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# Mon Ecole/My School Child Care Inc. After Class -School Age Program





## Welcome to Mon École My School Child Care After Class

We would like to welcome you to Mon École My School Child Care After Class. We strongly believe in the youth of our future. Our goals are to give our students the highest quality of support to assist them in their personal development and growth. We support self-reward and achievement to encourage a solid base of development for youth to continue to grow from. For parents, it is very important for us to provide you with peace of mind knowing that your youth are safe, receiving the best care are in a learning environment fueled by encouragement and support. It is also important for us to accommodate your family by providing you with a welcoming environment suited to each individual family's schedules and needs.

Living in a rural area we provide such a wonderful experience for our growing, developing youth. Mon École My School Child Care has relocated the After Class Program to Ecole Notre-Dame where we can utilize the space to explore their interest, where they are surrounded by fresh air that is naturally relaxing, and where the kids can be kids.

We provide youth with opportunity to strengthen their imagination in the large outside play area where running, jumping, and climbing is a part of everyday development. Many children love playing games, creating obstacle courses, picnics, biking, gardening, snow shoeing, tobogganing, the list just goes on and this is the place where all of this comes to life.

Our facility is fully licensed by the Province of New Brunswick. We undergo regular inspection by our Fire, Health, and Department of Education and Early Childhood Development. We are a Francophone facility services offered are in French. Please let us know if you require your documentation in English and we will accommodate. We send our messages and newsletters in French and English to try to accommodate our bilingual community. Learning and documentation will be done in French only.

Our staff strive to be nurturing and kind. We are trained and educated to provide youth with guidance, encouragement, and opportunities. A minimum of fifty percent of the staff obtaining a degree in Early Childhood Education, or equivalent. First Aid/CPR,

a Criminal Record/Vulnerability Check, as well as a Social Development Check are required clearance. Each member of staff is carefully chosen and undergoes training and hands on learning prior to becoming a part of the MEMSCC team.

We want you, the parents to be part of your child's After Class program and our facility app ProCare, allows you access to documentation throughout your child's adventures here. ProCare supports direct communication between families, the facility, your child's educator. Children's attendance is documented and shared with parents on the app in real time.

We would like to encourage parents to let us know if there are any questions, concerns, or suggestions. We welcome your ideas, feedback, and encourage you to be a part of our program and even our parent committee. Your participation in our program is appreciated as each youth is so unique; we love to learn new and exciting information to grow with them.

Our consistent goal is to ensure that we are an exceptional afterschool program for your family!

Sincerely,

Melissa LeBlanc  
Owner and Directress

# Introduction

Mon Ecole / My School Child Care opened its doors in 2016 by Melissa and Luc LeBlanc. Luc is originally from Notre-dame and Melissa from Nova Scotia. Melissa fell in love with the area and she and Luc started their family here.

Over the past twenty plus years Melissa has worked with children and families which lead her to where she is now. With the love of children and the passion to create a place that supports and nurtures the abundance of ideas that children have, providing them with an inclusive environment, and an opportunity to explore and challenge their ideas was the guiding principles of the program.

Over the years our community has been growing and now we are excited to introduce our growing after-school program and its new location! We are certain that we now can meet our community needs and the unique needs of our youth.

Relocating to Ecole Notre-Dame provides us with the opportunity to grow our after-school program from 27 spaces to 60! Our philosophies and the policies will continue to guide us as these are what has built our program to what it is today.

It is important that families are comfortable with the environment and the educators who will be responsible for the youth and their well-being, and security. We encourage families to get to know our educators and staff. Your involvement provides a wonderful learning experience that is fueled by support and encouragement!

Let's work together to encourage our youth's thriving curiosity and build a future with them. A future that they can be proud of.





# Mon Ecole / My School

## Child Care After Class

### **Owned and Operated By:**

Melissa LeBlanc

Email: [memscc@hotmail.com](mailto:memscc@hotmail.com)

Phone: 506-345-0655

### **After Class Program**

#### **Location:**

École Notre-Dame

3860 Route 115

Notre-Dame, NB

E4V 2J2

#### **Main Office:**

Mon Ecole/My School

Child Care

3800 Route 115

Notre-Dame, NB

E4V 2H9

### **Early Learning Licensing Staff:**

Contact information for our ELC licensing staff is located on the “Parents Corner Board”. If you have questions concerns or complaints in regards to our programing or facility that you feel that needs to be escalated, please contact the ELC team.

# Hours of After Class Operation

## Mondays to Fridays

### **Regular Days:**

Mornings: 7:00 am to 8:00 am &

After Classes: 1:30 pm to 5:30 pm

### **CAP Day's:**

7:00 am to 8:00 am &

After Classes: 10:00 am to 5:30  
pm

### **Full Days:**

7:00 am to 5:30 pm

## Unexpected Closures

In the event Ecole Notre-Dame is closed due to:

Weather Conditions, Power Outage, or any other unpredictable event Mon Ecole / My School Child Care After Class Program will be closed as well.

## Fall / Summer Reset

Each year our classes are closed for a reset for two, one-week periods.

The first week that school classes are finished: Usually the end of June and

The week before school classes resume:

Usually the last week in August/Beginning of September.

Please note that there are no fees during the reset weeks.



## Holiday Closures

We will be closed during the following Holiday's:

**New Year's Day Labour Day**

**Family Day**

**Good Friday**

**Easter Monday**

**Victoria Day**

**Canada Day**

**New Brunswick Day**

**Remembrance Day**

**Thanksgiving Day**

**Christmas Eve**

**Christmas Day**

**Boxing Day**

**Truth and reconciliation day**

## Enrollment

When enrolling your youth there is an enrollment package that will be required to be completed prior to the start day.

