



CITY OF  
**COURTENAY**  
Recreation

**REGISTRATION FORM**  
**Cozy Corner Preschool School**  
Courtenay Recreation Lewis Centre  
489 Old Island Highway V9N 3P5  
**250-338-5371**

**Recent Photo  
of Your Child**



Date of Enrollment: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_

• Tues/Thurs am • Tues/Thurs pm • Mon/Wed/Fri am • Mon/Wed/Fri pm

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_/ Sex: M\_\_F\_\_  
yy mm dd

Full name of Parent(s)/Guardian: 1 \_\_\_\_\_  
2 \_\_\_\_\_

Address: 1 \_\_\_\_\_  
2 \_\_\_\_\_

Telephone Numbers: Home: 1 \_\_\_\_\_ Call: 1 \_\_\_\_\_ Work 1 \_\_\_\_\_

2 \_\_\_\_\_ 2 \_\_\_\_\_ 2 \_\_\_\_\_

Email: 1 \_\_\_\_\_ 2 \_\_\_\_\_

Place of Work: 1 \_\_\_\_\_  
2 \_\_\_\_\_

Care Card Number: \_\_\_\_\_ Family Doctor: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

I authorize the caregiver 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 Caregiver

Persons authorized to call for the child and contact in emergency:

Name Relationship to Child Telephone Number

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

Name of anyone NOT permitted access to your child: \_\_\_\_\_

Names of other children in family: \_\_\_\_\_ Birthdate \_\_\_\_\_  
yy/mm/dd

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Allergies   
Sensitivities  (food and other): Please list.

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

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

## 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)	
<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> <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> <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>	<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> <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> <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                      * Meningococcal C Conjugate - Babies born on or after July 1, 2002</p> <p>Other Immunizations: _____</p> <p>_____</p> <p>_____</p>



CITY OF  
**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**

9:00 am - 1:00 pm

OR

**Tuesday & Thursday**

9:00 - 11:30 am

OR

1:00 - 3:30 pm

**Monthly Fees**

\$155 - 2 days/week

\$300 - 3 days/week

\$50 - non-refundable  
annual registration  
fee, \$25 will be  
applied to the first  
month's fees



CITY OF  
**COURTENAY**  
Recreation

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

**GOZY CORNER**

**COZY CORNER**

Licensed Preschool

Parent Information Handbook

Ages  
3-5 years



CITY OF  
**COURTENAY**  
Recreation

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

like us



# Welcome to Cozy Corner Preschool

Cozy Corner is a licensed preschool which provides care and learning to children aged 3 - 5 years of age. Our goal is to work in partnership with families to support their children on enhancing their child's 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 developmentally appropriate experiences in an environment of excellence.

**Snacks:** Provided by families each class. 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 sensitivities or allergies.

## Active Play Policy

Cozy Corner Preschool teachers feel it's important to promote physical activity and help promote an active lifestyle. Children will have access to gross motor activities within the class or outside (space/ weather permitting) each and every class using a variety of equipment. Families are asked to provide weather appropriate clothing (such as puddle pants, jackets and boots) to each class.

## Screen Time Policy

Screen time is not offered in the preschool at any time or in any form.

## Confidentiality/ Media

Cozy Corner Preschool requires parental/guardian permission for any images or videos being shared outside the classroom or on social media. Please respect the confidentiality of other children, families and staff. Share images and or information about your child/children only.

## Preschool 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.



## Parent Agreement

### Preschool Wellness/Illness Policy

- **Acute cold with coughing, atypical running, 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, its staff or the families it serves.

**For information regarding Cozy Corner's COVID - 19 Safety Plan, please go to: [courtenay.ca/cozycorner](http://courtenay.ca/cozycorner)**

**HOURS:** 9:00 am - 1:00 pm or 1:00 - 3:30 pm. Please respect and stay within these time limits.

**FEES:** The annual family registration fee is non-refundable. Fees for the month must be paid by the first of the month. In the case of non-payment one reminder will be given and if payment is not forthcoming by mid-month, you will be asked to withdraw your child. Fees are prorated over the program length, 10 months.

**WITHDRAWAL:** Two weeks notice of withdrawal is necessary. In lieu of notice, two weeks payment is required.

**ABSENCE:** In case of absence, a phone call is appreciated. There are no refunds for absence.

**ARRIVAL AND DEPARTURE:** An adult must deliver the child directly to a staff member and report to a staff member when calling for the child. If anyone is picking up a child other than the authorized parent, their name must be entered on the Registration Form in the section: *Persons authorized to call for the child and contact in emergency.*

**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.

**INFORMATION FROM HOME:** Please keep the staff informed of any event or change of routine at home which may affect your child's behaviour.



*Hands On Play*

## guiding strategies

**CLOTHING:** Dress your child in clothing suitable for outdoor play even though the weather may be inclement. When wearing boots, please provide a pair of shoes or sturdy slippers to change into for classroom wear. Some of our creative activities can be messy. Please send your child in play clothes so as not to inhibit his/her enjoyment.

**FIELD TRIPS:** During the year we may be going on field trips, either walking from the Preschool or travelling by car. All excursions will be carefully pre-planned and adequately supervised. Parents will be informed about them prior to it taking place. Parents will be asked to sign a consent form prior to a walking field trip. Parents will be asked to drive their own children on a field trip by car. Parents will be asked to assist in the supervision of these outings.

**WEATHER POLICY:** The Preschool will be closed when the School District cancels school due to weather-related issues. When unforeseen climatic conditions dictate the Lewis Centre facility and Preschool be closed to the public, refunds will not be issued.



**TOYS:** We ask that parents not allow their children to bring toys from home to Preschool. These toys are often hard to share and may become broken or lost.

**NOTE:** *In the Preschool, staff has the overall responsibility for the program, teaching methods, discipline and health and safety measures. If you have any questions about your child's progress or the programs of the Preschool, please feel free to direct them to staff.*

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.

***For information regarding Cozy Corner's COVID - 19 Safety Plan, please go to: [courtenay.ca/cozycorner](http://courtenay.ca/cozycorner)***