

# Pacific Christian School Pre-School

Operated by Victoria Christian Education Society (VCES)

**PRE-SCHOOL: 671 AGNES ST., VICTORIA, B.C. V8Z 2E7 - PH.: 479-9365**

Dear Parents:

Welcome to Pacific Christian School's Pre-School!

We are pleased that you have chosen to find out more about us.

Pacific Christian School was started in 1960 by a group of parents determined to provide their children with a quality education from a biblical perspective. Our vision is to *"nurture students in Christ-like living, critical thinking and joyful service, to become effective members of the Christian community in God's world."*

Registration in PCS Pre-School is open to children of committed Christian parents who agree with the school's religious and philosophical principles as expressed in the Victoria Christian Education Society Constitution and who are regularly attending a church. Parents and students are expected to demonstrate, by their lifestyles, their belief in Jesus Christ as Saviour, Lord and King.

Registration at Pacific Christian School's Pre-School normally follows these steps:

1. Complete the Pre-School's Registration Form for each child you would like to enroll. Attach a non-refundable registration fee of \$25.00 per family. Make cheques payable to V.C.E.S. Pre-School.
2. Please return to the Elementary School Office:
  - The completed registration form(s) and the Legal Residency of Parent Form
  - The registration fee
  - Birth Certificate
  - A copy of your child's health passport including immunization dates
  - A copy of any court order pertaining to your child(ren)
  - The Pastor's Reference Form (if you don't already have other children at P.C.S.)
  - The Parent Commitment Sheet (after you have read the Constitution)
3. Each Pre-School child will be on a one-month probation to assess the Pre-School's ability to meet his/her needs.
4. After the New Parents Information Seminar, interviews will be conducted to determine eligibility for acceptance. Please bring the completed Parent Commitment Sheet to the interview.
5. When the interview is successful your child(ren) will be admitted or placed on the wait list.

Thank you for your interest in our Pacific Christian Pre-School. We look forward to meeting you.

Sincerely,

Mr. Bill Helmus  
Elementary Principal

Sincerely,

Mrs. Joanne Brown  
Pre-School Teacher

*Train your child in the way he should go and when he is old he will not turn from it. Proverbs 22:6*

# ADMISSION POLICIES AND PROCEDURES

## PHILOSOPHY

Research recognizes the need for a holistic approach to child care in a safe and respectful environment. The P.C.S. Pre-School staff therefore believe that:

- each child is unique
- each child deserves respect
- each child is entitled to an education
- children learn through play, modeling and experience
- a strong and healthy Christian family life is essential to the child's well being.

## MISSION STATEMENT

The mission of the P.C.S. Pre-School is to “*nurture students in Christ-like living, critical thinking and joyful service, to become effective members of the Christian community in God's world*” by:

- providing the child with a safe and respectful environment
- providing the child with developmentally appropriate challenges
- seeking to meet the needs of the whole child
- modeling age appropriate expectations
- providing consistent and clear discipline and guidance methods.

Parents are encouraged to join in the daily activities or to observe. Please check with the Pre-School Teacher.

## HOURS OF OPERATION

Mon/Wed/Fri – afternoons – 4 year olds (12:25 – 2:55 p.m.)

Mon/Wed – mornings – 3 year olds (8:30 – 11:00 a.m.)

The Pre-School will be closed when the Elementary School is closed.

Please phone the PCS office (479-9365 Ext. 2) if your child is going to be late or absent.

## CONDITIONS FOR ADMISSION

- Minimum required age for admission – 3 years or 36 months.
- Admission Dates: September 1 and January 1(if space is available), or when your child turns 3 (as space is available).
- Children must be toilet-trained

## CLASS SIZE

There will be a maximum of 20 children per class (with a teacher plus a teacher aide).

## ABOUT YOUR PRE-SCHOOLTEACHER

The staff-child ratio is in keeping with the Community Care Facilities Act (ChildCare Regulations). The Pre-School Teacher is licensed to practice in B.C. as an Early Childhood Educator. The Pre-School Teacher and all volunteers, practicum or work experience students, are required to submit to a Criminal Records Search and to have a current First Aid Certificate.

