



Seymour Heights Play-Based Programs

800 Lytton Street, North Vancouver,
BC V7H 2T1 604.929.1813
www.seymourheightspreschool.com

PARENT AGREEMENT FOR 2016 - 2017

As a parent or legal guardian named below (the "Parent") of the child participating in the Seymour Heights Play-Based Programs Association ("SHPBP") named below (the "Child"), I agree to the following:

PARTICIPATION IN SCHOOL LIFE

- 1) I will complete and submit all requested forms by the relevant deadline. For greater certainty, I understand that failure to submit any registration forms by the enrollment deadline may result in forfeiture of the Child's spot in the class.
- 2) I will read and abide by the Constitution and By-Laws of SHPBP.
- 3) I will defer reasonably to the supervisor, teacher or assistant on duty days and otherwise in matters of guidance, safety and instruction while my Child is at school.
- 4) I will make every effort to be prompt in bringing my Child to school and in picking him or her up after school.
- 5) I will keep the supervisor informed of any event or change of routine or status at home that might affect my Child's behaviour.
- 6) I will participate in the clean-up at the end of the school year.

DUTY DAYS

- 7) If I am a member with a Child enrolled in the morning program, I will do the required number of duty days per calendar month, as scheduled. Registration in morning M-F or M/W/F programs requires 2 duty days per month. Registration in T/TH morning program requires 1 duty per month. All other duty days are optional.
- 8) If I am a member with a Child enrolled in the full-day program, all duty days are optional.
- 9) If I would like to do an optional duty day, I will do my best to notify the supervisor or teacher in advance so that my attendance is expected.
- 10) When I am on duty, I will arrive by 9am and stay until all required duties are completed.
- 11) On duty days, I will only bring my Child and, if applicable and arranged with their parents, other enrolled children to class. I understand that for licencing and insurance purposes, I must not have any non-enrolled children at the school while class is in session.

- 12) If I cannot attend a scheduled duty day, I will make all reasonable efforts to arrange a trade with another member parent. If after reasonable efforts I am still unable to find a replacement, I will advise the supervisor or teacher as soon as possible.
- 13) If I cannot attend an optional (ie. non-scheduled) duty day, I will advise the supervisor or teacher as soon as possible.
- 14) I understand that if a person other than a Parent of the Child wishes to perform a duty day, that person must obtain prior approval of the supervisor and fulfill any requirements as set by the supervisor.
- 15) If I become pregnant with a due date during, or within one calendar month of, the school year in which my Child is enrolled, I may request to have a maximum of two months free of duty days, pre- and/or post-partum.
- 16) If I have an illness or become disabled for a period of more than one (1) month, I may request that alternative arrangements be made for duty days for the duration of my illness or disability.
- 17) If I have more than one child enrolled at one time, I will fulfill all the obligations in this Agreement with respect to each child and, for greater certainty, will perform duty days for each child.

COMMUNICATION, GENERAL MEETINGS AND PARENT EDUCATION

- 18) I will ensure that at least one (1) Parent regularly attends the monthly General Meetings. I understand that my attendance and participation is important to the proper and efficient operation of the school.
- 19) I understand that SHPBP is a registered society and I, as a member of that society, will be asked to occasionally vote on business matters respecting the operation of the society.
- 20) I will remain informed on school policies, procedures, business, and fundraising and social events by regular attendance at General Meetings, reading the monthly newsletter, routinely checking the school website and reading various notices posted at the school.
- 21) I will direct communications about my Child's progress or the program to the supervisor or teacher. I will direct communications about the administration of SHPBP to the Executive, preferably through the Personnel Chairperson.
- 22) My attendance at parent education sessions offered by the school is optional, but I understand that my participation is appreciated as a valuable part of the school community.

JOB AND FUNDRAISING

- 23) I will volunteer for, or be assigned, a job in support of the operation of SHPBP. I will fulfill my job functions, as set out in my job description, to the best of my ability. Another person may assist me with my job duties.
- 24) I will review my job description upon receiving my job and ensure that I begin my duties at the appropriate start date, understanding that some jobs begin as early as June.

- 25) In addition to my job, I will volunteer to sit on a committee on request, if I have the capacity to do so.
- 26) As fundraising is an integral part of the operation of SHPBP, I will participate, or assist with, fundraising initiatives within my capacity. I understand that the fundraising goals of SHPBP include raising a minimum of \$100 in profit from each member each year.

HEALTH AND SAFETY

- 27) I will read and abide by SHPBP's emergency, sick child and immunization and other policies.
- 28) I will ensure each day that my Child is not suffering from any illness, including communicable diseases and conditions, before sending the Child to the school.
- 29) I will notify the supervisor immediately of any communicable disease or condition contracted, or suspected to have been contracted, by the Child or the Child's duty day person.
- 30) In the event of an emergency in which the Parent or authorized designate of the Child cannot be immediately reached, I authorize the supervisor or teacher to call my family doctor, take my Child to the nearest emergency centre or summon an ambulance. I also authorize the treatment considered appropriate by provincial emergency services personnel or any qualified medical practitioner(s). I will assume all financial responsibility for any expenses incurred in relation to the above.
- 31) I authorize the supervisor or teacher to permit my Child to be seen by public health personnel during their routine visits to the school, unless I specifically arrange otherwise.
- 32) Upon notification by the school that my Child is ill, I will make arrangements to have the Child promptly picked up. In the event that the Parent cannot be contacted, I authorize the supervisor or teacher to arrange for a designated adult to retrieve the Child from the school.
- 33) In case of injury to my Child while in the care, custody or control of the school, I waive all claims against SHPBP in excess of public liability insurance carried by the school.

MONTHLY FEES AND RELATED PAYMENTS

- 34) Upon enrolling my Child, I will, by no later than June 1, pay to SHPBP the non-refundable registration fee (when registering my Child for the first time) and the appropriate tuition fee deposit, based on the program my child is enrolled in.
- 35) I will pay my Child's monthly fees by no later than the September General Meeting in the form directed by the treasurer. Non-payment of fees may result in the de-enrollment of my Child from the school.
- 36) If it becomes necessary to withdraw my Child from the school, I will give one month's notice in writing to the Enrollment Chairperson or pay one month's dues in lieu of notice.

I agree to the terms and conditions set forth in the above SHPBP Parent Agreement.

Name of Child (Print)

Name of #1 Parent/Guardian (Print)

Signature

Date

Name of #2 Parent/Guardian (Print)
(if applicable)

Signature

Date