

Saulteau First Nations
Multi Care Facilities, Headstart

Year: _____

1709 Boucher Lake Rd Moberly Lake, BC, V0C 1J0

(250) 788-3911

Child Registration Form

All center children and center staff must be immunized. Please include a copy of your child's immunizations records. Children can no longer start attending the programs until these and all forms are filed.
There will be some spaces shared for part-time participants.

Program:

- Daycare Toddler (12-35 months),
- Daycare 36 months to 4 (must be potty trained)
- Preschool 9am-12:30pm
- Before and after school/pro-d days

Child Information:

Child's Name: _____

Date of Birth: _____

Child's Home Address: _____

(House Number or location)

Band Name: _____

Status Number: _____

Not all children will have a status number-if not please state parent is a band member for priority or if parent is an employee write EMPLOYEE OF SFN

Parent/Guardian Information:

Name: _____
Relationship to child: _____
Mailing Address: _____
Phone #: _____
Place of work: _____ (phone #) _____
Email address for notices etc. _____ important for
communications

Name: _____
Relationship to child: _____
Address: _____
Phone #: _____
Place of work: _____ (phone #) _____
Email address for notices etc. _____

We will use this to contact parents when can't phone them or for general information and for notices.

***please note even if you are a parent if you are not listed on the registration form or pick up list the child will not be allowed to leave the center with that person. If the parents are listed on the registration form, we will need an official court document to prevent them from taking the child for the pickup list you can change that at any time by coming into the center and adding or removing the person's information. If you do remove someone please tell them so the staff does not have any difficult situations should they come to pick up the child just to be shocked to hear they don't have permission.

Alternate Contacts: (Other than Parents/Guardians)

The following persons are authorized to pick up my child in case of an emergency

Name: _____
Relationship: _____
Home Phone #: _____ Work # _____

Name: _____
Relationship: _____
Home Phone #: _____ Work # _____

Reason for Needing Childcare

Please be advised that applicants who are eligible for the MCFD subsidy must apply for this funding and there are fees for those who do not qualify. SFN staff and members will have a subsidy through the center but all non-SFN members who are accepted will be responsible for the full cost not covered by a MCFD subsidy.

Health Information:

Child's Medical #: _____

Please list any illnesses or anything we should know about your child that is ongoing:

If you have listed any please give symptoms, treatment and/or specifics (e.g. special diet): _____

Is your child currently on medication? If so, state kind, possible side effects, etc: _____

***** Please note that if your child requires medication during the program hours, please give directly to the staff so it can be stored in a safe place until needed. Forms must be filled out and signed

***** Please DO NOT send your child to the program if he/she is sick. (Cough/cold/flu -not well enough to participate in activities including outside time.

Consents:

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Emergencies

In case of serious illness or accident, I authorize the Saulteau First Nations Multi Care Facilities staff to call the parent/guardian first and then an ambulance if needed. All expenses incurred will be my responsibility.

Signature of Parent/Guardian: _____

Date: _____

Fieldtrips and excursions

I give permission for my child to go on excursions with the Saulteau First Nations Multi Care Facilities programs to places of interest that are no more than 30 minutes driving distance from the program facility. I understand that on the planned trips to Chetwynd and area, my child will be bussed to and from these places or with the smaller children in vehicles with approved safety seating and I will be given advance notice relating to these events

Signature of Parent/Guardian: _____

Date: _____

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Head lice

Head lice are not a considered a Health issue and though we strive to work with families to keep the issue at bay, in discussions with families using the center we have be asked to immediately remove children from the Centre. We also ask that parents inform us if they find their child has nits or lice so we can do a thorough check of centre children. If you can be part of our campaign against these critters, please let us know so we can have volunteers to do the monthly head checks. Children will be checked by staff when they return to ensure all live lice and nits are gone.

Photographs and Videos

I give permission for photographs and videos of my child to be used in any publicity in which the Saulteau First Nations Multi Care Facilities, (e.g. newspaper or newsletter, Cree-ative Crawlers Daycare and Cree-ative Wonders' Headstart Facebook pages etc.). Please keep in mind these are used in areas to promote the program and encourage and thank funders which is how we are able to keep our programs low in fees or free. All photos are taken in good taste and there is no personal information related to the child except at times first names. Without signing this, your child will not be included in group photos or Christmas or yearend slide shows.

Signature of Parent/Guardian: _____

Date: _____

Sunscreen and Insect Repellent – must be supplied by guardian

I give permission for the Saulteau First Nations Multi Care Facilities program staff to apply sunscreen and/or insect repellent to my child when necessary.

Signature of Parent/Guardian: _____

Date: _____

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Parental Waiver Form

I _____, being the parent/guardian of _____ do hereby consent to his/her participation in the activities of the Saulteau First Nations Multi Care Facilities. I authorize and approve and do hereby waive and release all claims for damages, injuries or losses including loss of personal property against the program.

