



## **Many Shades Family Child Care**

([www.manyshadeskids.com](http://www.manyshadeskids.com))

My Philosophy is:

Not where your child has to be but where your  
child wants to be.

Michelle Macdonald  
3190 Pooley Rd Kelowna BC  
250-575-0570  
[manyshades@shaw.ca](mailto:manyshades@shaw.ca)

## **My Goals are to provide a safe, fun place that will enable all the children to:**

- ✓ Become independent, capable individuals with positive feelings about themselves and the world around them.
- ✓ Learn to give, share and receive affection.
- ✓ Develop the ability to interact positively with people outside their immediate families.
- ✓ Develop confidence and self-regulation skills in order to make sound decisions and judgments.
- ✓ To become aware that good health, hygiene, and nutrition are important for a healthy body and mind.

### **HOURS:**

My home is open for child care from 7:00a.m to 5:30p.m Monday through Friday. We will close for statutory holidays, with a Christmas break and a week break in the summer (with flexibility).

Our center is a nut free zone



## **Many Shades Parent/Caregiver Agreement form**

I hope that your child(ren) will feel comfortable in my home and that you will have peace of mind knowing that I am providing the best care that I can for your child. My child care service is available to you from Monday to Friday and is based on your estimated pick-up time daily. For the benefit of all involved, I ask that you are punctual when picking up your child. This allows me to provide the best service possible for your family, as well as keep my commitments to my own family.

The parent and caregiver must sign this consent before the child care arrangement can begin.

**This agreement is between:**

\_\_\_\_\_ **and** \_\_\_\_\_  
(Parents) (Caregiver)

For the care of:

\_\_\_\_\_  
(child(ren) names)

**I will undertake to provide responsible and nurturing care for the child(ren), named above, and I am prepared to discuss with the parents/caregivers any suggestions or concerns with regard to the program I am offering.**

## Guidance/Discipline Policy Statement:

Our goal is to provide a comfortable, safe, fun-loving atmosphere where we can create new beginnings and treasured memories with our children and families!

When difficulties arise I will encourage the children to talk to each other about their feelings and the particular circumstances that arise. I will focus my attention on shaping behavior rather than on the character of the child.

Children's behavior is influenced by: their health, environment, overall development, and the adults who care for them.

Some limits and /or rules I have established are:

- 1) Respect for the environment, each child's personal belongings, the equipment we use and all people.
- 2) Discipline/Guidance is a process that helps children to understand their feelings and express themselves appropriately, and encourages them to be sensitive and to cooperate with others.

The goal of my policy is for children to develop self-control, self-discipline, self-confidence and respect. Young children do not develop well when they are pressured, frightened, threatened or punished. Under no circumstances should a child be humiliated, degraded, neglected or deprived of any needs.

Thank you very much for choosing Many Shades Family Child Care. We look forward to caring for your child, and assisting them in their development.

## Health and Wellness Policy Statement:

In order to provide a safe, healthy environment for both children and staff please be advised of the following:

All parents must provide their child's immunization record, including notification if a child is not immunized. All parents are required to inform me within 24 hours if their child has been diagnosed with a serious illness or contagious disease of a communicable nature or if their child has been exposed to any of the above.

A list of illnesses to keep your child(ren) home :

- ✓ Chickenpox
- ✓ Diarrhea
- ✓ Impetigo
- ✓ Pinkeye
- ✓ Scabies
- ✓ Strep throat
- ✓ Fever
- ✓ Vomiting

If your child becomes ill while at my home, I will make them feel comfort and reassurance, then call you, the parent to please pick up the child(ren). If you the parent is unable to pick up I will call your emergency contacts if they can not pick up I will escort your child to the doctor if someone else could be with the rest of the children in my care. I require that a child be free of any symptoms or have a doctor's approval before returning to my home. I require that you as the parent fill out a medication administration form so I may give your child the medication they require. I am also required to inform the health officer with in

24 hours of it coming to my attention that a child has a communicable disease. If I become ill I will have a sub come in till I am better, and contact all parents if it is serious.

