

START DATE: _____ YEAR: _____
END DATE: _____ YEAR: _____



Port Alberni Friendship Center

ʔiihmisuk ʔaatneʔis - Treasure our Young Ones



Registration Form

DATE REC'D: _____

CHILDS PHOTO

CHILD'S INFORMATION:

Child's Legal Name: _____

Date of Birth: ____/____/____
DAY/MONTH/YEAR

My child responds to: _____ Gender: _____

My child will arrive at: _____ A.M. and will be picked up by _____ P.M.

FAMILY/CAREGIVER INFORMATION:

Enrolling Parent/Caregiver Name: _____

Address: _____
(NUMBER/STREET/CITY/PROVINCE/POSTAL CODE)

Home Phone Number: _____ Cell Number: _____

Email: _____

Alternate Parent/Caregiver Name: _____

Address: _____
(NUMBER/STREET/CITY/PROVINCE/POSTAL CODE)

Home Phone Number: _____ Cell Number: _____

Email: _____

Other Children Living at Home:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____



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CUSTODY RESTRICTIONS:

Is a court order in effect regarding custody of the child? If yes, please attach the court order and state the general conditions here (**this is a legal requirement in order for use to enforce the conditions**).

YES

NO

EMERGENCY CONTACTS

Name: _____ Relationship: _____
 Home #: _____ Work #: _____ Cell #: _____

Name: _____ Relationship: _____
 Home #: _____ Work #: _____ Cell #: _____

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 Home #: _____ Work #: _____ Cell #: _____

PLEASE NOTE: All pick up persons must be over the age of 18 years and have their name listed on this form or the child will not be released

PICK UP LIST:

Please list yourselves, emergency contacts and any other person who MAY be required to pick up your child in case of an emergency. Your child will not be released to ANYBODY not on this list and if we have not met the person on the list, we will ask to see ID before we release the child. It is your responsibility to amend this list yourself.



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GENERAL & HEALTH INFORMATION:

Family Doctor: _____ Phone: _____

Care Card # _____

Family Dentist: _____ Phone: _____

Is your child toilet trained?

- YES
- NO
- Currently Training _____

Would you like your child to nap?

- YES ... for how long? _____
- NO /Not Applicable

Does your child have special needs or concerns?

- YES
- NO

If yes, please explain and give a copy of the diagnosis as this is a legal requirement

Does your child have a special needs worker? If yes, please provide their name and contact information.

- YES
- NO

Name: _____ Phone Number: _____

Does your child have any allergies that we should be aware of (Food, Drugs, Animals, Bees, etc.)?

- YES
- NO

If yes, what are the symptoms?

If yes, what is the treatment?



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Does your child have any dietary restrictions?

YES

NO

If yes, please specify?

Has your child had any serious health problems/illness that we need to be aware of?

YES

NO

If yes, please explain

Does your child regularly take medication?

YES

NO

PLEASE NOTE: An authorization to administer medication form will need to be filled out prior to any medications being administered. A health care plan is also required for your child(ren) requiring emergency medication.

Has your child had any of the following childhood diseases? If yes, please document the month and year.

Chicken Pox _____

Measles (Red) _____

Mumps _____

German measles _____

Are your child's immunizations up to date?

YES

NO

PLEASE NOTE: A copy of your child's IMMUNIZATION RECORD must be attached to this application



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FAMILY INFORMATION:

Is your child of Aboriginal Ancestry?

YES

NO

If yes, where are you from?

Do you speak a traditional language in your home?

YES

NO

If yes, what language? _____

Has your child been in a child care setting before?

YES

NO

What type of activities interest your child?

Are there cultural practices and traditions that your family participates in that you would like to share with the daycare?



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Please list the group activities like swimming, preschool, or playgroup that your child may have attended in the past.

What type of guidance and discipline methods do you use at home and that your child responds to?
Is there anything else we should know about your family and/or child?

Is there anything else we should know about your family and/or child i.e. favorite toy and food, anything they are frightened of or anything that you might be concerned with?

Please let us know if there is anything else you would like to share with us about your child (separation anxiety, behavioural traits, etc.):

CHILD CARE REQUEST:

I would like my child to attend ʔiihmisuk ʔaatneʔis - Treasure our Young Ones Childcare Centre:
(Please choose one)

_____ Full Time, Monday to Friday Infant Toddler

_____ Full Time, Monday to Friday 3-5

_____ Part Time Monday to Friday Afterschool Care

(WHICH SCHOOL _____ DISMISSAL TIME _____)



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POLICIES & PROCEDURES:

I, _____ legal parent/guardian of the child _____, have read, understand and agree to all the terms and conditions of ʔiihmisuk ʔaatneʔis - **Treasure our Young Ones** Childcare Centre as set out in the parent handbook that I received with this application form. I agree to abide by the Centre's policies regarding the following:

- Fees are to be paid in advance on the 1st of each month (or the 1st and 15th of each month if prearranged);
- If MCFD or USMA is paying or if the child care subsidy has been applied for, you are responsible for paying the full fees until MCFD or child cares subsidy are in place;
- \$50.00 NSF fee is applied to each dishonoured cheque;
- Late fees as set in the Policy Handbook will be added to all fees not paid on time;
- If your payment is not received on time, your child may lose his/her space at the Centre;
- Any accounts delinquent past 60 days will result in third party collection intervention and possible legal action;
- One month's written notice as per the Policy Handbook is required when withdrawing your child from the program;
- Authorizing us to contact you via email with the address provided; and
- There are NO refunds.