Failure to provide all the necessary documentation and accurate information can result in a delay. Please ensure you have read and understood all the information provided for you in this package. If there are any questions you may have, please do not hesitate to inquire for further details.

## Immunization

You will be required to provide an up-to-date immunization record. If your child has not received any immunizations due to medical/personal reasons you will be required to provide an Immunization Exemption Form. This form can be found at [www.gnb.ca](http://www.gnb.ca) search "Immunization Exemption Form for Day Care". Public Health also can provide families with an email version of their child's most recent immunization by calling them at 506-856-2401.

## Communication

Open and consistent communication is important between the Parents and Educator's. We try to incorporate diverse ways to communicate to simplify this task and provide more opportunity. Confidentiality is also respected.

Ways to strengthen our communication:

- ProCare – our online application.

*Simply download onto your mobile device or tablet (you will be provided a code to sign in with). Instant messaging has been highly successful using ProCare and can be done at your own convenience. We are also able to send photos, videos, newsletters and so much more safely and securely.*

- Conversations during drop off and pick up times.
- Scheduled meeting(s) with the Directress and/or educator(s)
- Emails, phone calls
- Parent participation during field trips, and special events

Parent Committee – our parent committee meetings are done using “messenger” this allows for grouped conversations to be had and parents can add suggestions, comments, ideas and so much more. The best part of all you can message at any time of the day! We love this and we encourage those who can, please sign up! We love hearing from all of you and the commitment is at your own convenience.

## Developmental Information

Youth with diverse abilities have unique and important care requirements. It is important for families and providers to communicate about the unique needs of their child to ensure the best care possible. We hope that youth with and without additional needs as well as their families have a sense of belonging here. Having a positive social relationship will support the needs of families so we can reach the full potential of each child.

In addition, we have wonderful resources and communication with programs such as Inclusion New Brunswick, La Petite Enfance and others outside of our facility that can provide families with additional information and support that they may require or find beneficial to support their youth developmental needs.

## Complaint/Grievance Procedure

It is our goal to strive for the highest quality and excellence in our program. Therefore, any comments or suggestions are greatly appreciated. Input and feedback towards our program make us stronger, positive, or negative.

However, if you feel that there is an issue concerning our program or a staffing member, please follow the steps as listed:

If you are comfortable, please speak with your child's educator.

Allow follow ups from the educator to you.

If you are still not satisfied with the results of your concerns, please speak with the Director.

All comments or concerns are relayed to the Director, so that the Director is aware of the situation. If a complaint is made, the Director will listen carefully to all sides and will attempt to work with the parent(s) to rectify the situation.

We feel that communication is essential to the success of your youth's care. We must make sure that we can share openly any concerns or questions that may arise.

# Discharge

Childcare personnel are trained to address numerous issues that are common among youth. We will provide adequate supervision and intervention so that situations do not escalate beyond necessary. Occasionally situations arise that are out of the ordinary. This is a very unpleasant situation for both parents and staff. We will do our best to handle each issue accordingly.

Discharge procedures:

Educators and or Operating staff have:

- ◆ Observed and documented.
- ◆ Meet with parents/guardians to gather their input and plan the support required.
- ◆ Collaborate with relevant resources, such as: the Quality Assurance Monitor, Early Learning Consultant, and / or Inclusion Support Program staff.
- ◆ Participated in professional learning/training specific to the situation (challenging behaviours, etc.)
- ◆ Provided referrals to community resources and services.
- ◆ Other.

Examples of discharge intervention criteria would include:

- Biting, Hitting, kicking, pushing, and shoving over and above typical age behaviors.
- Bullying, Name Calling
- Inappropriate conversations that may imply threats or inappropriate actions.
- Rude and aggressive behavior.
- Consistent failure to follow facilities rules.

Discharge will also apply under the following circumstances:

- Failure to pay childcare fees at the agreed upon time. Parents will be given the opportunity to correct the payment issue and if it becomes an issue again, parents will be given notice of discharge.
- Failure on the parent's part to communicate all situations that may affect their child at the center.

# Child Abuse and Neglect

Child abuse and neglect is serious. Children have the right to live a life free from violence and have the same rights and freedoms as adults. Children are not responsible for the violence perpetrated against them. The protection and safety of children is everyone's concern. We are committed to protecting children and helping them grow. It is our legal obligation to report any suspected cases of abuse.

## Types of Child Abuse

Child abuse happens when somebody or a certain situation threatens the development, security, and survival of a child. According to the protocols in the "Child Victims of Abuse and Neglect" many forms of abuse are criminal in nature. Child abuse can include Sexual, Physical, Verbal abuse, Physical Neglect, and Emotional Maltreatment.

## Definitions

Sexual Abuse – any sexual act involving a child and a parent, caretaker, any person in a position of trust, or persons.

Physical Abuse – all actions resulting in non-accidental physical injury or harm.

Physical Neglect – acts of omission by the parent/guardian/caretaker. This includes failure to provide for the child's basic needs and appropriate level of care with respect to food, clothing, shelter, health, hygiene, and safety.

Emotional Maltreatment – both emotional abuse and emotional neglect of the child.

Verbal Abuse – battering which does not leave evidence and is often difficult to see because it doesn't leave visible scars. It involves name calling, yelling at, or ignoring, put downs, blaming, criticizing, belittling, insulting, rejecting, or threatening with abandonment.

## Reporting Child Abuse

The protection and best interests of children prevail over the interests of parent(s)/ guardian(s)/ caretaker(s) or families when cases of child abuse are reported or investigated. The first concern of both the police and Child Protection Services is the protection of the child.

