

Goodwin Academy

Quality Childcare when you need it.

Childcare Application



10468 Whalley Blvd, Surrey BC, V3T 4H5

GoodwinAcademy@outlook.com

(604) 588-2074

Goodwin Academy



Philosophy

At Goodwin academy, we are committed to providing a stimulating, educational, play-based curriculum to assist children's learning, enhance their knowledge and meet their individual developmental needs. The curriculum is designed to allow adaptable, spontaneous activities based on the children's interests, as well as, those that are mapped and facilitated by our Educators.

We provide a supportive environment that encourages positive social interactions and an appreciation of each child's uniqueness. We encourage the children to develop problem solving skills and an understanding of the world around them. We believe that the childcare environment should be inclusive of all children, and we strive to offer programs that are enlightening, caring, and creative.

Goodwin Academy works to empower children to be responsible and considerate. We provide a safe space for character building and diversity interwoven with education and the fulfillment of academic potential .



Fees

	Full Time	Part Time
0-19 months	\$1300.00	\$850.00
19-36 months	\$1200.00	\$750.00
3-5 Years	\$1100.00	\$650.00
5-12 Years	\$900.00	\$550.00
Special Needs	\$1450.00	\$950.00

*Add on hours rates available upon request.

Goodwin Academy

Application Form

For Office use only

ID Number:
Date of enrolment:
Date of registration:

Personal Information

Name of Child: _____

Gender: Female Male Unknown

Name Child Responds To: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Mother's Name: _____

Place of Employment: _____

Home Phone: _____

Work Number: _____

Cell Number: _____

Address (if different from child's): _____

Father's Name: _____

Place of Employment: _____

Home Phone: _____

Work Number: _____

Cell Number: _____

Address (if different from child's): _____

Start Date:

End Date:

Goodwin Academy

Financial Obligation

Child ID Number: _____

Parents Names Mother: _____

Father: _____

Address: _____

Phone Number Mother: _____

Father: _____

Child's Full Name: _____

Number of Months Required: _____

Monthly Rate: _____

Rate End Date: _____

I would like:

- Full-time Childcare 45 hours a week
- Part-time childcare 22 hours a week
- Extra hours

Payment method:

- EMT
- Post dated cheques
- Cash

Fees

Payment is due on the 24th for the preceding month of childcare. If payment is not received prior to this date your childcare spot will be extinguished. You will not receive a time sign up email enabling you to book time. You may sign up for time once you have paid in advance for the month of care. Once you sign up for time it can not be changed, and payment will not be reimbursed.

Late Fees

Parents are required to pick up their child promptly at the end of booked time. Failure to do so will result in a late fee charge of \$10.00 per occurrence and \$1 per a minute. This fee must be paid before the child returns to Goodwin Academy.

Withdrawal

Parents must email administration of their intent to withdraw with a minimum of 30 days notice. Failure to submit adequate notice will result non return of deposit. Once your withdrawal email is processed remaining cheques/monies will be returned to you.

Other Fees

NSF Charge	\$45.00	Deposit of 1/2 of monthly fees
Forgotten food	\$50.00	

Parents Signatures: _____

Date: _____

Persons Authorized to Pick up Child (other than parents listed above)

Your child will only be released from Goodwin Academy to authorized adults. If a child is being released to an adult other than their parents photo ID is required. The ID must match the name provided, and will be photocopied and added to your child's file. Please ensure that the adult picking up your child is aware of this. If there are any alerts that Goodwin Academy should be aware of pertaining to the release of your child into the custody of a certain individual, please ensure that administration is informed. The adults listed are also in the event of: illness, or injury to your child, or a serious occurrence resulting in closure such as an earthquake, or fire and you are unable to collect your child from school are permitted to receive your child. Should your child not be picked up at the end of their booked time each contact will be called three times in order to have child picked up.

Please list in priority adults that you authorize Goodwin Academy to release your child to.

1) Full Name: _____
Relationship: _____
Home Number: _____
Work/Cell Number: _____

2) Full Name: _____
Relationship: _____
Home Number: _____
Work/Cell Number: _____

3) Full Name: _____
Relationship: _____
Home Number: _____
Work/Cell Number: _____

Emergency Contact (other than parents listed above)

Please list Persons to whom Goodwin Academy is authorized to release your child to in the event of an emergency.

1) Full Name: _____
Relationship: _____
Home Number: _____
Work/Cell Number: _____

2) Full Name: _____
Relationship: _____
Home Number: _____
Work/Cell Number: _____

3) Full Name: _____
Relationship: _____
Home Number: _____
Work/Cell Number: _____

Persons **Not** Authorized to Pick Up Your Child

Are there any persons that your child should not be released to? If so please complete as much information as possible

1) Full Name: _____
Relationship: _____
Home Number: _____
Work/Cell Number: _____

2) Full Name: _____
Relationship: _____
Home Number: _____
Work/Cell Number: _____

3) Full Name: _____
Relationship: _____
Home Number: _____
Work/Cell Number: _____

***Please note:** If there is a Custody Agreement, please give details on a separate piece of paper, and a copy of the custody order must be attached to the application.

Goodwin Academy

Medication Form

Child ID Number: _____

I _____ Mother/Father of _____ agree to and understand the risk of having my child _____ on the premises of Goodwin Academy with other children that may be sick. Furthermore, I understand and agree that when my child _____ is ill they will have access to a resting area during their booked time. I give permission for staff to administer medication prescribed by our family doctor _____ to my child _____.

