

Cornerstone Early Learning Child Care

2008-2009

Over the past few years the media has raised public awareness about the critical importance of authentic education during the early childhood years. Recently, across the Western World there has been an abundance of discussion focusing on early (rather than later) intellectual stimulation.

People used to think that the structure of the brain was set at birth. We now know that brain development begins at conception and continues after a child is born. The early years of brain development are particularly important. These early years lay the foundation for life long health, competence and coping abilities.

Every time a child looks at a face, listens to a voice, touches an object, or moves their arms and legs, little bursts of electrical activity travel through the brain, forming connections between the brain cells - the connections are called 'synapses'. Synapses form as a result of stimulation from the environment. When the stimulation is repeated often enough, the synapses are strengthened and become permanent.

Studies in neurobiology, neurodevelopment and early intervention show that conception to age five is an extremely sensitive and critically important time in mental and emotional development. During the 'investment phase' children develop language skills, the ability to learn, to cope with stress, to have healthy relationships with others, and to have a sense of self. Failure to provide optimal conditions for development during this time makes the developing brains of children who did not benefit from these conditions physically different from those of children who have been well-nurtured. This can have lifelong consequences.

Early Learning Goals

From the ages of 3–5 all children at Early Learning Child Care follow our own ‘Early Years’ curriculum, the key principles of which are drawn from the Foundation Stage of Education.

This prepares them for entry into Early Learning Child Care and creates a secure foundation for later learning. The Early Learning Goals are a series of aims within six areas of a child’s development and learning:

1. Personal, social and emotional development which focus on how to work, play and co-operate with others and become more independent in a group other than a family.
2. Communication, language and literacy, covering communication with one another and developing skills in speaking, listening, reading, and writing.
3. Mathematical development, using ideas relating to number, quantity, measurement, shape and space to gain mathematical skills.
4. Knowledge and understanding of the world, where children investigate and begin to understand the things, places and people around them.
5. Physical development, relating to improving control and co-ordination of gross motor activities.
6. Creative development, where children find ways to communicate using colour, shape, sound, texture, movement and stories.

Although the formal and structured part of the children’s day is particularly concerned with these areas of learning, the informal part is just as important – talking to adults, eating meals together, and playing outside all make up part of the curriculum because they all include learning.

Early Learning Goals include:

- ✓ Empathy – being sensitive to the needs and feelings of others
- ✓ Dressing and undressing on their own
- ✓ Being able to handle and read books correctly
- ✓ Early Literacy
- ✓ Understanding the concept of a word
- ✓ Experimenting with and experiencing numbers from 1 to 10
- ✓ Understanding their own writing as a means of communication
- ✓ Knowing how simple objects work – wind up, switch or battery
- ✓ Distinguishing between sea and land on a map
- ✓ Using vocabulary associated with the passing of time – yesterday, tomorrow, last week, a long time ago

- ✓ Having an awareness of other cultures
- ✓ Jumping and landing safely
- ✓ Clapping a steady rhythm
- ✓ Writing their first name
- ✓ Taking turns in a group activity
- ✓ Entering into dialogue about their own creations
- ✓ Using scissors
- ✓ Proper tripod pencil grip

The Environment

- Colourful, attractive and stimulating
- Walls are decorated with colourful displays including examples of the children's work connected with the current topic.
- Interest tables, or science tables are available for children to explore and handle objects.

The Staff

Between the ages of 3 to 5 the ratio of staff to child is one to eight. Our staff are qualified Early Childhood Educators who will work to prepare the child for the challenges of school.

Our staff provide a safe and nurturing, early learning environment where your child can thrive.

Daily Activities

- Choice of activities that vary throughout the year.
- Activities will always include:
 - Sand and water table
 - Book corner
 - Dramatic Play area
 - House Area
 - Vehicles
 - Puzzles (Awareness, Discovery, Imagination, Exploration)
 - Writing centre
 - Math centre
 - Art and Craft area
 - Small World toys (puzzles, play cubes, dolls house etc)
 - Play dough
 - Block area
 - Outdoor play
 - Music
- Children will learn through a combination of planned activities, play and first hand experiences.

CORNERSTONE



**Cornerstone Early Learning
Child Care 2008-2009**

30 Months - 5 Years Old

| | |
|---|-------------------------|
| Full Time | \$510.00 / month |
| 4 Days per week | \$470.00 / month |
| Part time (up to 4 hours) <i>(based on availability)</i> | \$28.00 / day |
| Part time (Full Day) <i>(based on availability)</i> | \$38.00 / day |
| Under 3 years old | \$550.00 / month |

TIMES OF OPERATION:

- Monday to Friday
- 7:30 a.m. to 6:00 p.m.

UPON REGISTRATION THE FOLLOWING ARE DUE:

- A non-refundable registration fee of \$75.00 (cash or cheque).
- Completed application forms
- Photocopy of birth certificate
- Photocopy of immunization record

UNIFORM INFORMATION:

- Non-slip slippers are required.

Please Note:

- | |
|---|
| - All fees include “non-instructional” days and do not include unexpected school closures due to the weather. |
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Cornerstone Early Learning Child Care Application for Enrollment

3970 Gladwin Road, Abbotsford, BC V2T 6Z7

Phone: 604-859-7867 Fax: 604-859-7860

Email: admin@cornerstoneschool.ca Web: www.cornerstoneschool.ca

Current Date: _____ Starting Date: _____

Child's Full Name: _____ / _____ / _____
Surname Given Middle

Male Female Birth Date: _____ / _____ / _____ Place of Birth _____ / _____
Year Month Day Province Country

Address: _____ / _____ / _____ / _____
House# Street City Province Postal Code

Home Phone: (____) _____ Care Card Number: _____

Parent email address: _____

Family Information

_____ / _____ / _____
Mother's/Guardian's Name Home Phone Work Phone

_____ / _____ / _____
Father's/Guardian's Name Home Phone Work Phone

Marital Status: Married Separated Single Divorced

Person (s) whom the child lives with: _____

If there is a custody agreement, please give details: _____

A \$75.00 registration fee, a copy of Immunization Record and copy of Birth Certificate is required with this form.