As Childcare Educators, we may find ourselves in a position where a child shows some indication of abuse or neglect. Legally, the Director and staff members have a responsibility to report any suspected cases of abuse. No proof of abuse is needed, only a suspicion based on observations that have been made. When it is suspected by any staff that a child may have been neglected or abused, the matter shall be referred immediately to Child Protection Services (CPS) of the Department of Social Development.

The following information will be provided to the Child Protection Worker:

- Child's complete name, birth date and address
- Parent(s)/guardian(s)/caretaker(s) name(s) and address
- Details of the suspected abuse or neglect
- Name of the person who identified the suspected abuse/neglect, their address and phone number.
- Name and address of the facility and the name of the Director

Please note that staff members of Mon École My School Child Care cannot interview a child and are not permitted to contact the parent(s)/guardian(s) /caretaker(s) to inform or question them on any suspicions.

## Fee and Payment Notes

Payment is accepted by Direct Deposit. The Direct Deposit form must be filled out and signed, also a void cheque must be included with form.

Payments must be made prior to the dates of service.

Any NSF will be billed to you and will require immediate reconciliation.

Late payments will result in dismissal from Mon École My School Child Care.

Receipts will be issued annually for tax purposes.

Parents are advised to retain the annual receipts for income tax purposes. Should your family be randomly chosen for audit, Revenue Canada may request to see annual total income tax receipts. Please keep Mon École My School Child Care updated on address changes, as yearend receipts may be mailed.

All families are required to provide a two week notice before removing their child from our program. Should notice not be provided, payment shall be made in lieu of notice. However, due to childcare demands and the possibility of another family requiring service, out of courtesy please provide as much notice as possible. The balance of any prepaid fees will be returned if applicable.

Notice will be provided in advance if our rates are subject to change.

#### Funding Assistance – School Aged

School aged assistance funds from the Department of Social Development New Brunswick can be applied for by parents/guardians and are subjective to application approval. The calculation of eligibility is based on the monthly net income of the family. If your annual family income is \$55,000.00 or lower, you may be eligible to receive funding. You can find out more information about the Child Care Assistance Program by visiting your local Social Development office or go online at:

[http://www2.gnb.ca/content/gnb/en/departments/social\\_development/policy\\_manual/benefits/content/day\\_care.html](http://www2.gnb.ca/content/gnb/en/departments/social_development/policy_manual/benefits/content/day_care.html)

Mon École My School Child Care is licensed through the Department of Education and Early Childhood Development. Based on regulations, as defined in the Facilities Operator Manual, each licensed facility is registered for a given number of children “spaces.” When you register your child, you are renting a “space.” That space belongs to your child and may not be given to another until your child is no longer attending

the facility. You are, therefore, financially responsible for that space for every day/week of your child's registration, regardless of his/her attendance. If your child is unable to attend the facility due to illness, vacations, or any other reason, you are still responsible to pay regular weekly childcare fees.

## Personal Belongings and Apparel

Lockers will be provided to each youth to keep his or her personal belongings in during their attendance. All items which are kept at the school should be clearly labelled with your child's name.

We have suggested clothing guidelines in place that hopefully respect the health, hygiene, personal and cultural beliefs of the families attending. Safety is always top priority please keep this in mind when preparing youth for the day.

The Early Childhood Services Act requires that all youth in attendance be provided with 1 hour of outdoor play per four hours spent in care. Consequently, we play outside in most weather conditions. However, we do not venture outside when ill weather conditions occur which prevent the children from having a fun and outdoor play can be done safely. The facility will make the best judgment call according to the weather report.

Please use the following guidelines when preparing your child for a fun-filled day:

It is suggested that youth be dressed comfortably, casual clothing that allows freedom of movement.

Seasonal appropriate outdoor clothing. Example: Hats (winter and summer), splash pants, snow pants, gloves.

Outdoor activity will be cancelled if the temperature is Higher than 33 degrees or below minus 20 degrees.

Weather appropriate footwear. Example: sneakers, rain boots, winter boots. Suitable footwear supports the ability for youth to play comfortably.

Non-marking sneakers for indoor use.



Full change of clothes (incl. socks and underwear) if you feel this is something your child may need. A change of clothes may be left at the school.

Personal belongings may be misplaced or accidentally brought home by another youth. If this occurs, please advise the Educator as soon as possible and we will send a message to families.

Please note: Youth are not permitted to bring toys or electronic devices from home unless they are requested for a special activity. Any materials brought from home should be child friendly and non-violent. We are not responsible for lost or damaged items brought from home.

## Child Absences

Notification of absence is a requirement set by the New Brunswick Regulations. Parents/guardians can send a message to inform the facility that their child will be absent and the reasoning (illness)

If it is due to illness, it is a parents/guardian duty to seek proper medical attention and inform the facility of any results within 24 hours and follow all guidelines provided by Public Health and the facility.

## Transportation/Outings

Parents will be notified in advance of any planned outings and the possible cost associated with the field trip. Parents will be required to sign an authorization form permitting their child to participate in the excursion. If for some reason your child cannot attend the field trip, then other arrangements for care may need to be made by the parents on the day of the planned excursion. If funds are of issue, please let us know and we would be more than happy to aid no questions asked.

Examples of outings (but not restricted to) are:

Trips to the nearby community in St. Antoine.

- Library, Dairy Bar, Park, ect.

Trips will be done using the facilities 15 passenger bus. Permission slips will need to be signed and dated prior to excursions.

## Car Idling and Unattended Vehicles

We ask that during drop off and pick up that the engine of your vehicle be turned off to reduce gas emissions. We also ask for safety reasons you never leave your vehicle running unattended or keys in the ignition.

