

# Little Paws Children's Center 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 \_\_\_\_\_

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# 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 \_\_\_\_\_

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: \_\_\_\_\_

# 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. I understand that I am responsible for all the costs incurred.

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

## Staff Responsibility

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

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.

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 Penticton Indian Band buses

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

# Health Questionnaire

## Developmental History

Describe any complications during pregnancy or at birth or any illnesses or prematurity:

Describe your child's general health:

Describe how your child communicates:

How would you describe your child's overall development?

Do you have any concerns with your child's development?

## Behaviour and Habits

Describe your child's personality:

What does your child's daily routine look like?

Does your child go down for a nap easily or do they need to be held?

Does your child have any comfort items, such as a stuffy, soother, blanket?

How does your child react to new situations?

## **Diet Information**

Describe your child's diet:

Is your child breast fed? If so, how can we continue to support you with this?

Does your child take a bottle easily?

What solids has your child tried?

Have they eaten eggs or peanut butter yet?

Do they have any food allergies we need to be aware of?

Does your child have any dietary restrictions?

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Is there anything else you would like to let us know about your child that will help us to fully meet the needs of your child?

## 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