



**CORNERSTONE CHILDREN'S CENTRE**  
 611 Fifth Street, Nelson, BC, V1L 2X1  
 250-352-9910  
[sacnelsondaycare@gmail.com](mailto:sacnelsondaycare@gmail.com)

### PARENT/CAREGIVER AGREEMENT

Cornerstone Children's Centre agrees to provide care for \_\_\_\_\_  
(child/ren)  
 in a professional, competent, and nurturing manner.

We have provided Parents and/or Guardians with a copy of our **Parent Handbook** which includes our **Philosophy, Guidance, Emergency** and other **Policies and Procedures**.

Cornerstone agrees to maintain strict confidentiality of information regarding to the care and education of all children and regarding their families. Concerns and/or questions that may arise will be addressed directly with parents in private and at an appropriate time.

I have read, understand, and accept Cornerstone's Statement of Philosophy, Guidance, Emergency and other Procedures and Procedures. \_\_ (initial)

I am aware of the **Parent Involvement** aspect of Cornerstone's Program as outlined in the Parent Handbook and I am willing to accept my share of these responsibilities \_\_\_\_ (initial)

I give permission for our names, our child(ren)'s names and primary phone number to be published and shared with other families at Cornerstone. Yes \_\_\_\_ No \_\_\_\_

#### **ILLNESS / EMERGENCY**

- **I will not send my child(ren)** to Cornerstone Children's Centre if he/she is ill, and I will notify the Centre if my child(ren) has come in contact with a communicable disease. \_\_ (initial)
- I understand Cornerstone's **Medical Emergency Procedures** and I authorize Cornerstone to contact a physician or ambulance if I, the parent, or guardian cannot be reached immediately. \_\_\_\_ (initial)
- I will accept responsibility for any ambulance expenses. \_\_\_\_\_ (initial)
- I will provide Cornerstone staff with the "**Consent to Administer Medication**" (when applicable) I will ensure that the form is filled out and signed, as I am aware that Cornerstone staff cannot administer medication to my child without my written permission. \_\_\_\_\_ (initial)

#### **TERMINATION OF SERVICES:**

- I have read, understand, and accept Cornerstone's Termination of service. \_\_\_\_\_ (Initial)

**FIELD TRIPS - September 1<sup>st</sup> to June 30<sup>th</sup>**

- I give permission for my child to participate in spontaneous walking trips within a 7-block radius of Hume School.\_\_\_\_(initial) *This includes Rotary Lakeside Park.*
- I have been informed that except for the above-mentioned activity, a separate consent form will be issued, and Cornerstone will give notice of pre-planned field trips, outings and activities. A separate Field Trip permission form will be required for Summer Care.\_\_\_\_\_(initial)

**PHOTOGRAPHS**

- I understand that my child’s picture must be taken and kept with the emergency consent cards, as per Licensing regulations, and that this information will be taken by a staff member on all outings and fieldtrips.\_(initial)
- I give permission for my child(ren)'s photograph to be taken and used for general advertising on our website, Facebook, Instagram page and shared in our ‘visual learning’ displays.\_(initial)

**FEES & ABSENCES**

- I have received a copy of Cornerstone’s **Fee Schedule** and agree to the terms of payments in advance and in full at the beginning of each month or within one week of being invoiced.\_\_\_\_\_(initial).
- In the event of my child(ren)'s absence due to illness, play dates or weather, I understand I am still responsible for full payment unless 2 weeks advance notice is given.\_\_\_\_\_(initial)
  - Parents are asked to inform Cornerstone if their child will be absent from their scheduled day due to illness, etc., as a common courtesy to staff and other families.
- If there is a delay by parents picking up child(ren) after the agreed time of 5:15 PM, a late charge of \$10.00 per 5 minutes increment or part thereof will be charged.\_\_\_\_\_(initial)
- **I agree to give thirty (30) days written notice when my child(ren) is being withdrawn** from our programs. An agreed upon fee of ONE MONTH’S FEE may be submitted in lieu of notice.  
\_\_\_\_\_(initial)
- **Cornerstone agrees to hold your child’s space for a maximum of 2 weeks per year provided we have been given a minimum 2 weeks written notice.** Please note that this includes, but is not limited to, absences due to vacations/holidays.\_\_\_\_\_(initial) *This does not include Christmas, Spring Break and/or Summer Care, as these times are booked separately.*

Cornerstone Children's Centre is open on school PRO-D Days; but we are closed for all statutory holidays, including Easter Monday. We are also closed if the School District closes the schools for a ‘snow day’. Full day childcare may be available during Spring and Summer break if pre-booked.\_\_\_\_\_(initial)

SIGNED \_\_\_\_\_  
(Parent/Guardian)

DATE \_\_\_\_\_

SIGNED \_\_\_\_\_  
(Cornerstone)

DATE \_\_\_\_\_