## UV Protection and Insect Repellant

Sun exposure can be dangerous and to prevent damage to the body we ask that proper uv protectant is provided to youth. Sunscreen, hat, sunglass, light clothing, and a water bottle are great ways to reduce risk. We will always watch the uv index and a uv index of three and above we will ask the youth to apply sunscreen and encourage the use of the other suggested items. Shade from the sun will also always be available.

Insect Repellant is not necessary, but those little buggers can be pesky. If you wish to send insect repellant, please read the label for proper age limitation. Family friend insect repellant is suggested.

## Smoking

Smoking or vaping is not permitted on School grounds.

## Evacuation/ Emergency Procedures

Evacuation procedures/Fire drills are practiced monthly with Educators and youth. Monthly inspections and maintenance of the indoor and outdoor facility is completed to ensure safety is maintained.

The following steps will be taken in case of an Evacuation/Emergency at the facility:

A staff member will sound the fire alarm.

When the alarm sounds, each Educator will gather with their students, bring the attendance sheet and the first aid kit with the emergency contact list.

Educators will guide the students to the nearest safest exit.

The Director will check all washrooms/ offices/ closets etc. to ensure no one is left in the building before exiting. This person should be the last one to leave.

Once the building has been cleared and all occupants are at a safe distance, each class will verify attendance.

If further action is required students and Educators proceed to our designated safe area; Notre-Dame Church located at 3863 Route 115 Notre-Dame.

Under the direction of the Director, parents will be notified to arrange pick up. Parents must signoff when receiving their child.

## Health and Wellness

### Identifying illness; Signs and symptoms

Certain signs and symptoms in children may suggest the presence of a communicable disease. A communicable disease is a disease or illness that may be spread to others and may cause serious illness in children and staff. It is important for staff to observe signs of illness and identify symptoms early to manage illness, preventing further spread of disease.

Examples of signs and symptoms that may indicate that a child should be excluded from a facility and that a communicable disease may be present:

- Diarrhea – unexplained diarrhea or loose stool (may or may not be accompanied by nausea, vomiting and cramps) may indicate a bacterial or viral illness that is easily passed from one child to another.
- Vomiting – nausea and vomiting.
- Fever – temperature taken from the ear (38.3°C/100.4°F or greater), mouth (37.5°C/99.5°F or greater) or armpit (37.3°C/99.1°F or greater) accompanied by other symptoms such as fatigue.
- Respiratory – difficulty breathing, wheezing or persistent cough.
- Infected eyes or eye drainage (clear or with pus).

- Sore throat or trouble swallowing.
- Pain – any complaints of unexplained or undiagnosed pain.
- Unusual skin colour.
- Severe itching, rashes, or skin lesions; or
- Unusual behaviour or any illness that prevents a child from participating comfortably in all activities.

See Appendix A and B of New Brunswick Guide for Exclusion of Children in Early Learning and Childcare Facilities for more details on signs, symptoms, and management to control the spread of diseases.

Children with signs and symptoms of a communicable disease are to be isolated from other children immediately. It is recommended that children be seen by a healthcare practitioner for diagnosis. Contact the child's parent(s)/guardian(s), or person(s) identified for emergency situations. Arrangement for pick up of an ill child must be made within one hour of notification of illness.

Children 2-12 years of age who are ill with respiratory symptoms (such as those symptoms associated with influenzas', COVID-19, whooping cough, etc.) should be given a proper fitting disposable medical grade mask to wear while they are waiting for their parent/guardian to arrive. If a staff member is waiting with the child, then they should also wear a disposable medical grade mask.

Parents/guardians are advised that children with known or suspected communicable diseases are to be excluded from the facility as indicated in Appendix B, New Brunswick Guide for Exclusion of Children in Early Learning and Childcare Facilities, especially in those cases where continued exclusion is recommended after symptoms have stopped.

\*Our facility, both indoors and outdoors is well maintained. With interior cleaning occurring throughout the day every day and sanitization of all toys and equipment completed regularly we do our best to help control the spread of germs and illnesses.

# Administration of Medication

Mon École My School Child Care can administer both prescription and non-prescription drugs in accordance with provincial legislation. Parents are expected to provide the following:

## **Prescription Medication**

Signed “Administration of Medication form” that includes the name of the medication to be given, the dosage requirements, times the medication is to be administered, directions on how the medication is to be administered and storage instructions.

Medication in the original container, clearly labeled with the child’s name, name of the medication, dosage requirement, date of purchase, storage instructions and administration schedule.

Parents must fill out; sign and date the “Medication Authorization” form each time a new medication is given. All medications must be given to an Educator and NOT left in back packs, cubbies or given to the children to give.

## **Acetaminophen**

Mon École My School Child Care is not permitted to diagnose a fever or any illness requiring Acetaminophen.

Parents of children attending a government licensed center are not permitted to request a center to administer medication in advance of an actual illness.

If, during the day a staff member notices a child is not feeling well, may or may not have a fever showing signs of discomfort, parents will be notified and will be asked to pick up their child within one hour.

Parents will also be asked what course of action they wish the staff to take. The parent must, over the phone, give verbal permission for the administration of medication (Acetaminophen) including the dosage.

Note: Acetaminophen is not provided by the facility. Parents may leave acetaminophen for their child with staff in advance. If staff are authorized to give medication, they will complete an "Administration of Medication" form which the parent will need to sign when the child is picked up. There will also be a Potential Illness for stating signs, symptoms and actions taken. A copy will be provided to the parents.





## Inclusion Policy

Mon École/My School Child Care welcomes all children, we are committed to providing developmentally appropriate early learning and childcare experiences that support full access and participation to all children. We believe that each child is unique, and work in partnership with families and other professionals involved to provide the support each child needs to reach their full potential.

