

# Little Paws Children's Center Infant and Toddler Registration

(Photo)

Name: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair color: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_

---

---

---

---

Little Paws Children's Center  
Penticton Indian Band  
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 _____
Physican: _____	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: \_\_\_\_\_

# Health Questionnaire

## BACKGROUND INFORMATION

Language(s) spoken at home: \_\_\_\_\_

If your child has been cared for by family members or others (e.g. a neighbor),  
Please describe the child's experience:

---

---

---

## HEALTH AND DEVELOPMENTAL HISTORY

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

---

Describe your child's general health (e.g. recurrent colds, ear infections, stomach-aches, 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:

---

---

Describe how your child communicates:

---

---

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

---

---

---

**Diet Information**

**Describe your child diet (include types of food and fluids he or she is now taking)**

**Fluids/Beverage:** \_\_\_\_\_  
\_\_\_\_\_

**Solids:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has your child eaten peanut butter at home:**  Yes  No

**Describe any particular concerns you have about your child’s diet and/or eating habits:** \_\_\_\_\_  
\_\_\_\_\_

**Diet Restrictions (culture, religious, health or preference):**  
\_\_\_\_\_

**How frequently does your child have a bowel movement?**  
\_\_\_\_\_

**How far has your child progressed in toilet learning (*if applicable*):**  
\_\_\_\_\_

**Describe any concerns you may have regarding your child digestion:**  
\_\_\_\_\_

**Breast Feeding**

**Is your child breast fed:**  Yes  No

**If yes:**

**How can we continue to support you with this?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has your child been introduced to the bottle** (please describe your child experience):

---

---

## **Behavior Patterns and Habits**

**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** (eg. with/without a bottle, needs to be rocked, etc.):

---

---

**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):

---

---

**Describe how your child reacts to stressful situations** (e.g. cries withdraws, has tantrums, nightmares).

---

---

---

---

**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 \_\_\_\_\_

## Little Paws Children's Centre Immunization Record Consent

Little Paws Children's Centre is required by licensing to have a record of immunization on file for your child.

Has your child been immunized? Yes \_\_\_\_\_ No \_\_\_\_\_

I give consent for Little Paws Children's Centre staff to obtain a copy of my child's immunization records from the Penticton Health Centre:

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Date of Birth (M/D/Y)

\_\_\_\_\_  
Parent's / Guardian's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Child's Care Card Number

### Conscientious Objector

I, \_\_\_\_\_ have chosen **not** to immunize my  
(Parents Name)  
child, \_\_\_\_\_. I am aware that in the event of an outbreak of a  
(Child's Name)  
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



