Interior Health License			

Contact name for Child Care Program Referrals:	Contact name for Program Operations: <i>(if different)</i>
Last & First Name:	Last & First Name:
Email:	Email:
Phone:	Phone:
If you would like, please provide 1 additional email address to receive the Newsletter.	

Family Child Care Members

Registered License Not Required, Must hold a current Family Child Care License through Interior Health

Individual Licensed Group Child Care Programs

Must hold a current License (Facility or Home Based) 3-5, Multi-Age, In-Home Multi-Age, Infant/Toddler, OOS, Preschool

Note: Membership is specific to the licensed child care program not the agency. An agency or multi service organization may have several licensed child care programs under their umbrella. Each licensed child care program is required to have their own membership in order to access membership services specifically for their program. Individual staff can still purchase their own KCCS CCRR membership.

Additional Details for Website Referral / Advertisement for Child Care Programs ONLY

(1 character = 1 letter)

If you choose you may wish to enhance your web Ad by adding a descriptive paragraph. Please send a short paragraph descriptor (300 characters) that highlights your child care program that will be added to your website referral under additional details. Please email to resource@kelownachildcare.com (Attention Cindy)
This paragraph is subject to final approval through the Kelowna Child Care Society before being posted.

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"/> CONSTANT CONTACT	<input type="checkbox"/> RECEIPT	<input type="checkbox"/> SCAN	<input type="checkbox"/> CCP DATE
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CHILD CARE PROGRAM REFERRAL INFORMATION FORM

Display email address on referrals	__ Yes	__ No	Accepting Child Care Referrals			__ Yes	__ No
Licence/Regulation Type <i>(check all that applies)</i>	Capacity <i>maximum # of children</i>	Closed July and/or Aug	Open Sept to June	Full-Time	Part-Time		
<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"/> Licensed 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							

Ages Served: From Y _____ M _____ To Y _____ M _____						
Hours of Operation	Opening Time	Closing Time	Would you consider before 7:00 am	Would you consider after 6:00 pm	Flexible	Drop-In
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Special Needs	
Children must be toilet trained upon start date in 30mos + program?	__ Yes __ No __ N/A
Accommodation for special needs	__ Yes __ No __ Dependant on child's needs

School-age Care			
Transportation	Schools Served	Drop Off	Pick up
<input type="checkbox"/> City Bus	_____	___	___
<input type="checkbox"/> Own Vehicle	_____	___	___
<input type="checkbox"/> Walking	_____	___	___
<input type="checkbox"/> Other: _____	_____	___	___

Curriculum
<input type="checkbox"/> Montessori
<input type="checkbox"/> Nature-Based
<input type="checkbox"/> Play-based
<input type="checkbox"/> Primary Caregiving
<input type="checkbox"/> Faith-Based
<input type="checkbox"/> Waldorf
<input type="checkbox"/> Reggio Emilia

Environment
<input type="checkbox"/> Near Public Transportation
<input type="checkbox"/> On-site Play area
<input type="checkbox"/> Non-Smoking
<input type="checkbox"/> Pet-Free
<input type="checkbox"/> Located in School
<input type="checkbox"/> Wheelchair Accessible
<input type="checkbox"/> Acreage/Farm

Language
<input type="checkbox"/> English
<input type="checkbox"/> French
<input type="checkbox"/> Spanish
<input type="checkbox"/> Persian
<input type="checkbox"/> German
<input type="checkbox"/> Punjabi
<input type="checkbox"/> Other: _____

Meals		
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Organic	<input type="checkbox"/> Hot Lunch (additional fee)
<input type="checkbox"/> AM Snack	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Parents provide all food
<input type="checkbox"/> Lunch	<input type="checkbox"/> Accommodates Food Allergies	<input type="checkbox"/> Other
<input type="checkbox"/> PM Snack	<input type="checkbox"/> Accommodates Special Diets	<input type="checkbox"/> Other
<input type="checkbox"/> Dinner	<input type="checkbox"/> Open to Discussion	<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"/> Waldorf Training	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Montessori Training	<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 you would like to be displayed on your parent referral	

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 2 weeks 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 will not be using the toy & resource lending library.

Membership Acknowledgement and Consent

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

1. Complete Membership forms and pay my membership fee as per my membership type.
2. It is the responsibility of the Child Care member to update Child Care Referral information via:
 - Email cindyp@kelownachildcare.com- may take up to 10 business days for Registry to be updated
3. To return all toy and resource lending material on time, in good repair, cleaned and pay late or replacement fees as per the lending agreement
4. 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

\$10.00 Basic Family \$40.00 Enhanced Family \$45.00 Licensed Group

Please see Benefits page for more information.

Payment Options: ___Cash ___ Cheque

- Make cheques payable to "Kelowna Child Care Society (KCCS)"
- Memberships will only be processed when payment is received

Mail or drop off membership forms, with payment, to address below.

Membership Details

<i>BENEFITS</i>	Family Child Care Basic \$10.00 (new) \$5.00 (renewal)	Family Child Care Enhanced \$40.00 (new) \$35.00 (renewal)	Group Child Care \$45.00 (new) \$40.00 (renewal)	Parents, Community \$35.00	Business/ Agency \$45.00
Child Care Resource & Referral Newsletter & Bulletins	✓	✓	✓	✓	✓
Outreach Support & Telephone Consultation	✓	✓	✓		
Start-Up and Marketing Information	✓	✓	✓		
Parent Phone Referrals	✓	✓	✓		
Child Care Subsidy Services	✓	✓	✓	✓	✓
Voting Privileges for Kelowna Child Care Society	✓	✓	✓	✓	✓
Rate Survey	✓	✓	✓	✓	✓
CCRR Workshops at a reduced rate	Max 2 spaces	Max 2 spaces	Max 3 spaces	Max 2 spaces	Max 2 spaces
Access to the Toy & Resource Loan Library	✓	✓	✓	✓	✓
Networking Opportunities (* must work in child care)	✓	✓	✓	*	*
Access to Infant/Toddler Equipment (Double Strollers, Playpens, Highchairs, Gates)	✓	✓	✓	✓	✓
Job Postings		✓	✓		
ECE Exam Proctoring	✓	✓	✓	✓	✓
Website Referrals: Registered LNR & Licensed Child Care Programs may have their name listed on the Kelowna Child Care Society Website for parent referrals.		✓	✓		

Effective April 1st 2018

Family Child Care Members

Registered License Not Required, Must hold a current Family Child Care License through Interior Health

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Parents/Community

Mother, Father, Legal Guardian or Foster Parent, ECE Student, Post-Secondary Student, ECE/Child Care Professional, Informal Provider

Business/Agency

Non-Profit, Community Committee, Business

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