

**Nanoose First Nation
Uy'sqwalawun Childcare Center
Registration form for childcare**

Name of child: _____ **Sex:** _____
(Surname) (Given names)

Date of Birth: _____ (day/month/year)

Date of Enrollment: _____ **Band #** _____

Parent or Guardian Information:

Name: _____ **Phone:** _____

Address: _____

Relationship to child: _____

Place of work/school: _____

Address: _____

Hours of work: _____ **Phone:** _____

Name: _____ **Phone:** _____

Address: _____

Relationship to child: _____

Place of work/school: _____

Address: _____

Hours of work: _____ **Phone:** _____

Other Children in the family:

Name: _____ **Date of Birth:** _____

Name: _____ **Date of Birth:** _____

Name: _____ **Date of Birth:** _____

Name: _____ **Date of Birth:** _____

Pets: _____

Alternate person to call in case of emergency or allowed to pick up child: (must be over 19 years of age)

Name: _____ Phone: _____

Address: _____

Relationship to child: _____

Place of work/school: _____

Address: _____

Hours of work: _____ Phone: _____

Name: _____ Phone: _____

Address: _____

Relationship to child: _____

Place of work/school: _____

Address: _____

Hours of work: _____ Phone: _____

Name: _____ Phone: _____

Address: _____

Relationship to child: _____

Place of work/school: _____

Address: _____

Hours of work: _____ Phone: _____

Name: _____ Phone: _____

Address: _____

Relationship to child: _____

Place of work/school: _____

Address: _____

Hours of work: _____ Phone: _____

Alternate person to call in case of emergency or allowed to pick up child: (must be over 19 years of age)

Name: _____ Phone: _____

Address: _____

Relationship to child: _____

Place of work/school: _____

Address: _____

Hours of work: _____ Phone: _____

Name: _____ Phone: _____

Address: _____

Relationship to child: _____

Place of work/school: _____

Address: _____

Hours of work: _____ Phone: _____

Name: _____ Phone: _____

Address: _____

Relationship to child: _____

Place of work/school: _____

Address: _____

Hours of work: _____ Phone: _____

Person Not Permitted Access To Child

Name: _____ Phone: _____

Name: _____ Phone: _____

Daycare staff are not permitted to pickup or take home children at any time.

If there is a custody agreement, please give details and attach copy of the agreement.

I hereby give consent for the staff of Uy'sqwalawun Daycare to take my child to the health clinic or to call a medical practitioner or ambulance for my child in the case of accident or illness if I cannot immediately be reached during programming. I also give permission for the qualified staff of this centre to administer general first aid.

I give permission for the Daycare Manager to release pertinent information about my family/child in a confidential manner to the band administration case management team if called upon.

I waive and release Nanoose First Nation and the Daycare staff or volunteers from any liability for any injury, loss or illness suffered by myself or my children, arising directly or indirectly by participation in the daycare program and falling under the guidelines of the Community Care Facility Act, Child Care Licensing Regulations.

I give permission to use my children's photograph in photo albums, media, promotional materials, and posters both on and off reserve. Yes [], no I do not []

"I have reviewed the parent Manual for Uy'sqwalawun Childcare Center and will comply with its' policies and procedures as written."

Today's Date: _____

Signature: _____ (parent or guardian)

Has your child had previous experiences away from home? _____

The withdrawal process requires:

- **Parents or guardians wishing to withdraw their children are required to give one month's written notice to the Daycare Manager or one month's payment.**

Date of registration : _____ (to be filled in by Daycare Manager when all registration forms completed and received.)

Start Date into the program: _____ (to be filled in by Daycare Manager when fees and subsidies are received.)

Daycare Manager Signature: _____ today's date _____

Classroom:

Infant/toddler []

3-5 yr old daycare []

Days:

Fulltime [] part-time []

Check-off days:

Mon. [] Tues. [] Wed [] Thurs. [] Fri. []

Health and Medical Information Form

Name of Child: _____ Sex: F [] M []

Date of Birth: _____ (day/month/year)

Care card number: _____ Family Doctor: _____

Doctor's number: _____

Other health professionals involved with your child? _____

What communicable diseases has your child had? _____

Please share your child's personal health history with us. _____

Does your child have any allergies? _____

Does your child have any special diet requirements that the staff should know about? _____

Parents must sign a medication release form for staff to administer medications to children in daycare. Parents must supply child's or children's medication in original bottle.

Please submit your child's record of immunization. This can be obtained from Public Health or the Community Health Nurse and be attached.

Record of Immunizations as submitted by Parent or Guardian	
Dates Given	Date Given
Penta _____	Mumps shot # 1 _____
Penta _____	shot # 2 _____
Penta _____	Rubella _____
Penta _____	Hepatitis B shot # 1 _____
DPTP _____	shot # 2 _____
Measles shot # 1 _____	shot # 3 _____
shot # 2 _____	Pneumococcal shot # 1 _____
Meningococcal shot # 1 _____	shot # 2 _____
shot # 2 _____	shot # 3 _____

Permission for the Health Nurse to release this information to the Daycare for this purpose is given by the parent or guardian:

_____ Signature of parent/guardian

_____ today's date

_____ Signature of Daycare Manager