## LICENSED AND INSPECTED BY

Capital Health Region ChildCare Facilities Licensing Programme, Provincial Child Care Facilities Licensing Board, Saanich Municipal Building Inspector, Saanich Fire Marshall.

## **DISCIPLINE AND GUIDANCE**

The Pre-School recognizes and respects each child's individuality and uniqueness. Therefore, the Pre-School Teacher will provide the child with the freedom to explore, experience, problem-solve and learn through play. The teacher will address the unacceptable behaviour rather than the child when assisting the child in finding appropriate ways of expressing feelings.

The teacher will use re-directions as a primary method of discipline and guidance. Positive "time out" will be used as a "cooling off" period from which the child can return when s/he feels ready to rejoin the group.

## **THINGS TO REMEMBER**

- all fees must be paid prior to your child's first day in class
- notify the office of any changes to the original registration form
- your child must be signed in and out every day s/he is in attendance (sign-in book will be at the entrance)
- your child needs a healthy snack
- your child needs one complete change of clothes and a pair of indoor shoes/slippers
- your child needs sunscreen and a hat from April to June.

All items must be clearly marked with your child's name. P.C.S. Pre-School is not responsible for any lost, damaged or stolen personal property.

## **HEALTH AND SAFETY**

The Pre-School is committed to provide a safe and healthy place. Therefore, when a child displays the following, parents are asked to make alternative care arrangements:

- has a persistent fever of 38.8 C or higher
- has symptoms such as unexplainable rash, vomiting, diarrhea, chronic cough or pink eye
- becomes ill at the school or develops new symptoms
- is too ill to enjoy the activities.

The Pre-School must be contacted within 24 hours when your child contracts a communicable disease (i.e. chicken pox) or a parasite (i.e. lice). Other parents will be made aware of the presence of such disease or parasite. After a suspected or confirmed communicable disease or parasite, a child may only return to the school with a written medical consent.

## **MEDICATIONS**

First Aid will be provided without any form of medication. An attempt will be made to contact the child's parent/guardian or the alternative person (emergency contact) prior to any medical treatment by a medical professional. Parents/guardians are encouraged to administer medication at home. The teacher will **only** administer medication at the written request of the parent and according to the doctor's orders as noted on the original pharmacist dispensed container. Non-prescription medication must be pre-approved in writing by your family doctor. The teacher will have blank forms available. All medication is kept in a locked box in the fridge and any administration of it is promptly recorded.

Children who are taking medication orally may only return 24 hours after the start of the medication and when the child has not displayed any adverse reaction to the medication. Medication that is added to a container of liquid will not be administered by the teacher.

# P.C.S. PRE-SCHOOL REGISTRATION FORM

## ABOUT YOUR CHILD

Name of child: \_\_\_\_\_ Nickname: \_\_\_\_\_  
last name first name middle name

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Female  Male  
day / month / year

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Personal Health Care #: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Registered for: 3-year-old morning programme (2 mornings) \_\_\_\_\_ (Mon/Wed - 8:30 - 11:00 a.m.)  
 4-year-old afternoon programme (3 afternoons) \_\_\_\_\_ (Mon/Wed/Fri - 12:25 - 2:55 p.m.)  
 Enrollment Date: September \_\_\_\_\_ January \_\_\_\_\_ or \_\_\_\_\_

## ABOUT THE FAMILY

<b>Father</b> Name: _____ Occupation: _____ Place of work: _____ Phone number: _____	<b>Mother</b> Name: _____ Occupation: _____ Place of work: _____ Phone number: _____
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Which church do you attend? \_\_\_\_\_

Denomination: \_\_\_\_\_ Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

### Sibling(s):

Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

### Other adults at home or pets:

\_\_\_\_\_

The teacher will not release your child to an unauthorized person unless you provide us with written permission prior to the event. Therefore, could you please provide the centre with at least two emergency contacts, persons who are authorized to drop off and pick up your child. The staff has the right not to release a child to the person(s) listed, unless we feel he/she is capable of providing safe care.

### Emergency contacts:

NAME	RELATIONSHIP	HOME PHONE #	WORK PHONE #

## ABOUT YOUR CHILD'S HEALTH

Your child's immunization record must be included with the application before the latter will be processed.