I agree to disclose to the Saulteau First Nations Multi Care Facilities programs a complete medical history of my son/daughter _____ and also agree to allow the staff of the program to administer any medical attention necessary for my child; this includes any emergency

situations, hospital visits, and/or doctor appointments deemed necessary to the health and safety of my child.

I further agree to allow my child to be transported to and from the program via the SFN School Bus and also agree NOT to hold the Saulteau First Nations liable for any injury or harm which may occur while my son/daughter is being transported as a passenger.

Signature of Parent/Guardian: _____

Date: _____

Food Policies

Please note that you understand we are not a peanut free center at this time we will let everyone know if this changes but currently we do not have any children with nut allergies. There are also times that special treats such as candy is given out – like Halloween, Christmas and Easter. We do strive to usually provide Healthier Foods. As part of our teachings it is important to learn control over occasional foods. If your child requires special diets, you might be asked to provide the alternate foods – e.g. goats milk instead of cow's milk. Parents must supply special foods such as simlac for their children.

Signature of Parent/Guardian: _____

Witnessed by: _____

Date: _____

Cultural Education

I give permission for my child _____ to participate in the Saulteau First Nations Multi Care Facilities' cultural programming knowing this education is based on the general teachings of this local area and meant as an introduction to the local culture and may differ from time to time to our specific family culture. I give permission for my child to participate in the smudging practice and will let the centre staff know if I am uncomfortable with anything being practiced.

Signature of Parent/Guardian: _____

Date: _____

Bussing Notification –for children 36 months and older only

I understand that it is my responsibility to be with or assign an adult to be with my child when they are picked up each morning and that the bus will not drop off my child when returning him/her unless they can see an adult present. If no adult is seen my child will be returned to the centre for parental pick-up. The bussing times are adhered to as closely as possible and I understand there are delays at times. The bus is not able to wait at each house very long to see if adults are present. I also understand that there are rules on the bus to provide a safe environment which includes not eating on the bus, staying in their seats etc. The driver will notify me if there are any safety issues so I can help solve them and I understand that as a benefit the bussing is a privilege and for the safety of the children must be followed or the benefit will not be available for my child. Children must be dressed for the weather conditions.

Signature of Parent/Guardian: _____

Date: _____

Signature of Program Supervisor: _____

Please ensure all information is included on this registration before your child starts in our programs

Emergency Plans

It is important that you are aware of the emergency plans and the parent handbook. This will soon be available on the web site sometime the fall of 2019. Until then we recommend that you ask the staff to look at a printed copy. Due to the size of the handbook it will only be printed out as needed.

If you have any questions once your child has joined the program, please see your child's program instructors. If there are additional items that they cannot assist you with then it is encouraged that you speak with the ECE

Program Coordinator prior to speaking with the Director of Education as she coordinates many education programs and the day to day is normally dealt with at the center.

Thanks

*****please note no child will be accepted into the program until all documents have been received by the center, which includes this document in full and immunization records.

*****beginning the fall of 2019 all clients will require to apply to the MCFD Subsidy Funds, Corrina at the Health Center can help with this application. If you are not eligible, please let us know. It will not affect your personal cost to the center at this time but does help us to keep the program free to out of pocket. We do have a fee but at this time it is covered through the band subsidy above what is covered by the MCFD subsidy. Anyone who is eligible to MCFD subsidy and chooses not to apply needs to speak to center Manager

****applications are first come first served.

* A child cannot be part of our programs until all items are in their file. All documents must also be submitted to funders to cover the fees.

** Please note that each child will have a plan schedule which outlines when they are ready for full time care. Some children adapt to the program quickly while others take time.

****The center reserves the right to not offer care if it is felt that it will infringe on the other clients care, or we do not have sufficient staff for the amount of care needed, or staff does not have sufficient training to provide the services needed.

***Once you have a schedule you are expected to follow it. You are required to contact the center if your child will be away. Children need to be at the center by 9:30 each day.

Emergency Consent Card

Child's name _____ DOB: _____
Address: _____
Phone Number: _____
Mother's Name: _____
Father's Name: _____
Emergency Contact: _____
Phone: _____
Physician and Ph. # _____
Dentist and Ph. # _____
Date of last tetanus shot: _____
Allergies/Medications _____
Care Card Number _____

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 take the child to the nearest emergency service.

Please sign the consent below so that we can take appropriate action on behalf of your child. We will take this consent with us to the emergency centre.

I hereby give consent for my child _____ to be taken to the nearest emergency centre by Cree-ative Wonder's staff when I cannot be contacted.

I hereby give consent for my child _____ to receive medical treatment.

Signature of Parent/Guardian: _____

Witnessed by: _____

Date: _____

Additional Registration Information

Does your child have any speech, hearing or visual problems?

Would there be any restrictions to play or activities?

Would you like to have the staff work with you to get additional assessments arranged?

