NEW DIMENSIONS CHILD CARE

“AN ENRICHMENT CENTRE FOR ALL CHILDREN”



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**Hours of Operation**

Operating Time: 7:30am-5:30pm

The following days New Dimensions Child Care Centre will be closed during the year.

• New Year's Day

• Good Friday

• Victoria Day

• Canada Day

• Regatta Day (1st Wednesday in August)

• Labor Day

• Thanksgiving Monday

• Remembrance Day

• Christmas Day

• Boxing Day

**1**

**Curriculum**

**1st – Our Curriculum**   
We will be using Emergent Curriculum which bases its learning goals on the children's interests and needs.

**Our curriculum will have the following features:**  
**•**play-based learning in a developmentally appropriate environment  
•active, hands-on exploration  
•opportunities for the children to reflect on and re-create their experiences (representation)  
•displays and notes by the staff of how and what the children have been learning (documentation)  
•address the needs of the whole child, i.e., their physical, social, spiritual, emotional, language and cognitive development  
•provide opportunities for art, music, sensory, role-playing, construction, and cognitive play

•family involvement.

2nd – What we think is very important

There will be a strong emphasis on the arts in our educational programming.

“*A school without an arts program is… serving just a small part of each child’s full promise.”* Doug Goodkin

**2**

**Program Philosophy Statement**

We Believe that loving relationships nurtured in a stimulating and sensitive environment are essential for children to thrive socially, cognitively, emotionally, physically, and spiritually.

We Believe families and educators must join as partners. Respecting the importance of family ties and traditions strengthens the bond between home and child care Centre as each child's world expands.

We believe that children learn through play when they feel safe and are challenged in a developmentally appropriate environment.

We Believe that as Children grow in self-confidence and self-regulation, they are better able to communicate feelings in a positive way and to learn to accept responsibility for their actions.

We Believe an environment infused with the arts and planned physical activity benefits children in every aspect of their development.

**Our Centre Will:**

• Partner with families to create a loving well-rounded and supportive care experience for each child

• Celebrate and encourage Individual differences and development of each child which are nurtured in an environment where the importance of community is emphasized

• Provide opportunities for creativity, discovery and exploration through hands on involvement with materials, activities and equipment.

• Foster the development of a sympathetic interest in the world and the lives of others

• Encourage respect for the life others and curiosity about nature and its rhythms

• Explore and experience the concepts of beauty, goodness and the virtues through the arts

• Help Children realize they are an important part of creation, with a loving creator who sustains and

interacts with all the He has created

• Nurture awareness that one's actions have a direct and indirect effect on oneself and the community

• Provide carefully planned nutritional meals, snacks, and physical activity

**3**

**Illness Policy & Procedures**

If your child is sick on his/her day to attend the centre, please ensure that you contact the Centre that morning to enable us to prepare meals and staff to child ratios. If your child is too sick to play outside, then they are too sick to attend the centre. This rule must be followed as outlined in Childcare Regulations that a minimum of 45 minutes in morning and 45 minutes in the afternoon must be provided, and therefore we cannot accommodate indoor play for one child during day and maintain staff to child ratio.

If your child becomes ill during the day, you will be contacted to decide to pick up your child. If your child is feverish, we can provide a quiet place to relax and can also give over the counter tempera, Tylenol or Advil provided by parent/guardian, as outlined below from Childcare Regulations Act 9. (1) (f)

"shall administer an over-the-counter medication to a child only as directed by a physician, dentist or nurse practitioner, but a person providing care to a child in a child care service may administer fever-reducing medication to the child with the prior, written consent of the parent or guardian of the child;"

If your child needs prescription medication administered during the day, we will also need a written consent form completed prior to the staff administering the medication.

**4**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Emergency Contact and Medical Information for a Child** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | |  |  | | | | | M | F |
| Child’s Name | | |  | Date of Birth | | | | | Sex | |
|  | | |  |  | | | | | | |
| Parent’s/Guardian’s Name | | |  | Parent’s/Guardian’s Name | | | | | | |
|  |  |  |  |  | | |  |  | | |
| Home Phone |  | Work Phone/cell |  | Home Phone | | |  | Work Phone/cell | | |
|  | | |  |  | | | | | | |
| Address | | |  | Address | | | | | | |
|  | | |  |  | | | | | | |
| City, Postal Code | | |  | City, Postal Code | | | | | | |
|  | | |  |  | | | | | | |
| **Alternative Emergency Contacts** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | |  |  | | | | | | |
| Primary Emergency Contact | | |  | Secondary Emergency Contact | | | | | | |
|  |  |  |  |  | | |  |  | | |
| Home Phone |  | Work Phone/cell |  | Home Phone | | |  | Work Phone/cell | | |
|  | | |  |  | | | | | | |
| Address | | |  | Address | | | | | | |
|  | | |  |  | | | | | | |
| City, Postal Code | | |  | City, Postal Code | | | | | | |
|  | | |  |  | | | | | | |
| **Medical Information** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Hospital/Clinic Preference | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Physician’s Name | | | | |  | Phone Number | | | | |
|  | | | | | | | | | | |
| Allergies/Special Health Considerations | | | | | | | | | | |
|  | | | | | | | | | | |
| I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Parent’s/Guardian’s Signature | | | | |  | Date | | | | |
|  | | | | | | | | | | |

**\*\*Please provide a copy of your child’s Immunization Record\*\***

**5**

**Financial Agreement**

New Dimensions Child Care is a Non-Profit Organization, and thus, all funds collected will be applied to providing a high-quality child care and never for profit. To meet the high financial demands of providing quality child care, parents are responsible to pay childcare fees bi-weekly on Fridays. To ensure prompt and orderly payment of your childcare fees, we will be requesting that you provide your banking information (form attached) and New Dimensions will automatically withdraw your fees. We ask that you sign this agreement below to confirm that you are responsible to New Dimensions Child Care for any outstanding fees. New Dimensions Child Care will require a Two-Week written notice if discontinuing child care.