Some of the precautions we do daily at my home to help prevent spreading germs are:

- ✓ Lots of hand washing
- ✓ Cover cuts and scrapes
- ✓ Put any soiled clothes or vomited on garments directly into a washing machine and wash separate with hot water
- ✓ Wear gloves while dressing wounds
- ✓ Always clean toys and surface areas with proper cleaning solutions

Ultimately the health and well-being of the child is the parent's responsibility how ever while in my care I will take full responsibility...

\* If you have any questions or concerns feel free to let me know...

**Illness/Allergies and medical conditions:**

Please list any thing that may be of any importance including medications and actions if a situation may occur.

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You the parent are to provide lunch and any special snacks your child may need, I will provide two healthy snacks for your child(ren).

Please send healthy choices as good health and nutrition are important to teach our children.

**Immunization records:**

Diphtheris \_\_\_\_\_ Tetanus \_\_\_\_\_ Rubella \_\_\_\_\_  
(German Measles)

\_\_\_\_\_

\_\_\_\_\_ Rubella \_\_\_\_\_  
(Red Measles)

\_\_\_\_\_ Pertussis \_\_\_\_\_ Poliomyelitis \_\_\_\_\_ Mumps \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HIB \_\_\_\_\_

Pente \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature of person providing information: \_\_\_\_\_

Date \_\_\_\_\_

Childs starting date \_\_\_\_\_



**Child Abuse: Policy Statement.**

It is my legal duty to report abuse or neglect. So I need you as a parent to understand if it is suggested or suspected any type of abuse I will contact family child services.

X

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(Parent signature)

**Date** \_\_\_\_\_

**Parent Pick up and drop off:**

Each child has a list of people who will be dropping them off as well as a list of who is allowed to pick them up. Under no circumstances will some one not on the list be allowed to pick up.

X \_\_\_\_\_

If the person picking up the child(ren) seems to be INCAPABLE  
Could mean: in shock, emotionally distraught, under the influence  
or intoxicated I will offer to phone someone else or a cab. I am  
sorry but I am looking out for the safety of the child(ren).

X \_\_\_\_\_

**Thank you for understanding the safety of the children comes first...**

## Fees and Policy:

The hours your child will be in care are from \_\_\_\_\_am

To \_\_\_\_\_pm, for the days \_\_\_\_\_

Please notify me immediately if the agreed times or days change.

Many Shades will be closed for the holidays on

\_\_\_\_\_.

In case of parents holidays, or any temporary absences of the child(ren) spaces can only be held if payment of the full monthly fee is paid in advance.

The child care fees are \$35.00 per day. Under four hours a fee of \$25.00.

Fees are due on the first of each month and payable in advance. There will be an increased charge to late payment of \$20.00 up to one week where I will be a discontinue child care until paid in full. There will also be a late pick up fee unless previously arranged of \$10 each 20 mins in addition I will call you the parent and then others on your pick up list. If I am unable to reach any one after a considerably long time I will contact child services.

Notice of withdrawal:

Both parents and caregiver agree that there will be a one month written notice if the child is to be withdrawn from the child care and if any reason there will be a full month fee in lieu of notice.

Probation period:

There will be a two month trial period if the child is unable to adapt or adjust or I am unable to give the appropriate care for the child there will be a one week notice for you to find alternate care. If at a later date a situation arises where the child needs to be removed from the center there will be a 2 week notice given with refund.

**Refund Policy:**

If you need to remove your child with out warning for good cause a full refund will be given.

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## Many Shades Registration Form

Name of child \_\_\_\_\_ sex M \_\_\_ F \_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
D.O.B \_\_\_\_\_ Date of enrollment \_\_\_\_\_  
Parent(s)/Guardian(s) \_\_\_\_\_  
Place of work \_\_\_\_\_ Phone \_\_\_\_\_  
Parent(s)/Guardian(s) \_\_\_\_\_  
Place of work \_\_\_\_\_ Phone \_\_\_\_\_

**Names and ages of other children living in the home:**

\_\_\_\_\_  
\_\_\_\_\_

**Alternative person to call in case of Emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_

**Person(s) authorized to pick up the child already including the parent(s)/Guardians (must include emergency contacts)**

1. \_\_\_\_\_ phone \_\_\_\_\_  
2. \_\_\_\_\_ phone \_\_\_\_\_  
3. \_\_\_\_\_ phone \_\_\_\_\_  
4. \_\_\_\_\_ phone \_\_\_\_\_

5. \_\_\_\_\_ phone \_\_\_\_\_

If there is a custody agreement please give documents and details.

