

PARENT REGISTRATION FORMS



OTSKOPIK'SAKI DAYCARE CENTRE

BOX 3059, 1360-19 Street, BROCKET, AB. TOK OHO

PH: (403) 965-3982 FAX: (403) 965-2074 CELL: (403) 627-9246

Email: pndaycare@gmail.com

Personal Information

Child's Legal Name: _____
Preferred Name: _____
Mailing Address: _____
Legal Land Description: _____
Street Address (If Applicable): _____
Home Phone: _____ For Messages: _____
Birth date: _____ Age: _____
Band Name: _____ Treaty # _____

PARENT/GUARDIANS INFORMATION

Mother/Guardian: _____
Occupation: _____ Phone # _____
Hours of employment/School _____
Email address: _____

Father/Guardian: _____
Occupation: _____ Phone # _____
Hours of employment/School: _____
Email address: _____

(IF YOU ARE ATTENDING SCHOOL, A COPY OF YOUR CLASS SCHEDULE WILL BE REQUIRED IN ORDER TO PROMPTLY CONTACT YOU IN CASE OF AN EMERGENCY)

EMERGENCY CONTACT INFORMATION

The names of the people you provide must be aware of why they are being called and be prepared to handle the situation.

Name: _____
Mailing Address: _____
Home Phone #: _____ Work #: _____
Relationship to child/ren: _____
Legal Land Description: _____

Name: _____
Mailing Address: _____
Home Phone #: _____ Work #: _____
Relationship to child/ren: _____
Legal Land Description: _____

People Authorized to pick up your child/ren:

1. _____
2. _____
3. _____
4. _____

MEDICAL INFORMATION

Alberta Health Care #: _____

Physician's Name: _____

Physician's Address: _____

Physician's Phone #: _____

Describe the behavior of your child when becoming ill (i.e. cries, tired, sleepy, quiet, or may unexpectedly say "I'm not feeling good")

Does your child receive any prescribed daily medication? Yes _____ No _____
If yes, please give the names of the medication, dosage, date, and amount to be given.

Has your child had any serious illnesses, operation or injuries? Yes _____ No _____
If yes, please describe: _____

Do you have any children with Special Needs? (e.g. mental, physical, or other) Yes ___ No ___
If yes, please explain: _____

Does your child have recurring medical problems (i.e. bronchitis, chronic ear infection, rash, seizure's, asthma, etc.) please be specific:

Is there any illness that would prevent your child from participating in the daily activities?
If yes, please explain: _____

Are there any medical dietary problems? _____
Does your child have any allergic reactions to food, medication and/or other? _____

Does your child have a prescribed EpiPen for severe allergic reactions? _____

Has your child had any of the following? (Yes or No)

Chicken Pox:	Mumps:
Cholera:	Red Measles:
Gastro-enteritis:	Shigella:
German Measles:	Scarlet Fever:
Hepatitis:	Scarletina:
Infectious Influenza:	Salmonella:
Meningitis:	Small Pox:
Typhoid:	Tuberculosis:
Water Borne Disease:	Whooping Cough:

FAMILY INFORMATION

Name & Age of siblings at home: _____

Other people who are important to your child, e.g. grandparents, uncles, aunties, etc.

Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____

GENERAL INFORMATION

Has your child attended another Daycare or Day Home?

Yes _____ No _____

If yes, please give the name of the Center. _____

Briefly describe your child's daily routine:

Morning: _____

Noon: _____

Afternoon: _____

Describe your child's fears: _____

List foods your child dislikes: _____

List your child's favourite activities: _____

Is your child potty trained? Yes _____ No _____ Need Help _____

State any habits that your child has and that staff should be aware of:

In order to work together, please describe method of discipline used at home:

Do you have any objections to the Otskoipik'saki Daycare Centre, teaching the Blackfoot Culture/Language to your child?

Yes _____ No _____

If yes, please explain _____

Is there any specific instructions we need to know or follow?

In your own words, describe your expectations when placing your child in our centre:

Single Parent Only

Does your child have contact with his/her other parent?

Yes _____ No _____

If so, how often? _____

Is the other parent likely to visit his/her child at the Child Care Centre?

Yes _____ No _____

PARENT AGREEMENT

As a parent using the Otskoipik'saki Daycare Center, I hereby agree:

To enrol my child: Full Time _____ Part-time _____

That my child will attend _____ days per week, from _____ a.m. _____ p.m.

That should I remove my child from the Daycare Center before the month is over and should my child be absent from the centre during the month, I will not be reimbursed.

That if I no longer require the Childcare service, and leave an outstanding balance due, I will pay this outstanding amount before re-applying for Childcare services.

To let the staff of the Daycare Center know when my child/ren will be absent and why.

To inform the Director/Staff before 9:00 a.m. that my child/ren will be late and I will give the expected arrival to the centre.

To inform the center if there is a change in my employment, phone number, change of address or other important information.

That I should be supportive in doing what is necessary to process my application for Childcare services.

Approved by Director

Date

Mother/Guardian

Father/Guardian

Date

Date

PERMISSION TO RECEIVE EMERGENCY MEDICAL CARE

I hereby grant permission for my child/ren to use all play equipment and participate in all activities of the Daycare Center unless otherwise stated.