Parent Signature

Date

PERMISSIONS:

I give authorization for my child, _____

- To go on **field trips/outings** arranged by ʔiihmisuk ʔaatneʔis – Treasure our Young Ones Childcare Centre;
- To be transported in the PAFC van for school pickups (where applicable)
- To be **transported by ambulance** (at the parent's cost) to the nearest medical facility with a member of ʔiihmisuk ʔaatneʔis - Treasure our Young Ones Childcare Centre in the **event of an accident/illness** (I understand that all parents/guardians will be notified first when at all possible);
- To receive **emergency medical services** on arrival at the medical facility;
- To have my **child's photograph** taken in the program setting for general record keeping and publicity purposes;
- To have ʔiihmisuk ʔaatneʔis - Treasure our Young Ones Childcare Centre **staff help apply sunscreen** when deemed necessary; and
- I accept all responsibility for **payment of all accounts** rendered to my family.

Parent Signature

Date



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VOLUNTEERING IN THE CHILDCARE CENTRE:

As outlined in the policies of the Port Alberni Friendship Center and ʔiihmisuk ʔaatneʔis - **Treasure our Young Ones Childcare Centre**, we encourage the involvement of families within our program. Please check off the opportunities you would most likely be able to help with:

- Participation on Field Trip Outings
- Participating in Fund Raising Activities
- Sewing / Knitting / Weaving
- Carving / Woodwork
- Singing
- Drumming
- Language
- Dancing
- Gardening
- Repair / Maintenance of program materials and equipment

CONFIDENTIALITY AGREEMENT:

I understand that my involvement is voluntary and confidential and falls within the following points of The Port Alberni Friendship Center's Confidential Policy:

Confidentiality of Client Information

Confidential information: Except as noted elsewhere in the sub-section, information obtained in any way about clients of the Centre (or their families) as a result of employment is deemed to be strictly confidential. Such information may be shared only with other employees who have an operational requirement for the information.

An employee who, for any reason, deliberately accesses confidential not needed for performing their job has breached confidentiality, whether they disclose it or not.

Breach of confidentiality: Unauthorized disclosure of confidential client information is a serious infraction of policy and will lead to disciplinary procedures or dismissal. An employee who is unsure of what constitutes confidential information or its disclosure will discuss the issue with the Childcare Manager.

Informed consent: Clients of the Centre will be informed in writing and give signed consent to the disclosure of confidential information to outside agencies or persons. Such consent specifies the information to be shared and the reason.



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The exceptions to the Port Alberni Friendship Center Policy are:

- In cases of suspected child abuse or neglect and in the cases of past or recent sexual abuse and in which an offender may have present access to children, the Port Alberni Friendship Center is obligated to inform appropriate authorities in the Ministry of Children and Family Development. As stated in *The Child and Family Community Service Act section 14(1) (2)* it is mandatory that we report any knowledge or suspicion of child abuse or neglect to the Director of the Ministry of Children and Family Development. Therefore, Port Alberni Friendship Centre (*Treasure our Young Ones Childcare Centre*) staff is obliged to carry out this procedure if applicable.
- When a client states that he/she intends to inflict bodily harm to another person, staff will notify the potential victim(s) and encourage him/her (them) to notify the police. If the victim cannot be contacted, staff may notify the police.
- Upon subpoena to testify in court at the direction of a judge, or other court order.
- When a person appears unfit to operate a vehicle and is known to intend to drive upon leaving the Centre, police will be notified.
- When client states that he/she intends to commit suicide, staff may notify emergency services deemed necessary to save the individual's life.
- Section 96 (10 (2) (3) of the *Child and Family Community Service Act* states that Port Alberni Friendship Center (*Treasure our Young Ones Childcare Centre*) staff may be required to disclose to the Director of the Ministry of Children and Family Development, information about you in order to protect the child and carry out their duties under this act.

I, _____, hereby authorize the Port Alberni Friendship Center,

ʔiihmisuk ʔaatneʔis - Treasure our Young Ones Childcare Centre to obtain and release information

To/From:

Name and Contact Information:

Any release of information regarding a client shall otherwise be by the client's written and signed consent listed above. Please sign to indicate that you have read and understand this agreement.

Parent or Guardian Signature

Dates

Please Print

Name Child's Name

PAFC Employee Signature

Date Accepted