



Wo'umxhl Simalgyex Daycare and Aboriginal Head Start Registration

Start date _____

Child's first name Last Name other name(s)

Date of birth: Month____Day____Year_____ Sex circle: M F
Parents name: Mother_____ Father_____
Other family members living in household_____
Address: _____

Emergency contact information

Contact one: _____ Phone
Contact two: _____ Phone
Person aurtherized to pick up your child if for some reason you are unable:
1. Name _____ relationship _____ Phone _____
2. Name _____ relationship _____ Phone _____

If you have a custody agreement, please give details and attach a copy of the agreement. This information will be in your child's confidential records.

Gitsken Wilp information (if applicable)

Mother's/Child's clan _____ Fathers Clan _____
House name: _____ House name _____

Important information:

If your child is not toilet trained, in order for him/her to participate you must meet with the staff to do an individual training plan which you can work at home and provide support to the staff to get him/her trained.

- Is your child toilet trained? (Y) (N) circle one – if no fill in next section:
I _____ agree to meet with the staff to discuss strategies for toilet training _____ initial

If your child is 3 years old he/she will have a nap rest period each day.
Comment if necessary _____

****note- children are supplied with a nutritious breakfast each day and a hot lunch. You must send a nutritious snack for the afternoon.***

Health information:

Doctors name: _____ Phone: _____

Medical number: _____ Band name: _____

Does your child require any special services or medication?

Do you have any concerns regarding speech, allergies, asthma? If yes explain: _____

Please name any health professionals involved with your child: _____

Permission to assess your child if necessary: you must give consent and participate in any meeting or information regarding your child. (Y)____(N)____

Extra information: _____

The Gitwangak Health Authorities makes monthly visits or is in to do head checks. Do you give consent for your child to participate in health programs? (Y)____ (N)_____

Please! According to licensing standards and health safety you must attach your child's immunization records with this application.

Bus safety

***Parents will contact staff/bus driver for any concerns or suggestions regarding the safety of the child.**

* Parents will continually remind their child that he/she is to stay seated while riding to and from the daycare/preschool/ & field trips.

*Parents will walk their child to and from the bus.

The bus will ensure a parent/adult is home before allowing child to get off, a staff will ride the bus daily.

*If you drop off your child at the center, for safety reasons you must bring the child into the daycare/school and let a staff member know he/she has arrived.

***I understand these policies and recognize that they are set in place for the safety of my child.**

I give permission for my child to ride the bus to and from the center and agree to co-operate and assist my child to abide by the safety rules while riding the bus.

Parent signature: _____ Date: _____

You must provide signed permission for your child in the following areas, if you have any questions or concerns, don't hesitate to ask:

Field trips and excursions

I give permission for my child to go on excursions with the program to places of interest that are no more than 20 minutes walking distance from the programs facility. I understand that the program will do it's best to give me prior notice of these events. I will receive a specific consent for excursions that are more than 20 minutes and I am aware that I will need to participate as needed.

Parent/Guardian signature

Date signed

Photographs and videos

I give permission for photographs and videos of my child and family to be used for curriculum, Reports, newsletters, and newspapers- which the program participated and will help enhance the quality of childcare in BC.- I understand that funding agencies who fund the daycare/headstart may require these for reporting purposes.

Parent/Guardian signature

Date signed

Sunscreen & insect repellent

I give permission for the program staff to apply sunscreen or insect repellent to my child when necessary. – If my child has a certain preference I will send his/her supply that will be labelled.

Parent/Guardian signature

Date signed

Caregivers's signature

Date signed

Wo'umxhl Simalgyex Daycare and Aboriginal Head Start Registration DISCIPLINE POLICY

THE PURPOSE OF THE DISCIPLINE POLICY IS TO ENSURE PARENTS THAT THEIR CHILD(REN) PROVIDED WITH GOOD QUALITY CARE. ALL STAFF HAVE BEEN TRAINED IN PROVIDING POSITIVE GUIDANCE.

1. Staff will practice verbal positive direction to use with children
2. Staff will discuss appropriate strategies and interventions if necessary
3. Staff will provide parents with a portfolio of themselves about their beliefs as a caregiver/teacher
4. Staff will seek professional advice necessary with parent's consent
5. Staff will model to child desired behavior on a daily basis
6. Staff will respect each child as an individual and recognize that we all learn in different styles, and may vary according to culture and environment
7. Gitwangak Aboriginal Head Start Daycare does not practice corporal punishment such as spanking, pushing, shaking, or deprive the child of snacks, meals or use of toilet as a form of punishment
8. All staff and volunteers of the Gitwangak Aboriginal Headstart Daycare must sign the Early childhood Educators and Gitwangak Education Society's code of ethics

All programs are enhanced by Health Canada – Aboriginal Head start on reserve.

I have read and understand the discipline policy.

Parent/guardian signature

date signed

Caregivers signature

date signed