

FREE

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 , 2019 to March 31 st , 2020		
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@childhoodconnections.ca) 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 CCS 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@childhoodconnections.ca (Attention: **Cindy**)
This paragraph is subject to final approval through the Childhood Connections Society before being posted.

OFFICE USE ONLY

FORMS REC'D(M/b/y) _____ BY: _____ ~ MEMBERSHIP PROCESS COMPLETED _____ BY: _____

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

Display email address on referrals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Accepting Child Care Referrals	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Accommodation for special needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> 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	_____	_____	_____

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"/> Persian
<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Located in School	<input type="checkbox"/> German
<input type="checkbox"/> Waldorf	<input type="checkbox"/> Wheelchair Accessible	<input type="checkbox"/> Punjabi
<input type="checkbox"/> Reggio Emilia	<input type="checkbox"/> Acreage/Farm	<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: _____

List additional Child Care related workshop/training taken in the last year

CHILD CARE RESOURCE AND REFERRAL PROGRAM (CCRR)

Toy Lending and Resource Library Loan Contract

Childhood Connections Okanagan Family & Childcare 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 Childhood Connections Okanagan Family & Childcare 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 may be \$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 may 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 ____

Add anyone below, other than the member, who will be borrowing on your behalf. If you want to add or delete names throughout the membership year please contact the CCRR office.

Print First and Last Name	Email	Relationship to you

I will not be using the toy & resource lending library.

Membership Acknowledgement and Consent

Membership Acknowledgement and Consent

I/We hereby apply to become a Member of Childhood Connections Okanagan Family & Child Care Society (CCS) subject to the Constitution and By-Laws of the Society. The member agrees to take sole responsibility for any item borrowed from the Toy & Book Loan Library. The member agrees to pay for the replacement cost of lost or damaged items. The member has read and understood the guidelines, regarding the use of materials borrowed from the Toy and Book Loan Library. CCRR/CCS is not responsible for injury to person or damage to property that may arise through use of materials borrowed from the program.

I, the member, **give consent** for your Child Care Referral information to be shared via: Face to Face, Telephone Email, Written Material, Website

To ensure that Childhood Connections Okanagan Family & Childcare 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 to Childhood Connections Okanagan Family & Childcare Society to continue sending emails to update on Workshops, Training, Newsletters, and Resources

OR

I withdraw my consent and want to be removed from the email list.

Signature

Date Signed

Effective April 1st, 2020

Family Child Care Members

Registered License Not Required (completed process with CCRR) and Licensed Family (holds 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

Parents/Community

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

Buisness/Agency

Non-Profit, Community Committee, Business

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