



## MEDICAL INFORMATION

Special instructions concerning care, medication, diet or custody: No \_\_\_ Yes \_\_\_  
 Attach Documentation

Any further information that would be of help to us in working with your child: \_\_\_\_\_

I, the undersigned, have read carefully the Parent's Agreement of the Cozy Corner Preschool and agree to follow it to the best of my ability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## HEALTH HISTORY

Has this child any known health problems or depressed immune system? YES ( ) NO ( )

If YES, please attach documentation.

List communicable diseases child has had: \_\_\_\_\_

Has he/she had any recent illness: YES ( ) NO ( )

If YES, list materials or products concerned: \_\_\_\_\_

What are the child's eating habits? \_\_\_\_\_

Favorite foods: \_\_\_\_\_

Strong dislikes: \_\_\_\_\_

### Basic Schedule and Record of Immunization as submitted by Parent or Guardian (ATTACH IMMUNIZATION RECORD OR RECORD THE DATES)

	Date (yy/mm/dd)
<p>1st visit - 2 months of age:</p> <p><input type="checkbox"/> Diphtheria _____</p> <p><input type="checkbox"/> Pertussis _____</p> <p><input type="checkbox"/> Tetanus _____</p> <p><input type="checkbox"/> Polio _____</p> <p><input type="checkbox"/> Haemophilus Influenae Type b (Hib) _____</p> <p><input type="checkbox"/> Hepatitis B _____</p> <p><input type="checkbox"/> Pneumococcal Conjugate _____</p>	Date (yy/mm/dd)
<p>2nd visit - 2 months after 1st visit:</p> <p><input type="checkbox"/> Diphtheria _____</p> <p><input type="checkbox"/> Pertussis _____</p> <p><input type="checkbox"/> Tetanus _____</p> <p><input type="checkbox"/> Polio _____</p> <p><input type="checkbox"/> Haemophilus Influenae Type b (Hib) _____</p> <p><input type="checkbox"/> Hepatitis B _____</p> <p><input type="checkbox"/> Pneumococcal Conjugate _____</p>	Date (yy/mm/dd)
<p>3rd visit - 2 months after 2nd visit:</p> <p><input type="checkbox"/> Diphtheria _____</p> <p><input type="checkbox"/> Pertussis _____</p> <p><input type="checkbox"/> Tetanus _____</p> <p><input type="checkbox"/> Polio _____</p> <p><input type="checkbox"/> Haemophilus Influenae Type b (Hib) _____</p> <p><input type="checkbox"/> Hepatitis B _____</p> <p><input type="checkbox"/> Pneumococcal Conjugate _____</p>	Date (yy/mm/dd)
<p>4th visit - 12 months of age:</p> <p><input type="checkbox"/> Measles _____</p> <p><input type="checkbox"/> Mumps _____</p> <p><input type="checkbox"/> Rubella _____</p> <p><input type="checkbox"/> Meningococcal C Conjugate _____</p>	Date (yy/mm/dd)
<p>5th visit - 12 months after 3rd visit:</p> <p><input type="checkbox"/> Diphtheria _____</p> <p><input type="checkbox"/> Pertussis _____</p> <p><input type="checkbox"/> Tetanus _____</p> <p><input type="checkbox"/> Polio _____</p> <p><input type="checkbox"/> Haemophilus Influenae Type b (Hib) _____</p> <p><input type="checkbox"/> Hepatitis B _____</p> <p><input type="checkbox"/> Measles, Mumps, Rubella _____</p> <p><input type="checkbox"/> Pneumococcal Conjugate _____</p>	Date (yy/mm/dd)
<p>4 - 6 years of age:</p> <p><input type="checkbox"/> Diphtheria _____</p> <p><input type="checkbox"/> Pertussis _____</p> <p><input type="checkbox"/> Tetanus _____</p> <p><input type="checkbox"/> Polio _____</p> <p>• Pneumococcal Conjugate - Babies born on or after July 1, 2003</p> <p>• Meningococcal C Conjugate - Babies born on or after July 1, 2002</p> <p>Other Immunizations:</p> <p>_____</p> <p>_____</p> <p>_____</p>	Date (yy/mm/dd)



**Courtenay  
Recreation**

**Parental/Guardian Consent Form  
Courtenay Recreation**

**If your child has any medical or other conditions that may affect your child's participation in a City of Courtenay program, please contact the applicable Centre one week prior to the start of the program so that appropriate arrangements can be made.**

To: The City of Courtenay (the "City")

Re.: \_\_\_\_\_ (the "Program")  
(Insert name of program)

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I consent to \_\_\_\_\_ participation in Courtenay Recreation's Programs. I am aware that there are risks associated with participation in the Program, including the risk of injury and risk of contracting communicable disease, and I consent to \_\_\_\_\_ participation in spite of and with full understanding and acknowledgment of such risks.