Does your child have any medical or health concerns that the teacher should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain: \_\_\_\_\_

\_\_\_\_\_

Allergies: (i.e. food/drugs/insects/animals/medication): \_\_\_\_\_

\_\_\_\_\_

**BASIC IMMUNIZATION SCHEDULE - VANCOUVER ISLAND HEALTH AUTHORITY**

	1 <sup>ST</sup> VISIT @ 2 mo.	2 <sup>ND</sup> VISIT 2 mo. After 1st	3 <sup>RD</sup> VISIT 2 Mo. After 2 <sup>nd</sup>	4 <sup>TH</sup> VISIT 12 mo. Of age	5 <sup>TH</sup> VISIT 12 mo. After 3 <sup>rd</sup>	5 - 6 Years	GRADE 6	GRADE 9
INDICATE DATES IMMUNIZATIONS RECEIVED → →								
DIPHTHERIA	*	*	*		*	*		*
PERTUSSIS	*	*	*		*	*		
TETANUS	*	*	*		*	*		*
POLIOMYELITIS	*	*	*		*	*		
HIB <sub>1</sub>	*	*	*		*			
MEASLES, MUMPS, RUBELLA				*	*			
HEPATITIS B	* <sub>2</sub>	* <sub>2</sub>	* <sub>2</sub>				* <sub>3</sub>	
PNEUMOCOCCAL CONJUGATE	* <sub>4</sub>	* <sub>4</sub>	* <sub>4</sub>		* <sub>4</sub>			
MENINGOCOCCAL C CONJUGATE				* <sub>5</sub>			* <sub>6</sub>	
<b>1. Protects against Haemophilus Influenzae B which may cause meningitis.</b> <b>2. Hepatitis B immunization program for children born on or after Jan. 1, 2001.</b> <b>3. Grade 6 Hepatitis B for children who were not previously immunized.</b>				<b>4. Pneumococcal Conjugate for children born on or after July 1, 2002.</b> <b>5. Meningococcal C Conjugate for children born after July 1, 2002.</b> <b>6. Grade 6 Meningococcal C for children who were not previously immunized.</b>				

**YOU ARE RESPONSIBLE FOR KEEPING A RECORD OF YOUR CHILD'S IMMUNIZATIONS.**

Information supplied on this form is for the custody and control of the care facility collecting such information as required in the Child Care Licensing Regulation.

Please sign the following statement in the event that your child is not immunized.

I, \_\_\_\_\_, declare that my child, \_\_\_\_\_ is not immunized. I understand that should there be a suspected or confirmed outbreak of any of the above diseases, I have to remove my child from Pre-School until it is cleared by medical professionals.

Signature: \_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_

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In the event that your child needs emergency medical attention, the teacher will attempt to contact you or your emergency contact person. If the teacher fails to reach either one and your child has to be taken to an emergency clinic, we will do this by ambulance or taxi at your expense. We will continue to attempt to reach you or your emergency contact person. Please authorize us to take your child to an emergency clinic by signing the following statement:

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ authorize the staff at P.C.S. to take the child to an emergency clinic for medical attention when I or my emergency contact person cannot be reached.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# PERMISSION FORM

1. I hereby give permission for my child \_\_\_\_\_ to go on field trips arranged by the teacher. (I will be informed of any special fieldtrips)  yes  no

2. I hereby give permission to have pictures and/or videos taken of my child in the program setting for general record keeping and publicity purposes.  yes  no

3. On occasion, the Pre-School receives a request from other professionals from the community to observe the program. We attempt to do this with the least disturbance to the children's routine. Do you have any objections to having your child observed?  yes  no

4. At times the teacher is invited to participate in a case management meeting or has to confer with other professionals about your child. Please check the person(s) you will allow us to be in contact with:

Physician

Public Health Nurse

Social Worker

Supported Child Care Consultant

Speech and Language Therapist

Human Resources Worker

Physiotherapist

Occupational therapist

5. All information about you and your family which is provided to the P.C.S. Pre-School will be held in the strictest confidence by all involved in the programs within the school.

