



# N'Quatqua Child & Family Development Centre Programs

## Pre- Registration

Child's Name: _____	Birth Date: _____
Enrolled In: _____	Home Phone #: _____
Parent's Name: _____	Work Phone #: _____

Please indicate which program and days of the week you would like your child to attend.

- N'Quatqua After School Program
  
- Mon.
- Tues.
- Wed.
- Thurs.
- Fri.

Start Date Required: \_\_\_\_\_  
Parent's Signature: \_\_\_\_\_

*Upon completion of these forms there is a \$20.00 non-refundable registration fee, which will reserve your child's seat in the After School Program. Please make your cheque payable to the NCFDC c/o N'Quatqua Band and a receipt will be issued. All moneys from registration are pooled in to a fund to buy art supplies and to expand our toy selection.*



## N'Quatqua Aboriginal Head Start Program

### **Registration Form** (Daycare/Preschool/ After School programs)

(All areas must be completed, n/a if area is not applicable)

<u>Date of Birth:</u> (M/D/Y)	<u>Gender</u> M                      F	<u>Child's Starting Date:</u> (M/D/Y)
<u>Child' Full Name:</u>		<u>Child's Preferred name:</u>
<u>Parents/ Guardians Name:</u>		
<u>Mailing Address:</u>		
<u>Home Phone:</u>	<u>Cell Phone:</u>	<u>Children's Status #:</u>
<u>Person(s) with whom child lives:</u>		
<u>Siblings: (names &amp; age)</u>		
<u>Child's First Language:</u>		<u>Second Language:</u>
<b><u>Parents/Guardians Information</u></b>		
<u>Name:</u>		<u>Work Phone: (ext.)</u>
<u>Place of Work:</u>		<u>Hours of Work:</u>
<u>Name:</u>		<u>Work Phone: (ext.)</u>
<u>Place of Work:</u>		<u>Hours of Work:</u>
<u>Family Doctor:</u>		<u>Ph.#</u>
<u>Family Dentist:</u>		<u>Ph.#</u>
<u>Medical Insurance #:</u>		
<b><u>Alternate Person(s) To Call in Case of Emergency/ Persons Authorized to Pick Up</u></b> (At least one alternate is required):		
<u>Name:</u>	<u>Relationship:</u>	<u>Ph.#</u>
<u>Name:</u>	<u>Relationship:</u>	<u>Ph.#</u>
<u>Name:</u>	<u>Relationship:</u>	<u>Ph.#</u>
<u>Name:</u>	<u>Relationship:</u>	<u>Ph.#</u>
<u>If appropriate, English speaking contact:</u>		<u>Ph.#</u>
<b><i>If there is a Custody Agreement, provide details (copy of agreement must be on file):</i></b>		
<u>Signature of person providing information:</u>		<u>Date:</u>

**Registration Form cont. ( Head Start programs)**

( All areas must be completed, n/a if area is not applicable)

**Child's Personal & Developmental History**

Has your child previously attended daycare/preschool?    Y    N    Date:

Name of the Facility:

How was your child's childcare experience?

Do you have any specific educational instructions?

What words does your child use for toileting?

Do they have any bowel or bladder irregularities?

Does your child have any allergies (food, skin, bees, etc.)

***Has your child had...***

(please give explanations)

\* Vision or hearing problems?

\* Tubes in their ears?

\* Speech or language difficulties?

\*Operations/illnesses to date?

\*All immunizations to date?

Does your child have any other medical conditions that we need to be aware of?

Does your child have any behaviours that you would like us to watch for?

Do you have any specific child guidance/ discipline instructions for staff?

When your child is upset or having anxiety, how do you comfort your child?



# N'Quatqua Aboriginal Head Start Program

Child's Name:			Program:	
I authorize N'Quatqua Aboriginal Head Start Program to release my child to the following people:				
Name	Relationship	Home Telephone	Work Telephone	Restrictions
This authorization will remain valid for one year.				
Parent/Guardian Name:			Date:	
Child Care Coordinator:			Witness:	



## N'Quatqua Aboriginal Head Start Program

### *Immunization Form*

This letter is to confirm that my child, \_\_\_\_\_ 's immunizations  
are up to date.