Care card # \_\_\_\_\_

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

Dentist \_\_\_\_\_ Phone

**Closing date:**

\_\_\_\_\_

Signed \_\_\_\_\_

Dose the child have previous time away from home?

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Does the child have any known health problems?

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Does the child take special medications or on a special diet?

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Any allergies?

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Any vision or hearing problems?

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Eating habits and dislikes:

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School child attends, grade, teacher:

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Indicate any accidents, Illnesses or operations your child may have had with dates:

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**Drop off/ Pick up:**

As further noted previously in this package I have indicated that only the people on your pick up list will be able to pick up your child. Under no circumstances will a person be able to take your child from my care with out being pre arranged.

People allowed to pick up your child(ren)

Name and phone number# \_\_\_\_\_

Name and phone number# \_\_\_\_\_

Name and phone number# \_\_\_\_\_

Name and phone number# \_\_\_\_\_

Name and phone number# \_\_\_\_\_

Name and phone number# \_\_\_\_\_

I / We have read and understand as well as agree to all above, including the (guidance/discipline policy) and we are in agreement and will accompany the policies.

X \_\_\_\_\_

Thank you Michelle Macdonald and family.

## Many Shades policy on smoking and pets:

~ Smoking: Our home is a non-smoking environment there will be absolutely no smoking inside or on the premises, there is also no smoking in my vehicle. I ask that you do not throw any butts out on our property as well as do not come out of your car smoking for respect of others.



~ Pets: We have 2 cats who are part of our family, they love to give and receive affection as well as they have free range of the home and will be in contact with your child(ren)...



**(Chyna)**



**(Dusty)**

## Daily Plan:

Open 7:00 am Close 5:30 pm

Parents will bring child(ren) inside and sign them in, they will also let us know how the child(rens) night went and an estimated pick up time.

Through out the day we will have free play, structured play/activities, Arts and crafts, story time, outside play, scheduled snacks and lunch, and rest for the child(ren) who need it, As well as scheduled field trips with notice given.

The snacks that will be given to the children will be from the nutritional food guide and will all be nut free.

## **Emergency Preparedness and Procedures:**

If under any circumstances we need to evacuate my home our meeting place will be the K.L.O Market. I will call each parent or his or hers emergency contacts if any thing should occur.

Our home is prepared for power outages; we have flashlights, candles, lighters, a radio and batteries.

If any thing should happen to your child while in my care I will take the necessary steps as needed; call 911 or take the child to the ER my self, also the parent will be called immediately to be notified. If I can not reach you I will call next on your list.

## My fire escape plan:

1. Every one must stop what they are doing and find the closest exit.
2. If that exit is not safe go to another or find a window.
3. Every one is to meet at the garage.
4. We will do a name call to make sure every one is present.
5. If the fire department has not been called we will call now.
6. Then I will contact all parents to pick up their child(ren).

Our fire escape plan will be practiced once a month, and documented. Date, Time, and amount of people.

### ~Emergency Supplies~

- ~First aid kits
- ~Shelter
- ~Blankets and extra clothes
- ~Water at least 4liters per person
- ~Non-perishable foods and a manual can opener
- ~Essential medication and supplies
- ~Paper and pencil
- ~updated photos of everyone

### ~Personal evacuation packs~

Supplied by the parents

- ~Enough non-perishable food for 72 hours
- ~Small first aid kit
- ~Flash light and batteries
- ~Bottled water
- ~Family pictures
- ~Blanket
- ~Extra clothes
- ~Family names and phone numbers up-dated.

## Many Shades will be cleaned daily

~The toys will be washed weekly unless needed sooner

~ As soon as something is broken or needs attention it will be looked after immediately.

~All of our snacks will be healthy, if and when we do baking it will be healthy choices.

~The children and all staff will wash before and after meals and snacks. We will also wash after using the bathroom or changing diapers, all eating surfaces will also be washed before and after eating.