Signature: \_\_\_\_\_  
Parent/ Guardian

Date: \_\_\_\_\_

Name (please print) \_\_\_\_\_

## P.C.S. PRE-SCHOOL FEES

The fee per child for Pre-School is \$105.00 per month for two half-days a week (recommended for 3-year-olds), \$135.00 per month for three afternoons per week (recommended for 4-year olds). We require a batch of 10 post dated cheques for the first of each month, **payable to the V.C.E.S. Pre-school**. These cheques must be received by the Business Office prior to the commencement of pre-school.

Subsidies may be available from the B.C. Government. For more information please contact your nearest Human Resources Office. It remains the parent/guardian's responsibility for all accounts payable to the P.C.S. Business Office. **Any amount outstanding from the previous month will result in care being suspended until payment in full has been received.**

Please notify the P.C.S. Business Office if you foresee a delay in payment.

Parents/guardians are required to give a minimum of **one school month's notice** of a child's withdrawal from the Pre-School. In lieu of one month's notice the parents/ guardians will be charged one month's fee when due notice is not given. **Failure to notify us before June 1 that your child is not returning in September will result in a charge for September fees.**

David Bolink  
Director of Operations

# **POLICY FOR THE RELEASE OF A CHILD FROM THE P.C.S. PRESCHOOL**

**1. Late Pick Up**

If a guardian has not picked up a child or called by 3:15 p.m., the caregivers will try to contact the family and then alternative person(s) from the authorized pick up list. If that person is unavailable and the parent has not contacted the caregiver by 4:45 p.m., the caregiver is required to notify the Ministry for Children and Families. A late fee of \$5.00 will be charged. If late pick up is an ongoing problem and reasonable effort has been made to solve it, then notice of termination of services may be given.

**2. Unauthorized Pick Up**

If someone else will be picking up the child, the guardian is required to notify the caregiver in writing, or verbally, and have the designated person sign the sign-out sheet. If the person picking up the child is not known to the caregiver, information about the person will need to be provided (name, phone number, and physical description). The person will be asked to show photo identification. If an unauthorized person arrives to pick up a child, the child will remain under the supervision of the caregiver. The caregiver will speak to the individual and explain the policy that no child will be released without written authorization from the guardian and the caregiver will phone the parent/guardian. If difficulties arise, all reasonable efforts will be made to ensure the safety of the child and other children. If necessary, the police will be called for assistance.

**3. Alleged Impaired Pick Up**

It is the caregiver's responsibility, to the extent that it is possible, not to release a child to an authorized person who is unable to adequately care for a child. If the caregiver believes that a child will be at risk, the caregiver will offer to call a second contact to pick up the person and the child, or offer to call a cab to pick them up. If the person is driving a vehicle, the caregiver will explain that driving while under the influence of drugs or alcohol is against the law and the caregiver is obligated to ensure the safety and well-being of the child. If the presumed impaired person chooses to get in the car with or without the child, the caregiver will immediately notify the police and provide a description of the car and the geographic vicinity. If the caregiver believes that the child is in need of protection, the caregiver will call the Ministry for Children and Families. The caregiver will file an Internal Incident Report when alcohol/drug use is suspected.

**4. Custody and Related Court Orders**

If a custody or court order exists, a copy of the order needs to be placed in the child's file. The guardian is responsible for providing accurate and up to date information concerning the legal guardianship of the child. Without a custody or court order on file, the caregiver cannot deny access to the non-enrolling parent. If the non-enrolling parent is not listed on the authorized pick-up list, the policy on authorized persons will be implemented. The guardian will provide all consents.

# AGREEMENT

**PLEASE SIGN THE FOLLOWING STATEMENT:**

I, \_\_\_\_\_, the legal parent/guardian of  
\_\_\_\_\_, declare that I have read, understood and  
agree with the P.C.S. Pre-School's policies and procedures.

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

Name (please print) \_\_\_\_\_

**----- for office use only -----**

- |    |                                   |  |
|----|-----------------------------------|--|
| 1. | Parent Information Seminar (date) | _____  |
| 2. | Application received (date)       | _____  |
| 3. | Registration fee received (date)  | _____  |
| 4. | Preferred start date              | _____  |
| 5. | Wait list                         | <input type="checkbox"/> yes <input type="checkbox"/> no |