### Participation

Our Educators use developmentally appropriate practices and are trained to develop individual programs and will support each child's unique needs. Schedules, routines, and activities can be modified and adapted to include all children to provide full meaningful participation.

Educators can work with therapists, specialist, or other professionals to integrate any modifications, adaptations and supporting strategies into the daily routine.

Any adaptations will be reviewed with the director, educator, family, and other professionals supporting the youth prior to commencing any changes.

We ensure that support is put in place upon enrollment and that we respect the natural proportions recommended by the Ministry of Education and Early Childhood.

## Facility

Moving our After School Program to Ecole Notre-Dame has provided us with 100% accessible facility! We are thrilled!!

## Support

Training and support are provided to ensure that all staff are comfortable, confident, and competent to meet the developmental and educational needs of all children. Staff receive an orientation on inclusion policies and attend training focused on effective inclusion and/or other disability topics whenever possible. The director provides additional support and resources as appropriate.

In unique circumstances additional training may be required prior to the care of a child. Our main priority is providing a safe and healthy environment for everyone.

## Access

If a child who needs one-on-one attention due to a disability and/or developmental challenges but can be integrated without fundamentally altering the childcare program, the child will not be excluded solely because of the need for one-on-one care.

An individualized assessment may be completed to determine an action plan to guarantee the youth's needs can be met if an Educational Assistant is not readily available.



A child who needs to rely on an Educational Assistant to maintain daily essential needs and or continuous daily support an Educational Assistant will be required prior to commencing childcare services. Youth with additional needs are welcomed into our program, we also ensure that all programs are modified and adapted to each child's needs.

For further information please refer to:

*"Supporting All Children: Our Practices"*

*\*This document can be located at the front desk of*

*Mon École / My School Child Care\**

***"The things that make me DIFFERENT are the things that make me ME!"***

***A.A Milne / Winnie the Pooh***



## After School Program

The After School Program was developed to provide the children with as much opportunity as possible. To support youth, we will implement emergent curriculum supported by the New Brunswick Curriculum Framework. Additional information can be found by visiting the website: <http://www.gnb.ca/0000/ECHDPE/ELCC-Curriculum.asp>

The New Brunswick Curriculum Framework recognizes the need to value and support learning. Experiences includes:

- Safe environments where the sense of belonging is nurtured.
- Open and flexible environments where exploration is encouraged.
- Socially inclusive and culturally sensitive environments which consider all who live in our community.

Environments will be:

- Equipped with materials that promote enjoyment in learning and encourage children to take on the challenge.
- Communication-rich for language growth and development.
- Supportive, interest based and encouraged physical activity, indoors and out.
- Responsive to the youth's changing interests.
- Considerate of children's differences.

Growth is divided into four areas and reflected on:

Well-being:

For positive identities, belonging, safe and caring environments where the emotional and physical health of youth are valued.

Play and Playfulness:

For experiences that are open and flexible, where exploration, creativity, and problem solving are encouraged in environments that are enjoyable, natural and/or purposefully planned. Where physical activity is brought to life by observation of the youth's interests.

Communication and Literacies:

For youth to have language, literacies and literate identities that are valued and supported. Environments will be culturally, socially, and intellectually engaging.

Diversity and Social Responsibility:

For experiences in social inclusion and culturally sensitive environments. Consideration for others, inclusive equitability, and social responsibility are fostered.

## After-school Program School Day Schedule

7:00am – 8:00am

Free Exploration (Gym or Cafeteria)

8:00am

Transfer to School

1:30pm – 2:30pm

Grades K to 2 – Cafeteria - Assistance with  
Homework \*reading will need to be completed at  
home. Parents will be responsible to check over  
their child's homework.

2:30pm – 3:30pm

Grades k - 2 Gym /Outdoors– burn off energy.

2:30pm – 3:00

Grades 3 - 8 – Assistance with Homework –  
Cafeteria

3:00pm – 3:30pm

Grades 3 – 8 Gym / Outdoors – Burn off energy.

3:30pm – 3:45pm

Group 1 - Snack Time Cafeteria

3:45pm – 4:00pm

Group 2 – Snack Time – Cafeteria

4:00pm – 5:30pm

Outdoor play or Gym/ Departure

\*Time spent outside will be a promoted focus\*

## After-school Program Full Day Schedule

7:00am – 8:30am  
Arrival/Exploration

8:30am – 9:30am  
Group Activity

9:30am – 10:00am  
Snack time

10:00am – 11:30am  
Free play Outdoors

11:30am – 12:30pm  
Lunch

12:30pm – 2:00pm  
Outdoor play

2:00pm – 3:00pm  
Group Activity - Gym

3:00pm – 3:30pm  
Snack time

3:30pm – 4:00pm  
End of day preparation

4:00pm – 5:30pm  
Outdoor play or Gym/Departure

\*Time spent outside will be a promoted focus\*

# Supply Checklist

Please make sure to label Items with your child's  
Name.

Indoor Shoes (non-marking)

Sunscreen

Hat

Water Bottle - clearly labeled with child's name.

For After School

Snack(s)

For Full Day

Morning Snacks, Main course, Dessert,  
Afternoon Snacks, Ice pack

Backpack to travel to and from After-school  
Program (School bag works)

Change of Clothes

(If you feel your child may need it)

Sweater



# After School Program Fees and Payments

Registration Fee \$80.00

Weekly Flat Rate Fee \$110.00

(Payments are each Monday through Direct  
Deposit for that week of care.)

NSF Fee (if applicable) \$20.00

Summer Reset Weeks Fee \$0

(First week school is out and the week before  
school resumes)



Mon École / My School  
Child Care 2.0  
After Class  
School Age Program  
Enrollment Forms

\*Please Complete and Sign All Forms and Return  
Prior to Your Childs Start Date\*

Thank you for choosing the Mon École My School Child  
Care After Class School Age Program for your family! We  
will strive to provide you and your child(ren) with the  
greatest opportunities, experiences, and care so that we can  
help your child grow and develop to their fullest potential!

