

Little Paws Children's Center

3-5 Program Registration

(Photo)
Provided by centre

Name: _____

Male _____ Female _____

Date of Birth: _____

Eye Color: _____

Hair color: _____

Identifying Marks: _____

Height/Weight _____

Are there any people who are **NOT** permitted access to this child?

Yes _____ No _____

Penticton Indian Band
Little Paws Children's Center
Registration Form

Date of Enrollment _____ Date of Withdrawal _____

Childs Legal Name: _____	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Date of Birth: _____	Home Phone _____
Address _____	Postal Code _____
Physician: _____	Phone: _____
Medical Number: _____	
Medical Conditions: _____	
Allergies: _____	
<input type="checkbox"/> Non-Status	<input type="checkbox"/> Status Band Or Nation _____
Email Address: _____	
Immunization (<i>photocopy Attached</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Primary Caregiver 1 _____

Home Phone _____ Cell _____

Work Place: _____ Work Number _____

Hours of Work _____ Travel Time to Center _____

Primary Caregiver 2 _____

Home Phone _____ Cell _____

Work Place: _____ Work Number _____

Hours of Work _____ Travel Time to Center _____

If Applicable:

Separated Divorced Legal Custody Restraining Order

**IF THERE IS A CUSTODY OR RESTRAINING ORDER IN PLACE PLEASE
GIVE DETAILS AND A COPY MUST GO TO THE CENTER**

Custody Agreement on File

EMERGENCY CONTACTS

Emergency contact #1: _____

Phone: _____

Relationship: _____

Emergency contact #2: _____

Phone: _____

Relationship: _____

Emergency contact #3: _____

Phone: _____ Relationship: _____

Language(s) spoken at home: _____

Does your child have any known allergies?

Describe any difficulties or serious illnesses at birth, if any (Premature, etc.):

Describe your child's general health (e.g. ear infections, asthma, stomach-aches, skin conditions etc.):

If your child is taking any medication, what medication and what is it for:

Has your child ever been to the dentist: Yes No

Does your child have any dental concerns:

How would you describe your child's social emotional growth, physical growth, and intellectual development:

Does you have any concerns regarding any areas of your Childs development?

Diet Restrictions or sensitivities (culture, religious, health or preference) :

Describe your child's appetite:

How frequently does your child have a bowel movement?

How far has your child progressed in toilet learning?

Describe your child's behavior and habits (e.g. Temperament, energy level):

Describe an ordinary day in your child's life (routine), from getting up in the morning to going to bed, including the times for naps, meals, bottles, play, interests, activities, etc.

Mornings: _____

Afternoons: _____

Evenings: _____

Describe how your child goes down for a nap

Describe your child's particular attachments (e.g. toy, blanket, pet, person) and any particular habits (e.g. thumb sucking, rocking):

Describe any particular fears your child has shown (e.g. to animals, loud noises, strangers):

How does your child react to new situations?

We would appreciate your views on guiding your child's behavior and setting limits:

Is there anything else that you would like to tell us about your child to help us provide good care:

Parent Signature: _____

Date: _____

Caregivers Signature: _____

Registering Caregiver

Date: _____

Little Paws Children's Center

Permission Form

I give my child _____ Permission/Consent to participate in the following:

Neighborhood Walks

I give my child permission to go on spontaneous walks.

Yes No INITIAL _____

Photo Permission, Please See Additional PIB consent

I hereby do give consent for my child to be photographed by Little Paws or the media. I understand that these photos may be used for publicity in the local paper or for use with the children.

Local Media Yes No INITIAL _____

Used for center with Children Yes No INITIAL _____

Medical Attention

I hereby authorize Little Paws to seek medical aid for my child in the event of an emergency.

Yes No INITIAL _____

Health Nurse

I hereby give permission for the public health nurse to access my child's file in matters concerning immunization records, birth dates, addresses, phone numbers and health concerns.

Yes No INITIAL _____

Art Publication

I hereby give permission for my child's artwork to be publicized

Yes No INITIAL _____

Staff Responsibility

I understand that by law the staff must report any accidents or incidents of suspicious nature

Yes No INITIAL _____

Pick up Policy

I understand that if my child is not picked up by 5:30 the following procedure will be followed:

1. Staff will try to contact primary caregiver
2. Staff will try to contact an emergency contact person.
3. If after 30 minutes these efforts have failed, the Director of Social Development will be called.

Yes No INITIAL _____

Sunscreen

I understand that sunscreen will be provided by Little Paws Children's Centre. I give permission for staff to apply sunscreen to my child.

Yes No INITIAL _____

Bus Riding

I give my consent for my child to participate in class field trips to and from the centre where the children will be transported by the Little Paws Children Centre Van.

Yes No INITIAL _____

Information Sharing Please see Parent hand book for more information

I hereby give permission for the sharing of files between Outma School and Little Paws Children's Centre.

Yes No INITIAL _____

Conscientious Objector

I, _____ have chosen **not** to immunize my
child, _____. I am aware that in the event of an outbreak of a
communicable illness within the daycare, I will be required to keep my child home
until such a time that it is safe for my child to return to the centre.

Signature

Date