Parent Signature Date

Parent Signature Date

**6**

**Permission for Neighborhood Walk**

I give permission for staff of New Dimensions Child Care to take my child on a walk in Cowan Heights neighborhood while they are attending the Centre.

Parent Signature Date

Parent Signature Date

**7**

**Permission for Photographs**

I give permission for

Parent name

New Dimensions Child Care to allow staff to take photos of my child for

Child’s Name

documentations and for our private Facebook page for Parents.

parent signature Date

parent signature Date

**8**

**Parent/Guardian Policy Agreement**

I have read and agree with all policies and procedures in this registration package. I Understand New Dimensions Child Care will work with us as the parents/guardian of my children in their best interests.

Parent Signature Date

Parent Signature Date

Operators Signature Date

Start Date:

Finish Date:

**9**

**Emergency Contact List**

(to be kept in binder for Fire Drills or in case of Emergency)

Child’s Name: (Last) (first)

Parent Name:

Telephone: (w) © (h)

Address: E-Mail Address:

Parent Name:

Telephone: (w) © (h)

Address: E-Mail Address:

**Alternate Emergency Contacts**

Name: Relationship:

Telephone: (w) © (h)

Name: Relationship:

Telephone: (w) © (h)

Name: Relationship:

Telephone: (w) © (h)

Name: Relationship:

Telephone: (w) © (h)

**10**

**Appendix A**

**Fees**

Infant

(0-24 months) .................................................................................$44.00/Day

Toddler

(24-36 months) ...............................................................................$33.00/Day

Preschool

(36-69 months) ….............................................................................$30.00/day

School-Age......................................................................................$14.00/day  
(59-155 months)

Please note that all days the Centre is closed you will be responsible to pay. Since our rates are based on Government Subsidy rates and are already considerably lower that other Child Care Centre’s there will not be a lower rate for vacation times taken by parents during the year.

**11**



PAYORS PAD AGREEMENT

Personal Pre-Authorized Debit Plan

Authorization of the Payor to the Payee to Direct Debit an Account

December 2008

Instructions:

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Please sign the Terms and Conditions on the reverse of this document.
3. Return the completed form with a blank cheque marked "VOID" to the Payee at the address noted below
4. If you have any questions, please write or call the Payee.

PAYOR INFORMATION (Please type or print clearly)

|  |  |
| --- | --- |
| Payor Name(s): |  |
| Address. |  |
| Telephone: |  |
| Signature of Payor(s): | Date: |

PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION (Please type orprint clearly)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Branch Number | Institution # | Account Number |  | |
| Name of Financial Institution | |  |  | |
| Branch | |  |  | |
| Branch Address | |  |  | |
| City/Province | | |  | Postal Code |

PAYEE INFORMATION (Please type or print clearly)

|  |
| --- |
| Payee Name(s):  NEW DIMENSIONS CHILD CARE INC. |
| Address:  Number, Street/Avenue/Blvd/Crsc/ City/Province/Postal Code  SUITE 464, UNIT 50, ST. JOHN'S, NL AIE 5X7 |
| Telephone: 709-745-1995 Fax:  Email: [newdimensionschildcare@gmail.com](mailto:newdimensionschildcare@gmail.com) |

# PAYOR'S PAD AGREEMENT

Personal Pre-Authorized Debit Plan

Terms & Conditions

December 2008

1. In this Agreement, "l", "me" and "my" refers to each Account Holder who signs below.

2.I agree to participate in this Pre-Authorized Debit Plan for personal/household or consumer purposes. I authorize the Payee indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods or services (a "Personal PAD") on my account indicated on the reverse hereof (the "Account") at the financial institution indicated on the reverse hereof (the "Financial Institution").

I authorize the Financial Institution to honor and pay such debits.

This Agreement and my authorization are provided for the benefit of the Payee and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association.

I agree that any direction I may provide to draw a Personal PAD, and any Personal PAD drawn in accordance with this Agreement, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.

3.I may revoke or cancel this Agreement at any time upon notice being provided by me either in writing or orally. I acknowledge that in order to revoke or cancel the authorization provided in this Agreement, I must provide notice of revocation or cancellation to the Payee.

This Agreement applies only to the method of payment and I agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between me and the Payee.

The Payee shall use best efforts to cancel the PAD in the next business, billing or processing cycle but shall within not more than 30 days from the notice cease to issue any new PADs.

I understand that I may obtain a sample cancellation form, or further information my right to cancel a PAD Agreement, at my financial institution or at www.cdnpay.ca

4.I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of any Personal PAD.

5.I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Agreement to the Payee's financial institution and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.

Name of Account Holder

Name of Account Holder

**Permission for Photographs on our website**

I give permission for

Parent name

New Dimensions Child Care to allow staff to take photos of my child for

Child’s Name

documentations and viewing on our website @ [www.newdimensionschildcare.org](http://www.newdimensionschildcare.org)

parent signature Date

parent signature Date