Sincerely,

Melissa LeBlanc



# Mon École My School Child Care Enrollment and Acknowledgement Form

I/We, \_\_\_\_\_ am/are the parent(s) of \_\_\_\_\_, have read and understood the contents of this parent handbook and have completed, signed, acknowledge, and agree to all of its guidelines. All forms will be held on file at Mon École/My School Child Care facility.

\_\_\_ Nursery School

\_\_\_ Day School

\_\_\_ After School

Form or Submission	Initials of Parent/ Guardian
MÉMSCC aren't Handbook Acceptance & Acknowledgement Form	
MÉMSCC* Permission Form	
Child Profile	
Parental Consent for Emergency Care and Transportation	
Administration Acetaminophen Consent	
Consent For Outings, Excursions, Activities off the Premises of MÉMSCC	
Consent for videography and photographs	
Consent for child to walk/bicycle to and from school unattended (school-age children only)	
Consent for transportation to and from school	
Consent for bathing	
In-Direct Supervision Form	
Inclusion Policy & Programs Acknowledgement Form	
Direct Deposit Form & VOID Cheque	
Immunization Record	
Enrollment Fee (\$80.00 per child)	
Read and accept all contents of the Parent Handbook	

\*MÉMSCC - Mon École My School Child Care

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mon École My School Child Care

\_\_\_\_\_  
Date



# Mon École My School Child Care Permission Form

I, \_\_\_\_\_ (parent(s) name) give permission for my child  
\_\_\_\_\_ (child's name):

Item	Initials
1. To be photographed and displayed in slideshows within the facility and the general media.	
2. To be tested/assessed (Developmental Stages, Preschool, Homework)	
3. To be released to someone other than the custodial parent as requested in the child profile	
4. To have his/her information released to Government Agencies (These documents in which you are filling out)	
5. To have cream, ointment or lotion applied including sunscreen and/or insect repellent (these need to be provided by parents)	
6. To allow communication between Mon École/My School Child Care and your child's school/teacher. (to encourage the ease of transition, homework assignments, emotional stability if required)	
7. To wear face paint, temporary tattoos, nail polish or equivalent	
8. To go on Nature Walks using the private road across the street. (This requires us to walk across Route 115)	

\*MEMSCC - Mon École My School Child Care

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mon École My School Child Care

\_\_\_\_\_  
Date





Registration Date \_\_\_\_\_

Start Date \_\_\_\_\_

## Child's Information

Child's spoken language(s):

Language which child will attend school:

Child's Name		First	Last	Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address:		Apt #	City/Town	Province	Postal Code
_____ Phone Number: _____					
Doctors Address:					

## Allergy Information

### **ALLERGY ALERT:**

Any food, medication or contact allergies

SEVER ALLERGIES:

NON-LIFE-THREATENING ALLERGIES:

☐ If  
☐ yes, Specify:

**If yes, please complete an Allergy Management and Emergency Plan available from the operator.**

## Parent/Guardian Information (please place a \* by which phone number to call first if a parent needs to be reached)

Parent/Guardian Name		Email Address		Home Phone Number	
Address		Street	Apt #	City/ Town	Prov Postal Code
Place of Work		Work Phone Number		Cell Phone Number	

Parent/Guardian Name		Email Address		Home Phone Number	
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## Additional Information

Child's Living Arrangement (ex. Lives with both parents. 50% with mom/50% with dad)

Other than you, who has permission to pick up your child? (Provide FULL civic addresses)

Name	Relationship	Daytime Phone Number	Address

**If changing pick up arrangement's parents must inform the facility prior to the child being picked up.**

## Restrictions

Is there anyone who **does not** have permission to pick up your child?

Name

Name

**Appropriate paperwork such as custody papers must be attached if a parent is not permitted to have contact with the child. Please discuss with the operator/administrator.**

## Emergency Contacts

Two emergency contacts (other than parents/guardians) – Provide FULL civic addresses

Must be able to respond within one hour if parent(s)/guardians(s) cannot be reached

Name	Relationship	Daytime Phone Number	Address

Does your child require any essential routine services on a regular basis as part of a daily routine such as, catheterization, special hygiene procedures, on-going administration of medication, or ongoing observation of certain health conditions. Such as diabetes, to determine when intervention is needed?

**Yes** ☐

**No** ☐

Specify Briefly:

