

2021/22 COTI REGISTRATION



Phone: (778) 265-Kids
109-1830 Island Hwy
Victoria, BC
V9B 1J2

WELCOME to Children of the Island Childcare Centre Inc., Hours of operation are 7 am to 5 pm.

Group child care Birth to 36 months - Infant and Toddler Program

	Monthly Fee	Fee Reduction CCFRI Funding	Parent Fee
Full time	\$1,705.00	-\$350.00	\$1,355.00

Fees include hot nutritious lunch and 2 healthy snacks daily. Note: part-time option not available in our Infant/Toddler program

Group childcare 30 months to 36 months – Group childcare (30 months to 5yr) – Preschool Curriculum

Please note that children aged between 30 months and 36 months that have graduated into the group 30 months to 5 year program are eligible for part time service.

	Monthly Fee	Fee Reduction CCFRI Funding	Parent Fee
Full time	\$1,705.00	-\$350.00	\$1,355.00
4 days/week	\$1,450.00	-\$280.00	\$1,170.00
3 days/week	\$1,110.00	-\$210.00	\$900.00
2 days/week	\$765.00	-\$140.00	\$625.00

Fees include hot nutritious lunch and 2 healthy snacks daily.

Group childcare 36 months to 5 yrs. old – Preschool Curriculum

	Monthly Fee	Fee Reduction CCFRI Funding	Parent Fee
Full time	\$1,230.00	-\$100.00	\$1,130.00
4 days/week	\$1045.00	-\$80.00	\$965.00
3 days/week	\$800.00	-\$60.00	\$740.00
2 days/week	\$555.00	-\$40.00	\$515.00

Fees include hot nutritious lunch and 2 healthy snacks daily.

All programs require a \$150 non refundable enrolment fee at time of registration.

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Registration of your child requires:

- Completing a registration form and emergency card.
- \$150 non-refundable enrolment fee
- If you receive or will be applying for childcare subsidy, your application must be approved prior to starting at the Centre unless parents agree to pay the regular fee
- Copy of custody restriction (if applicable)
- Immunization record
- Recent photo of your child
- Only monthly pre-authorized debit, post-dated cheques or e-transfers will be accepted, please send e-transfers to Richard@childrenoftheisland.com please reference your child's name

Registration is not complete, and care will not commence until all required documents and fees are received and completed.

CHILDREN OF THE ISLAND IS MOVING! Moving day is tentatively set to be January or February 2022

Children of the Island is also proud to announce we are building a new purpose-built and designed childcare Centre in Langford. This new state of the art centre will accommodate 4 classrooms of 12 infant/toddlers for a total of 48 spots making us one of the largest infant toddler providers on the South Island. Our facility also includes 6 classrooms of 25 children aged 30 months to 5 yrs. old in our beautifully appointed Preschool learning program.

Located within the South Point development adjacent to the new North Langford Elementary School project. Our new site is surrounded by beautiful, forested areas and trails with picturesque views of the Juan de Fuca straight and Olympic Mountains. Project completion is estimated to be January/February 2022 at which time we will be closing our current location in Colwood.

Every section of this centre has been methodically thought out and planned to engage children in a learn through play nature inspired environment. The centre includes a full size indoor/outdoor gymnasium with rock climbing wall, large fully equipped licensed kitchen, infirmary, and elevator providing full accessibility. Each classroom decor will be inspired by our beautiful island landscapes with large panoramic windows allowing for lots of natural light. All our indoor and outdoor spaces will promote learning and growth in a safe and engaging environment.