About Your Child

Has your child ever been in childcare before? _____ What type? (center, family daycare, grandma etc.) _____

Was it a positive experience? _____

Why are you looking for childcare? _____

How does your child feel about daycare and being left by his/her mommy/daddy?

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.?

What is your normal method of discipline? _____

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc.

Are there any food restrictions due to allergies?

What is your child's favorite food?

What food does your child dislike?

Can your child be relied upon to indicate bathroom wishes?

What words does your child use for: Bowel movements _____
urination _____

What time does your child wake up in the morning?
What time does your child go to sleep at night?

Do they sleep through the night?

Does your child sleep in a bed or crib, other?

Are there any siblings? Please name them and specify ages and gender.

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Has your child had experience playing with other children? _____

What language(s) are spoken at home?

Does your child have any security objects such as a blanket, soother, bottle, toy etc.?

What are your child's favorite activities, toys, books, songs or games?

Are there any other comments or information you would like to let me know about?

Any specific concerns or things that would you're your child's experience better at the center? _____

General Information About the Center

Please let center staff know if there is anything, they should be aware of that could affect the child's time at the center. For example if there has been a family member who is away a lot working and they might be missing them so not as happy as they could be or if they lost a pet or even changes in behavior such as they are biting at home, any different behaviors so we can work together to help the child through this time. Our job is not to judge you it is to work as a team for the best of the child. Our motto is Children First. We are also bound by a code of confidentiality and anything you tell the staff will not be discussed outside of the team.

Each child with the program after 12:30 will have a rest time. For younger children it is a sleep time and for older children it is a rest time. The older children do not have to sleep but they need to stay on their mat (laying down to rest their body) and not talking to others or making too much noise. We provide blankets but you can send in a blanket of their own and a stuffy if they want one. We are a licensed facility and regulations state we are required to have a rest time in each program if the children attend all day

Drop off time program must be before 9:30am (10am if you inform the staff before) and preferably before 9am so that children will settle for rest. Rest time is from 12:30-2pm for children.

If your older child says they hate rest time that is normal. Once they accept that it is rest time, so they have energy to play later all eventually settle into the routine. To help them with this adjustment please refrain from saying things that make the time negative. We assure the children by explaining they do not have to sleep but they do need to rest their bodies. Most of the children do fall asleep but if a child has not fallen asleep by 1:45 we let them go to a quiet center until rest time is over. At 2:00 we turn on the lights and resume normal levels of noise and if by 2:30 a child still has not awoken we will gently encourage them to wake up and join their friends for play.

The center provides Breakfast, Lunch and afternoon snacks. Please do not send food or drinks with your children. Remember we are not a nut free facility at this time as we do not have any children with this allergy –we will let everyone know if this changes due to a child having it. If your child has an allergy to such things as milk products you can supply alternatives such as soymilk. We do try to remember not to give items children don't like also. The staff at the center shares in all aspects including preparing meals and though they all have their food safe certification they do not always remember to check the labels for specific ingredients, and no one wants a child to have a life-threatening reaction.

When a client is awarded a childcare space, a contract is drawn up between the client and SFN's Childcare Center (Headstart only clients does not have a contract). All clients, even head start families, are expected to phone or email the center when their child will not be in for that day. It is recommended that you email the child's instructor as the coordinator may not always be in to check the emails.

When you are awarded a childcare space, your contract will specify your responsibilities. When contracts are not followed there is a real chance you may lose your childcare space. You will be notified by email and if you do not respond within a specific amount of time your space may be awarded to another client. It is the client's responsibility to make sure to let the center know if there are any changes to your contact information. Most notices will be sent via email unless you specifically inform us you do not have access to internet or emails daily. If this is the case it is your responsibility to check your child's backpack for notices.

If you have any concerns, please first speak to your child's instructors for the classroom or the bus driver for bus issues. If you do not feel that you have been heard or if you have concerns related to the staff member then feel free to consult with the coordinator. If you have concerns about the coordinator and do not feel that your concerns have been heard by her or you are uncomfortable speaking to her you can contact the Director of Operations – Estelle Lavis, estellelavis@saulteau.com.

Chief and Council does not deal with the day to day operations of the band. The CEO deals with all major issues not resolved at lower levels and if she feels the need to bring the issue to council she can and would. Each level of the SFN Business has its responsibilities and an obligation to try and work with their clients and community. If you have not tried to deal with this at a lower level the band CEO will ask you to do so. The Chief and Council through their Leadership Policy will also direct you to someone in the Operations that deals with day to day business.

Please remember the Child Care Center is designed to help community members as much as possible however it must follow all legislation and regulations for a licensed center. We also must follow our policies which have been designed over the years. Not all Child Care Centers meets the needs of all families. As the guardians of the children it is your right to select a program that meets your particular needs.

If your need changes and you want to enroll or re-enroll please feel free to do so and if there is space, you will be treated equally and freely based on the priority list. If, however you did not