Parent/ Guardians signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**An up to date photocopy of my child's immunization will be provided prior to my child's first day of childcare.**

### **Please, read and fill out this section if your child is not immunized.**

I am a conscientious objector, and choose not to have my child immunized. I understand, should any communicable diseases be present in the facility I will be asked to remove my child immediately and he/she will not be able to attend until approved by the local health authority.

Child's name: \_\_\_\_\_

Parent/ Guardians Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

<b><i>Emergency Record Information</i></b>	
<b>Child's name:</b>	
<b>Street Address:</b>	
<b>Mailing Address:</b>	
<b>Health Care Card Number:</b>	
<b>Mother's Name:</b>	
<b>Ph.# Home:</b>	<b>Work#:</b>
<b>Father's Name:</b>	
<b>Ph.# Home:</b>	<b>Work#:</b>
<b>Alternate Adult Name:</b>	
<b>Relationship to child:</b>	
<b>Ph. # Home:</b>	<b>Work#:</b>
<b>Physician:</b>	<b>Ph.#:</b>
<b>Dentist:</b>	<b>Ph.#:</b>
<b>Allergies and/ or Medical Conditions:</b>	

<b><i>Emergency Record Information</i></b>	
<b>Child's name:</b>	
<b>Street Address:</b>	
<b>Mailing Address:</b>	
<b>Health Care Number:</b>	
<b>Mother's Name:</b>	
<b>Ph.# Home:</b>	<b>Work#:</b>
<b>Father's Name:</b>	
<b>Ph.# Home:</b>	<b>Work#:</b>
<b>Alternate Adult Name:</b>	
<b>Relationship to child:</b>	
<b>Ph. # Home:</b>	<b>Work#:</b>
<b>Physician:</b>	<b>Ph.#:</b>
<b>Dentist:</b>	<b>Ph.#:</b>
<b>Allergies and/ or Medical Conditions:</b>	



# N'Quatqua Aboriginal Head Start Program

## Emergency Transportation Consent Form

I, \_\_\_\_\_ give permission for emergency vehicles to be called for my child \_\_\_\_\_ if needed, at the discretion of the N'Quatqua childcare staff members. If the ambulance attendant thinks that my child needs further medical attention, I release my child into their immediate care, in which they will be transported by ambulance to the nearest suitable hospital facility. Due to the isolation of D'Arcy, Medivac air transportation may be used in the case of a life-threatening situation where time is a critical factor.

Parent/Guardians Signature: \_\_\_\_\_

Date Signed \_\_\_\_\_

## Community Walks Release Form

The N'Quatqua Aboriginal Head Start Programs are based on educating young children about their homeland and culture. This curriculum is best learnt through concrete experiences and hands on activities, therefore a regular and consistent part of our program will be based on community walks and small routine walking fieldtrips. We will be visiting the fish hatchery, Anderson Lake front park/beach and the community garden on a regular basis. During our walks we will always maintain our licensing ratio of educators to children and have the help of parent volunteers.

I, \_\_\_\_\_ give permission for my child \_\_\_\_\_ to join the N'Quatqua After School program for spontaneous community walks in D'Arcy on a regular basis during the school day.

Date Signed: \_\_\_\_\_

Parent/Guardians Signature: \_\_\_\_\_



## **Video Taping and Photography Release Form**

I, \_\_\_\_\_ give permission for my child, \_\_\_\_\_ to be video taped or photographed in the Head Start Preschool Program and the N'Quatqua Child and Family Development Centre. I understand that these video's and photo's will only be used to document the children's participation in both the programs and that there will be no copies made. If you are a parent who would like a copy of photographs of your child please speak to the Director and it will be done upon request for the cost of the developing.

Parent/ Guardians Signature: \_\_\_\_\_

Date Sign: \_\_\_\_\_



## **N'Quatqua Aboriginal Head Start, After School Program**

### **Letter of Acceptance**

I, \_\_\_\_\_ have read the *Family Policy Manual* and understand the policies and procedures outlined in this document. I will abide to all the policies in this manual and will follow the steps in each procedure when addressing a situation within my child's program. If a problem arises and I am having a difficult time identifying which policy/procedure it falls under, I will refer to the Director for clarification.

Client's Signature: \_\_\_\_\_

Director's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_