Before your child's first day at Goodwin Academy we require your family Doctor to prescribe cover medication for your child. These medications will be given to your child as needed. We will need a copy of this prescription for our records. Cover Medications are as follows acetaminophen, dimenhydrinate, nasal decongestant, Cough suppressant, expectorant, and antihistamine. You will need to provide these medications to the centre on their first day.

I _____ certify that my child _____ has taken the medications listed before.

Additional medications prescribed to _____

Emergency Health Information

Doctor's Name: _____

Clinic Name: _____

Phone Number: _____

Clinic Address: _____

Child's Care Card Number: _____

Dentist's Name/Clinic: _____

Phone Number: _____

Consent for Emergency Care

I _____ authorize the staff of Goodwin Academy to call a medical practitioner or ambulance in the case of accident or illness of my child, if the parents cannot be reached immediately.

Signature of Parent: _____

Date: _____

Health Information (Please attach a separate sheet if necessary)

Regular medication (s) and reasons for (please list):

Allergies/Reactions and treatment (please list):

Any concerns/issues regarding your child's health (seizures, asthma, vision, hearing, etc) (please list and describe):

Any concerns regarding your child's development (behaviour, speech, language, mobility, etc) (please list and describe):

Please list any specific care instructions regarding #1-4:

Other health care professionals involved in your child's life (Occupational Therapist/Physical Treatment, etc) : _____

Group Experiences

Has your child had previous Daycare experiences? If yes, how did he/she adapt?

What is/are your child's favourite toys/activities?

How does your child behave around other children (seeks others out, feels shy, etc)?

Emotional

How does your child react when left with unfamiliar people and/or in unfamiliar situations?

What suggestions do you have that would help staff ease your child's transition into the program?

Family Information

Please list the name(s) of the significant people in your child's life (siblings, grandparents, etc):

Primary language spoken at home:

Other languages spoken at home:

Any Other Comments

Parent Signature: _____

Date: _____

Please Note: Fraser Health Authority Licensing Staff may review this information as per legislation.

Goodwin Academy

Photo Documentation Consent

Documenting the Centre's activities is a part of our program. This is done by video monitoring and from time to time your child's picture may be taken. Pictures taken will be used as displays in the classroom, class projects and Seasaw. Photos of children will not be used for advertising.

I, _____ understand that photos may be taken of my child as they take part in the daily activities at the daycare. I give the staff of Goodwin Academy permission to take photos and display them in the classroom setting.

Parent Signature: _____

Date: _____

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Video Monitoring Consent

Goodwin Academy's website provides parents with the ability to observe their child while in the facility. The Parent portal on the webpage is accessible by password only. Located near the bottom of the parent's page are six live stream videos of the facility. The videos will not be running during time booked by parents that have not given permission for their child to be posted.

I, _____ give Goodwin Academy permission to post live stream video of my child, _____, on their website under the parents portal. I understand that video can be viewed by other Goodwin Academy parents.

OR

I, _____ do not give Goodwin Academy permission to post live stream video of my child, _____, on their website.

Parent Signature: _____

Date: _____

Goodwin Academy's

Facebook Consent

Goodwin Academy has its own Facebook page and twitter. These are ways in which we will communicate with parents, see updates on the daycare, view pictures of your child's day, and for people to see firsthand what Goodwin Academy is all about. To post any photos, Goodwin Academy needs your written consent to do so. Please fill out the appropriate section below.

I, _____ give Goodwin Academy permission to post photos of my child, _____, on their Facebook page. I understand that these photos can be viewed by anyone who uses Facebook.

Parent Signature: _____

Date: _____

OR

I, _____ do not give Goodwin Academy permission to post photos of my child, _____, on their Facebook or Twitter page.

Parent Signature: _____

Date: _____

Goodwin Academy

Child Release Form

Your child will only be released from Goodwin Academy to authorized adults. If a child is being released to an adult other than their parents photo ID is required. The ID must match the name provided, and will be photocopied and added to your child's file. Please ensure that the adult picking up your child is aware of this. If there are any alerts that Goodwin Academy should be aware of pertaining to the release of your child into the custody of a certain individual, please ensure that administration is informed. The adults listed are also in the event of illness or injury to your child; or a serious occurrence resulting in closure such as an earthquake or fire, and you are unable to collect your child from school are permitted to receive your child. Should your child not be picked up at the end of their booked time each contact will be called three times in order to have child picked up.

Please list in priority adults that you authorize Goodwin Academy to release your child to.

Full Name	Relationship	Phone Number	Cell Phone Number
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1. _____

2. _____

3. _____

4. _____

5. _____

Please list any adults that we are not to release your child to.

Parent Signatures: _____

Goodwin Academy

Incident Report

Time: _____

Date: _____

Children involved: _____

Your name: _____

Explanation of incident: _____

*Please note the time notified

Parent: _____ Number called: _____ Time: _____

Owner: _____ Number called: _____ Time: _____

Administration emailed Time: _____

Evaluation:

Follow Up:

Goodwin Academy

Immunization Record

Child ID: _____

- My child is up to date with immunization
- My child is not up to date with immunizations
- My child will not be immunized

Mother Signature: _____ Date: _____

Fathers Signature: _____ Date: _____

Nurse

Please attach copy of immunizations to this page.