**If yes, please complete an Essential Routine Services and Emergency Plan available from the operator.**

<b>Medical History:</b> Please Indicate if your child has <b>had</b> any of the following:																	
	Yes	No		Yes	No												
Measles			Rubella														
Mumps			Chicken Pox														
Meningitis			Pertussis (Whooping Cough)														
<b>Health Status:</b> Indicate if your child <b>has</b> any of the following:																	
	Yes	No		Yes	No												
Asthma			Diabetes														
Eczema/Psoriasis			Epilepsy/Seizures														
Other:			Other:														
<b>Ongoing Medical Treatment:</b> Please indicate any ongoing medical treatment your child may need (you will be required to complete an Administration of Medication form)																	
Name of medication			Dosage														
Condition being treated																	
Name of medication			Dosage														
Condition being treated																	
<b>Immunizations:</b> In accordance with subsection 12(2) of the <i>Reporting and Diseases Regulation - Public Health Act</i> , proof of immunization must be provided for each child attending an early learning and childcare facility for the following: <table border="0" style="width: 100%;"> <tr> <td>diphtheria</td> <td>rubella</td> <td>Mumps</td> </tr> <tr> <td>tetanus</td> <td>varicella</td> <td>Measles</td> </tr> <tr> <td>polio</td> <td>meningococcal disease</td> <td>Haemophilus influenza type B</td> </tr> <tr> <td>pertussis</td> <td>pneumococcal disease</td> <td></td> </tr> </table>						diphtheria	rubella	Mumps	tetanus	varicella	Measles	polio	meningococcal disease	Haemophilus influenza type B	pertussis	pneumococcal disease	
diphtheria	rubella	Mumps															
tetanus	varicella	Measles															
polio	meningococcal disease	Haemophilus influenza type B															
pertussis	pneumococcal disease																
<b>Where proof is not provided you must have the following waivers:</b> <ul style="list-style-type: none"> <li>- a medical exemption, on a form provided by the Minister of Health, that is signed by a medical practitioner or nurse practitioner, or</li> <li>- a written statement, on a form provided by the Minister of Health, signed by the parent or legal guardian of his or her objections to the immunizations required by the Minister.</li> </ul>																	
<b>Note: Public Health will periodically review child files to ensure immunizations are complete or waivers are present.</b>																	
Are there any activities in which your child cannot medically participate?																	
Please list any dietary restrictions (including those for medical, cultural, religious reasons):																	

**Please advise the operator/administrator immediately of any changes to your child's health.**

## Preschool/childcare history

Has your child attended preschool/childcare before?

Yes ☒ No ☐

If yes, how long?

6 months ☐

1 year ☒

2 years ☐

more than 2 years ☐

If yes, please describe your child's experience:

## Child development

Does your child nap, if yes how long?

Does your child require a pacifier, teddy, or special blanket for comfort for napping? Please specify.

**Self Help: Does your child need help with the following? If yes, in what way?**

Dressing/Undressing:

Eating:

Toileting:

Handwashing/Toothbrushing:

Other: (ie: gross and/ or fine motor skills:

**Are there any hints/suggestions that will make your child's transition to the facility a positive one?**

**Tell us a few things about your child**

What does your child like to do? (i.e.: look at books, listen to music, play with other children, play outdoors/indoors, toys, climb/run/jump, paint, computer, imaginative play/dress-up)

**Is there anything else you would like to share with us about your child?**

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Information on this form is to be verified for accuracy annually.  
Please immediately advise the operator/administrator of any changes.

Please complete this consent form and return to the facility

Name of ELC facility: Mon École / My School Child Care

Child's Name	Date
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#### Consent for emergency care and transportation

If at any time medical treatment is necessary, due to circumstances such as an injury or sudden illness, I authorize the early learning and childcare staff to take whatever emergency measures are necessary for the protection of my child while in their care.

I understand this may involve applying first aid, contacting a medical practitioner, carrying out the instructions given, and/or transporting my child to a hospital, including the possible use of an emergency vehicle.

I understand that this may be necessary prior to contacting me and that any expense incurred for such treatment, including emergency transportation is my responsibility.

Parent/Guardian Signature	Date
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Parent/Guardian Signature	Date
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#### PLEASE INDICATE YOUR CONSENT AND SIGN AT THE BOTTOM OF THE FORM

#### Administration of acetaminophen consent

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>I give consent for acetaminophen to be administered to my child Providing I have been contacted first to provide oral consent and to indicate the dosage.</p> <p>On picking up my child at the facility I understand I will be asked to sign a written acknowledgement that acetaminophen was administered with my consent.</p> <p>I also understand that the acetaminophen is to relieve my child of minor discomfort or to help lower a fever while I am on my way to pick them up (within one hour).</p> <p><b>Reason:</b> Fever above _____ Celsius      Body ache _____</p> <p>Other _____</p>
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#### Consent for my child to be taken on walking outings/excursions off the premises

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>As a part of the day, walking trips may be taken off the premises, within the neighbourhood. Consent will provide more flexibility and allow for more spontaneity in the planning.</p> <p>Consent forms for any motor transportation trips will be separate and for each outing.</p> <p>I give permission for my child to be able to participate in the walking trips off the premises.</p>
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**Consent for videography and photographs**

- ☐ Yes  
☐ No

I give consent for my child to be video graphed or photographed participating in the facility for the following reasons:

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Social Media such as                            |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Facebook  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Facility's website                              |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Publication                                     |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Illustrate child's learning within the facility |

**Consent for child to walk/bicycle to and from school unattended (school-age children only)**

- ☐ Yes  
☐ No  
  
☐ N/A

I give consent for my school-aged child to travel to and from school unsupervised.  
If my child does not arrive at the facility within the pre-determined time period, the missing child or other procedures will be initiated to find him/her/ I will advise the facility when my child is absent.

**Consent for transportation to and from school (school-age children only)**

- ☐ Yes  
☐ No  
  
☐ N/A

I authorize the operator to transport my child to and from school by the authorized facility vehicle or by walking. Where applicable, appropriate seat restraints are used.

**Consent for bathing**

- ☐ Yes  
☐ No  
  
☐ N/A

I give permission to bathe my child if this becomes necessary due to the child becoming dirty while at the facility; either through play (paint, mud, sand, etc.. ) or because of a toilet accident.

Also applies to overnight care where bathing is part of the nighttime routine.

To ensure the health and safety of children who may require bathing, children must be:

- bathed individually and supervised according to developmental needs;
- never left unattended; and
- Bathed as quickly as possible and dressed appropriately.

Staff will supervise or bathe the child upon instructions of the parent according to their age, adhering to safety standards.

Bathtubs will be equipped with a non-skid mat or surface.

- ☐ Yes  
  
☐ No

I have read, understand, and been provided a copy of the facility's parent/guardian handbook.