I hereby grant the Director to take whatever steps necessary to obtain emergency medical if warranted. These steps may include, but are not limited to:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact the parent through any of the persons listed on the emergency information form you completed.
4. If we cannot contact any of the above or the child's physician, we will do any of the following:
 - (a) Call another physician
 - (b) Call an ambulance
 - (c) Have the child taken to an emergency hospital in the company of a staff member.
 - (d) Call the Health Nurse
5. If a child suffers a severe allergic reaction and has a prescribed Epipen, staff will administer prescribed dosage, parent/guardian will be contacted immediately.

Parent's Signature

Date

PERMISSION TO TAKE PICTURES

I hereby grant permission for my child to be included in the pictures that may be taken during Daycare functions: These may include, and not be limited to, Christmas, Halloween, and Bulletin Boards. Furthermore, they may be included in the photo album and social media and can be given a copy if requested.

Parent's Signature

Date

FIELD TRIP PERMISSION FORM

I hereby grant permission for my child/ren to leave the Otskoipik'saki Childcare Centre under the supervision of a staff member for walks, fieldtrips, etc. Furthermore, when my child is going to leave the community, I will be informed of the plans and will sign a consent form so my child can attend.

Parent's Signature

Date

REFERRAL FOR SPEECH AND LANGUAGE SCREENING
ASSESSMENT AND THERAPY

Child Name: _____ DOB: _____

Parent Names: _____

Parent Phone Numbers: _____

Who is requesting referral: Otskoipik'saki Daycare Centre

Reason for referral (primary concern):

- Articulation (language cues & barriers)
- Language (language appropriation, age appropriation)
- Fluency & Mastery
- Voice (Abnormal pitch, strained/hoarse voice, raspy, nasal)
- Other: _____

Birth History and history of development information:

Attention concerns? Yes / No

Has child had a hearing assessment? Yes / No

Hearing concerns? Yes / No

Vision concerns? Yes / No

Please explain your concerns:

I hereby grant permission to Marla Bosch, Speech-Language Pathologist to:

1. Provide professional **assessment & treatment** if needed to _____
(child's name)
2. I understand that Marla will provide the screening and/or assessment to initiate the treatment plan for Speech therapy.
3. Request and/or exchange information, for the purpose of assessment, treatment and/or treatment planning for my child with the following individuals/agencies (please check all that are applicable and specify name in the space provided)

Daycare: _____

Family Doctor: _____

Other Health Care Professionals (i.e. Alberta Children's Hospital, Alberta Health Services Speech/Language Program):

Child and Family Services: _____

Other: _____

4. Take photographs, videotapes and sound recordings for the purposes of assessment and/or treatment monitoring. All material will be kept confidential. (Parent initial: _____)

By signing this form, I confirm I am legally authorized to provide this consent and that I agree to all of the items listed above unless otherwise indicated. I also understand that this consent is in effect until such time as I formally withdraw it or services are discontinued.

Dated: _____

Name (print): _____ Signature: _____

Witness (print): _____ Signature: _____

PIIKANI NATION – PIIKANI HEALTH IMMUNIZATION FORM

Must be filled out by Community/Public Health Nurse at Aakom’kiiyii Health Services and sent back to daycare

Name of Child _____

Birth date _____

M.M.R. #1 at one year _____

M.M.R. #2 between 4-6 years _____

DIPHTHERIA	(1) (2) (3) (4)	(BOOSTER)
PERTUSSIS	(1) (2) (3) (4)	(BOOSTER)
TETANUS	(1) (2) (3) (4)	(BOOSTER)
POLIO	(1) (2) (3) (4)	(BOOSTER)
HAEMOPHILUS INFLUENZA TYPE B	(1) (2) (3) (4)	(BOOSTER)
Meningococcal	(1) (2) (3)	(BOOSTER)
Pneumococcal	(1) (2) (3) (4)	(BOOSTER)

Are immunizations currently up to date? Yes _____ No _____

Additional comments: _____

Thank you for completing this form, it is important that immunizations are up to date. Immunizations are required to be up to date before a child enters the Daycare Center.

Health Nurse Signature

Date

Parent/Family Handbook and Fee Agreement – Family Copy
(your copy to keep)

Child's Name: _____

Daycare Fees: _____ (\$120/child/month; \$150 for two children/month; \$170 for three children/month; \$20/each additional child)

I/We (the undersigned) have read the parent handbook for Otskoipik'saki Daycare Center and understand all the information, policies and procedures outlined in the handbook. We (the undersigned) have also received a copy of the Parent Hand Book for our own records and reference.

By signing this agreement we consent to all the handbook policies and procedures and agree to them, including payment policies and late fee procedures. By signing this agreement, we acknowledge that the information supplied in the registration form regarding our child and the information supplied below is true and accurate to the best of our knowledge.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Manager's Signature

Date

Parent/Family Handbook and Fee Agreement - Daycare Copy
(Detach and return completed)

Child's Name: _____

Type of Care (please circle one): **Full-Time Care** (Monday to Friday)

Preschool Only

Part-Time Care:

Monday/Tuesday/Wednesday/ Thursday/Friday

Daycare Fees: _____

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Date