We look forward to welcoming our current families and future families to our new location. Please stay tuned for more detailed information, pictures and updates during construction. You can also visit our website at www.childrenoftheisland.com

Google maps coordinates for our new location: 48°27'33.3"N 123°31'34.9"W

Address is 2620 Mica Place, Langford, BC

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Registration Form

Date of Enrolment: _____ Type of care Program: _____

Name of Child: _____ Birthdate: ____/____/____ Sex: M __ F __
yy mm dd

Full name of Parent(s)/Guardian:

1. _____ Email: _____

2. _____ Email: _____

Address:

1. _____

2. _____

Phone #: HOME: 1. (____) _____ - _____ WORK: 1. (____) _____ - _____

2. (____) _____ - _____ 2. (____) _____ - _____

Place of work: 1. _____

2. _____

Care Card Number: _____

Family Doctor: _____

Phone Number: _____

Names of other children in family:

Birthdate:

_____ (/ /)(yy / mm / dd

_____ (/ /)(yy / mm / dd)

PERSONS AUTHORIZED TO CONTACT IN EMERGENCY

1. _____ (____) _____ - _____

2. _____ (____) _____ - _____

3. _____ (____) _____ - _____
Name Phone #

PERSONS AUTHORIZED TO PICK UP THE CHILD

1. _____ (____) _____ - _____

2. _____ (____) _____ - _____

3. _____ (____) _____ - _____

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Person not permitted access to child: _____

Custody restrictions? NO YES If YES, please attach court order and state general conditions.

CHILD CARE INFORMATION

Has the child had previous experience away from home? NO YES If YES, explain:

Do you think your child feels comfortable leaving parents? NO YES If YES, explain:

What are the child's eating habits?

Favourite foods: _____

Strong dislikes: _____

HEALTH INFORMATION

Does your child regularly take medication? NO YES If YES, explain

Special instructions concerning Care, Medication, Diet:

Has this child had any known health problems or depressed immune system?

NO YES - If YES, attach documentation.

List communicable diseases child has had:

Has he/she had any recent illness? NO YES - If YES:

Any allergies? NO YES - **If YES, list ALLERGENS:

**Attach special instructions to follow in the event of an allergic reaction.

By my signature below I acknowledge the following:

I authorize Children of the Island Childcare Centre/Centre de Garde les Enfants de l'Île Inc. to obtain the following services for this child as necessary: Physician and/or Ambulance in the event of an emergency.

Date

Signature of Parent/Guardian

Signature of Child Care Provider

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PERMISSIONS AND CONSENT

Permission to Apply Skin Care Products

I hereby give permission for Children of the Island Childcare centre staff to apply sunscreen and/or (other skin cream) _____ to my child as necessary. Please state when it should be applied _____ (ie. 3 x day or if rash on bottom appears etc.)

Parent's Signature: _____ Date: _____

Regular Alternate/Substitute Childcare Provider Consent

I hereby give consent to Children of the Island Childcare Centre, to leave my child(ren) in the care of an alternate/substitute childcare provider as deemed appropriate or necessary. Reasonable effort will be made to ensure that both parents and children have had the opportunity to meet the alternate/substitute childcare provider in advance, except in emergency situations.

Parent's Signature: _____ Date: _____

Consent to Record Child's Image

I hereby give consent to Children of the Island Childcare Centre to have my child, _____ images recorded in various formats including but not limited to photographs, video, etc. I understand that these images may be used in the regular course of the childcare program. (displayed in the centre, used in the creation of arts and crafts projects, or contained in childcare related newsletters, bulletins or websites.)

Parent's Signature: _____ Date: _____

Field Trip/Outing Consent

I hereby give permission for Children of the Island Childcare Centre Staff, to take my child _____ for walks, field trips and/or away from the childcare facility as appropriate. These may or may not include using our passenger vans for transportation.

Parent's Signature: _____ Date _____

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PHOTO HERE

Emergency Information Card

Child name: _____ Age: _____ Birthday: _____

Hair Colour: _____ Eye colour: _____

Address: _____ Home phone: _____

Child reside with: Mother ___ Father ___ Both ___ Guardian ___

Mother's name _____ Cell/work # _____

Father's name _____ Cell/work # _____

Emergency Contact _____ Phone _____

Address _____

Child doctor _____ Phone _____

Child care card # _____ Allergies _____

Medical condition _____ Medication _____

Child dentist _____ Phone _____