



BOX 3059 BROCKET, AB. TOK OHO

PH: (403) 965-3982 FAX: (403) 965-2074

**PIIKANI
CHILD CARE
CENTRE**

**PARENT REGISTRATION
FORMS**

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 _____

Father/Guardian: _____

Occupation: _____ Phone # _____

Hours of employment/School: _____

(IF YOU ARE ATTENDING SCHOOL, A COPY OF YOUR CLASS WILL BE REQUIRED IN ORDER TO PROMPTLY CONTACT 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 #: _____

Please describe your child's illness (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: _____

MEDICAL INFORMATION (CONTINUED)

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? _____

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 Child Care Centre or Day Home?

Yes _____ No _____

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

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 toilet trained? Yes _____ No _____ Need Help _____

(if child is over 24 months and not toilet trained, please explain as to why he or she isn't)

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 PIIKANI Child Care Centre, if the Culture/Language is taught to your child?

Yes _____ No _____

If yes, please explain _____

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 _____

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:

PARENT AGREEMENT

As a parent using the Piikani Child Care Centre Service, 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 Childcare Centre 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 Childcare Centre 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 centre 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

Dated

Mother/Guardian

Father/Guardian

Dated

Dated

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 Childcare Centre 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. Minor health concerns such as a baby having rash, ear troubles, etc. The Director will request the Health Nurse to attend the Childcare Centre.

Parent's Signature

Dated

PERMISSION TO TAKE PICTURES

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

Parents Signature

Dated

FIELD TRIP PERMISSION FORM

I hereby grant permission for my child/ren to leave the Childcare Centre under the Supervision of a staff member for walks, fieldtrips, 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.

Parents Signature

Dated

PIIKANI NATION – PIIKANI HEALTH IMMUNIZATION FORM

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	(1) (2) (3) (4)	(BOOSTER)
INFLUENZA TYPE B		
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 Child Care Centre.

Health Nurse Signature

Date