I acknowledge that it is my responsibility to advise the City of any medical or other conditions which may affect my child's participation in the Program and will provide any medical conditions, medications or allergies to Courtenay Recreation Staff upon registration.

In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency Centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.

**I have read this Parental/Guardian Consent Form and understand and accept its terms.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (please print)

Join the Fun!



**Monday, Wednesday  
& Friday**

8:30 am - 12:00 pm  
or 12:30 - 4:00 pm

**Tuesday & Thursday**

8:30 am - 12:00 pm  
or 12:30 - 4:00 pm

Please respect and stay within  
these time limits.

**Monthly Fees**

**M/W/F**

\$185/3 days per week

**T/TH**

\$125/2 days per week

\$50 annual registration  
fee (*\$25 will be applied to  
the first month's fees*)

Courtenay Recreation • Lewis Centre  
489 Old Island Highway  
**250-338-5371**



**GOZY CORNER**

**COZY CORNER**

Licensed Preschool

Caregiver Handbook

Ages  
3 - 5 years



**Courtenay  
Recreation**

250-338-5371  
[courtenay.ca/cozycorner](http://courtenay.ca/cozycorner)



# Welcome to Cozy Corner Preschool

Cozy Corner Preschool is located at the Courtenay Lewis Centre, 489 Island Hwy Courtenay, BC.

We offer three-and-a-half-hour morning and afternoon programs, for 3 – 5-year-olds. We are licensed for 20 spaces & have a 10-1 child to educator ratio. Our program is staffed with three qualified Early Childhood Educators (ECE).

## Cozy Corner Philosophy

Our goal is to work in partnership with families to support their child(ren) on enhancing their social, emotional, physical, intellectual and language development. We believe children learn best through play and our goal is to provide an atmosphere for positive social interactions for all children. Our fully qualified Early Childhood Educators offer inclusive experiences in a safe, nurturing environment that centre around individual learning & development.

## Inclusion Philosophy

Inclusion is a mindset that embraces and values diversity in children and families. At Cozy Corner Preschool the staff work to ensure everyone feels a sense of belonging, and has the opportunity to participate to reach their full potential. The staff believe in the importance of bringing children of all abilities together and see diversity as an asset in the program. Our programs are flexible and adaptable to the needs of every individual child and family.

## Hours of Operation:

Monday, Wednesday & Friday  
8:30 am – 12:00 pm or 12:30 – 4:00pm  
Tuesday & Thursday  
8:30 am – 12:00 pm or 12:30 – 4:00pm

## Fees:

M/W/F \$185 or T/TH \$125

## Changes in Enrollment:

We require two weeks' notice in writing, if you decide to withdraw your child from Cozy Corner Preschool. In lieu of notice, two weeks payment is required.

## Guiding Strategies:

Our discipline methods are guiding and preventing. They promote a positive atmosphere and maximize opportunities for desirable behavior. *Depending on a child's age and level of development, different strategies are used.*

1. We establish clear, consistent and simple limits. Our limits are related to the safety and protection of the children, and to the care and respect for the environment. They are few but are consistently enforced and within the child's ability to understand.
2. We state limits in a positive way. Positive statements reinforce for children what is appropriate and helps decrease responses of defensiveness or resistance.
3. In order to offer positive guidance for learning, "I" phrases are used and the focus is placed on the desired behaviour rather than on the negative.
4. We offer appropriate choices to clarify expectations or reinforce limits.
6. When there is not a choice a clear statement is made of what is expected.
7. When a child has difficulty with transitions, to decrease the child's anxiety and to help the child prepare for change enough time is given to let the child respond.
8. We use positive reinforcement to help the children build self-confidence and to repeat the desired behaviour. Again, the focus is placed on the behaviour rather than the child.
9. As long as children's activities are not infringing on the rights of others, minor incidents are ignored, like a certain amount of noise, clutter and attention-seeking behaviour.

## Toilet Learning:

The term "toilet learning" is used because it is important to follow a child's cues. It is also important to accept that every child is different and will use the toilet when they are ready. We support and respect each child's individual needs.

As part of our routine, each child will have regular bathroom visits to help promote positive toilet learning. We ask that every child bring extra underwear/ pull-ups and a change of clothing.

## Active Play Policy:

Cozy Corner Preschool places importance on promoting physical activity and an active lifestyle. Children will participate in gross motor activities on a daily basis within the class or outside (space/ weather permitting). Families are asked to provide weather appropriate clothing (such as puddle pants, jackets, and boots) to each class.