**Parent/Guardian Signature****Date****Parent/Guardian Signature****Date**

## Indirect Supervision Form

Children attending Mon École / My School Child Care are always provided with continuous supervision. Supervision requirements are addressed appropriately to each child's developmental age as well as protecting the health and safety of each child.

It is recognized that the supervision of children may not always be direct, however teacher guidance will always be available when requested or needed. Teachers regularly monitor the activity of each child by circulating throughout the entire play space.

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_,  
understand the above and give consent as to the type of supervision provided, including indirect supervision.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mon École / My School Child Care

\_\_\_\_\_  
Date





## Inclusion Policy & Program Acknowledgment Form

I/we, \_\_\_\_\_ the parent(s)/guardian(s) of  
\_\_\_\_\_, have read and understood the **"Inclusion Policy"** of  
Mon École / My School Child Care.

I/we have also read the two following documents. Please note documents will be sent via a ProCare Newsletter and can be found in the email which was provided to us. (There are also copies Located at the front desk and can be borrowed, or a copy can be made for those who request one):

1. **"Inclusion Program Support Guide"**
2. **"Supporting All Children: Our Practices"**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



## Direct Deposit

All payments will be processed using direct deposit. Attached, you will find the “Pre-Authorized Agreement” form. All families will be required to complete, as well as sign and date this form. A VOID Cheque will also be required. Please place the signed form and the VOID Cheque in the attached envelop and write your child’s name of the front.

All payments will be processed on the Sunday (prior to care) of your chosen payment schedule. All payments will be for the care that is to come.

In the event of Non-Sufficient Funds, you will be required to pay a \$20.00 NSF fee, as well as the payment that was due, immediately. If a NSF occurs, you will be given to the end of the week to bring your account back up to good standing. If payment is not received care will be suspended for the following week.

If there are any questions, please do not hesitate to ask.

Thank you for all your cooperation in advance! It is greatly appreciated!!

Kind Regards,

Melissa LeBlanc

Mon École/My School Child Care Inc.

506-345-0655



# PRE-AUTHORIZED DEBIT AGREEMENT PAYEE AUTHORIZATION

For Office Use: CLIENT #: NAME:

## Account holder name and account number

Last and first name(s) of Account Holder(s)		Telephone number	
Address (Street, City, Province)		Postal code	
The name of the financial institution where the account is located	Institution number	Transit number	Account number (with check digit)

## Payee organization – Contact information

Name of organization <b>Mon École/My School Child Care Inc.</b>		e-mail address	
Address (Street, City, Province) <b>3800 Route 115 Notre-Dame, NB</b>		Postal code <b>E4V 2H9</b>	Telephone number <b>506 - 345 - 0655</b>

## Authorisation of withdrawal

I, the undersigned, (if a legal person, herein represented by its representative(s), who declare **mescs@hotmail.com**) authorize the payee organization to make pre-authorized debits (PAD) from my account with the financial institution indicated above, at the following interval:

- ☐ weekly ☐ every two weeks ☐ bi-monthly ☐ monthly  
☐ other (please specify the time or event that defines the interval) \_\_\_\_\_

Each withdrawal will correspond to:

- ☐ a variable amount that will be communicated to the payee organization, in writing, at least 10 days before the expected withdrawal period  
☐ a fixed amount of \$ \_\_\_\_\_ that may be increased without other authorization on my part, as long as the payee organization forwards me a written notice at least 10 days before the expected deadline of the payment as modified:

for the following service: \_\_\_\_\_

which together constitutes a ☐ personal/individual ☐ business ☐ PAD

### Waiver:

- ☐ I hereby waive the written notice of 10 days mentioned above.  
☐ I have received a copy of this Agreement and waive all other confirmation before the first payment.

### Change or cancellation:

I shall inform the payee organization, in a timely manner, of any changes to this Agreement.

I may revoke my authorization at any time, with a notice of 14 days (maximum 30 calendar days). To obtain a copy of my cancellation form or for more information on my right to cancel a PAD Agreement, I may consult with my financial institution or visit the Canadian Payments Association Web site at [www.cdnpay.ca](http://www.cdnpay.ca). I agree to release the financial institution of all liability if the revocation is not respected, except in the case of gross negligence by the financial institution.

I agree that the financial institution with which I have my account is not responsible for verifying that the payment is debited in accordance with my authorization. I also confirm that all the people whose signatures are necessary for the operation of the account mentioned above have signed this authorization. I am aware that by submitting the present authorization to the payee organization, I am also submitting it to the aforementioned financial institution.

## Reimbursement

I have certain rights of recourse if a debit does not comply with the terms of this Agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or that is not compatible with the terms of this PAD Agreement. For more information on my rights of recourse, I may consult with my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

The financial institution will reimburse me, on behalf of the organization, for any amounts withdrawn in error, within 90 calendar days of the withdrawal for a **personal** PAD and within 10 business days for a **business** PAD, insofar as the reimbursement is requested for an acceptable reason.

I understand that these types of requests are to be made to my financial institution following the procedure it will provide me.

Finally, I acknowledge that a request for reimbursement submitted after the deadlines previously indicated must be settled between the organization and me, with no responsibility or engagement on the part of the financial institution.

## Consent for disclosure of information

I agree that the information in my application for pre-authorized debit authorization will be shared with the financial institution, insofar as the disclosure of this information is directly related to and necessary for the proper application of the rules applicable for pre-authorized debits.

## Signature of account holder (s)

Signature of account holder	Date
Signature of a second account holder (Only if two signatures are required)	Date

**IMPORTANT: Attach a personal cheque marked "VOID" to avoid errors in transcription. If you change your account or financial institution, please advise the payee organization.**