*Office use only**

Date Received: _____ Reg. Fee Received _____

Immunization Record _____ Method of Payment _____

General Information for: _____

Child's Name

Names of brothers or sisters: _____ Age: _____
_____ Age: _____
_____ Age: _____

What are your child's...

- Favorite Interests: _____
- Food Dislikes: _____
- Sleeping Patterns: _____
- Toileting Practices: _____
- Religious or Cultural Beliefs: _____

Does your child have any fears?

What types of guidance, discipline and control methods does your child respond well to?

Previous experiences away from home.

Describe:

Other Comments:

Medical History

Is your child immunized? _____ If yes, please attach a photocopy of record.
If no, please state reason _____

Doctor's Name: _____ Phone: _____

Has your child had any of the following: *(please mark all that apply)*

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Measles Mumps | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Pink Eye | <input type="checkbox"/> Ear Infection |
| <input type="checkbox"/> Bowel Disorders | <input type="checkbox"/> Croup | <input type="checkbox"/> Asthma | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Eczema | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Respiratory Problems | | | |

Is you child subject to any of the following: *(please mark all that apply)*

- | | | |
|--|---|--|
| <input type="checkbox"/> Ear/Nose/Throat Infections | <input type="checkbox"/> Urinary Tract Infections | <input type="checkbox"/> Bleeding Nose |
| <input type="checkbox"/> Skin problems | <input type="checkbox"/> Seizures | |
| <input type="checkbox"/> Other Medical Conditions: _____ | | |

Emotional Problems: _____

Learning Disabilities: _____

Allergies: _____

Is you child currently on medications? _____

Does child have any vision or hearing or speech concerns? _____

Alternate Authorized Adults

(List those who may pick up your child if you were not able to)

I give permission for the following people to pick up/drop off my child from Early Learning Child Care :

| NAME | RELATIONSHIP TO CHILD | HOME PHONE | WORK PHONE |
|------|-----------------------|------------|------------|
| | | | |
| | | | |
| | | | |

Emergency / Earthquake Contacts:

(These people would be called if parents could not be reached)

| NAME | RELATIONSHIP TO CHILD | HOME PHONE | WORK PHONE |
|------|-----------------------|------------|------------|
| | | | |
| | | | |
| | | | |

***In case of accident or illness, I authorize qualified staff of Early Learning Child Care to administer first aid, call a medical practitioner or call an ambulance, if parent cannot immediately be reached.**

Yes No _____ *Parent / Guardian Signature*

***I give permission for my child to participate in the outdoor play area.**

Yes No _____ *Parent / Guardian Signature*

***I give permission for my child to be photographed / video taped for classroom usage or general advertising for the Early Learning Child Care.**

Yes No _____ *Parent / Guardian Signature*

Parent / Guardian and Early Learning Child Care Agreement

- Parents/Guardians must give notification for vacation periods or extended absences due to illness or otherwise. No refunds will be given for days missed from Early Learning Child Care.
- Parents/Guardians must provide written notification of any changes to their personal information. The Early Learning Child Care reserves the right to any information that is pertinent to the child and to his/her daily routine.
- Children must be signed in and out when dropped off and picked up. Only persons on the authorized list will be allowed to pick up your child from Early Learning Child Care. The Early Learning Child Care will not release a child unless notification has been given.
- The management of Cornerstone Early Learning Child Care reserves the right to release or suspend a child in the best interest of the child or the Early Learning Child Care. Parents will be notified.
- In the event of lateness, Cornerstone Junior Kindergarten will charge a late fee of \$5.00 for every five minutes and part thereof that the child needs supervision. This will apply after three warnings.
- The Early Learning Child Care is closed on all statutory holidays.

I, _____ have read and understood the above and agree to abide by all Cornerstone Early Learning Child Care's policies at all times.

Parent / Guardian Signature

Date



Name of Facility: Cornerstone Early Learning Child Care

EMERGENCY CONSENT CARD

CHILD'S NAME: _____ BIRTHDATE: _____
SURNAME FIRST NAME (S)

YEAR/MONTH/DAY

ADDRESS: _____
CHILD LIVES WITH: _____

PARENT'S NAME: _____

WORK PHONE: _____ HOME PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

CHILD'S M.D.: _____ PHONE: _____

1) ALLERGIES: _____

2) MEDICATIONS: _____

CHILD'S DENTIST: _____ PHONE: _____

CARE CARD #: _____ DATE EFFECTIVE: _____

CONSENT FORM

1. It is the policy of this centre to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to ensure that the child is taken to the nearest emergency service.
2. Please sign the consent below so that facility staff can take appropriate actions on behalf of your child. Return the signed consent to the centre immediately. This consent will accompany the child to the emergency centre.
3. I hereby give consent for my child _____ when ill to be taken to the nearest emergency centre by emergency vehicle when I cannot be contacted. Any associated costs incurred as a result of emergency transportation or medical treatment for the child is the responsibility of the child's parent or guardian.
4. I hereby give consent for my child _____ to receive medical treatment.

SIGNATURE OF PARENT OR GUARDIAN

WITNESS