## Holidays:

The Preschool is closed for statutory and public school holidays and one week only during Spring Break. We are open on public school professional days but are closed for Preschool designated professional days. You will be advised in advance of these dates. There are no refunds for these closures.

## Weather Policy/Closures:

The Preschool will be closed when the School District (SD 71) cancels school due to weather related issues. Lewis Centre reception staff will phone families in the morning when there is a closure or parents can check the City of Courtenay website or social media.

When unforeseen climate conditions dictate the Lewis facility and the Preschool be closed to the public, refunds will not be issued. It is useful to follow City of Courtenay and SD71 on social media as it will be posted there as well as SD 71 website.

## Absence:

In case of absence, a phone call or email is appreciated. There are no refunds for absences.

**Phone:** 250-338-5371

**Email:** rchurchill@courtenay.ca

## Drop off and Pick up:

Drop off is at 8:30 am or 12:30 pm - Please line up along the fence outside sliding glass door. Your child will independently enter the classroom, hang up their backpacks and coat, and wash their hands. We encourage families to say their good-bye prior to entering so your child can join their peers in the classroom activities. Your child will be signed in and out by the staff each day. Please let us know if you would like to make alternate arrangements.

Pick up is at 12:00 pm or 4:00 pm - Please line up along the fence outside the sliding glass door. Staff will release your child, one at a time, as they see their guardian.

If anyone is picking up a child other than the authorized parent/ guardians, their name must be entered on the Registration Form in the section: *Persons authorized to call for the child and contact in emergency*. Staff will ask for proof of identification (photo ID) from any individual picking up that the staff does not already know.

## Keep in mind these things for a successful drop off:

- Develop a good-bye routine that is consistent.  
Example: say goodbye and avoid repeat goodbyes.  
Be confident this helps in communicating to your child they are with trusted big people
- Having anxiety and tears at drop off are normal. We will help your children move through these feelings, an important part of learning
- We are here to help you and your child
- You are the expert, so please share any information that you feel would be helpful

## Medication Procedure:

Staff will only administer prescription medication if it is provided in its original package and displays the following information:

- the child's name
- the physician's name
- amount to be administered
- time to be administered

Medication will only be administered as per the dosage shown on the label. Medication will be stored in a locked box, then placed in the cupboard. A medication form must be filled out by a guardian.

Please do not keep prescription medication in your child's belongings. For safety reason the staff will store the medication in a locked box.

## Snacks:

Each family is responsible for bringing their own snack/ lunch. Good nutrition is essential for the healthy growth and development of children. The pace is leisurely and children can take their time to enjoy the food and socialize with friends. **PLEASE notify staff if your child has any sensitives or allergies.**



## Wellness/Illness Policy:

It is important to take preventative measures to maintain the good health and wellbeing of your child. The following is encouraged:

- Proper handwashing
- Nutritious food
- Proper personal grooming habits
- Keeping the environment clean

Here are the health standards that we follow (a) when a person must be excluded; and (b) when a person may return.

An underarm temperature of 100 degrees F (37.8 degrees C) or higher, or an oral/ear temperature of 101 degrees F (38.3 degrees C) or higher; Underarm temperature has remained below 100 degrees F for twenty-four hours without medication.

- **Diarrhea:** The child must not attend until he/she has had twenty-four hours since the last episode; or has been examined by a doctor and received written medical clearance.

- **Vomiting:** The child must not attend the preschool until twenty-four hours have passed since last bout of vomiting and no other signs of illness is present.

- **Acute cold or flu-like symptoms with coughing, atypical runny, coloured discharge from nose or eyes and/or sore throat:**

Symptoms have subsided and/or child has been examined by a doctor and has received written medical clearance.

- **Has been on antibiotics for less than twenty-four hours:**

After a minimum of twenty-four hours has passed, depending on the condition

- **Skin infection, undiagnosed rash, eye infection, or any signs of contagious disease:**

Child has been examined by a doctor or public health nurse and has been properly treated and has received written medical clearance.

- **Any parasite-related condition (such as scabies):**

Children who are unwell may not participate in the preschool programs.

If a child becomes ill while at the preschool, a parent or guardian is contacted and requested to pick up the child as soon as possible. If a parent/guardian cannot be reached, the emergency contact person is called.

Parents/guardians are required to inform the preschool within twenty-four hours of a diagnosis of serious illness or contagious disease in the family or in the people that the family has been in contact with. The preschool is required to inform families and the Medical Health Office of reportable communicable diseases within the preschool (including staff or the families it serves).