

Little Paws Children's Centre

162 Westhills Crescent
Penticton, BC, V2A 0E8
Phone: 250-492-2324



REGISTRATION PACKAGE

(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** _____

Date of Enrollment _____ **Date of Withdrawal** _____

Childs Legal Name: _____ Sex: M F

Date of Birth: _____ Home Phone _____

Address _____ Postal Code _____

Physican: _____ Phone: _____

Medical Number: _____

Medical Conditions: _____

Allergies: _____

Diet restrictions or sensitivities: _____

Non-Status Status Band Or Nation _____

Status Number: _____

Email Address: _____

Immunization (*photocopy Attached*) Yes No

Primary Caregiver 1 _____

Home Phone _____ Cell _____

Work Place: _____ Work Number _____

Primary Caregiver 2 _____

Home Phone _____ Cell _____

Work Place: _____ Work Number _____

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: _____

Permission Form

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

Neighborhood Walks & Field Trips

I give my child permission to go on spontaneous walks and field trips.

Yes No INITIAL _____

Photo Permission

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, for use within the centre, for practicum student assignments, and/or for Little Paws marketing.

1. **Used for Local Media** Yes No INITIAL _____

2. **Used within centre for craft/projects** Yes No INITIAL _____

3. **Used for practicum student assignments** Yes No INITIAL _____

4. **Used for Little Paws marketing material** 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 _____

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.

INITIAL _____

Pick up Policy

I understand that if my child is not picked up by 5:00 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 I will be providing my child sunscreen to leave at the centre. I also understand it is my responsibility to apply sunscreen in the morning prior to arrival at daycare. 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 field trips where the children will be transported by Penticton Indian Band buses.

Yes No INITIAL _____

In Centre Assessments/Observations

I give my consent for my child to participate in periodic in centre assessments including:

1. **Ages & Stages Questionnaires (ASQs)** Yes No INITIAL _____

2. **5 Areas of Child Development:** Cognitive, Social-Emotional, Speech & Language, Fine Motor, Gross Motor. Yes No INITIAL _____

3. **Observations by OneSky and/or OSNS Support Workers** 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

Emergency Card & Pick-Up List

Little Paws Children's Centre Emergency Card

Name:

Birth Date:

Medical Number:

Address:

Parent/Caregiver 1:

Parent/Caregiver 2:

Phone:

Phone:

Doctor:

Phone:

Medical Condition/Allergies:

Permission to seek medical attention: (Y / N)

Little Paws Children's Centre Pick-Up List

Name:

Phone:

Name:

Phone:

Name:

Phone:

Name:

Phone:

Name:

Phone:

Name:

Phone:

Name:

Phone:

Name:

Phone:

Thank you for completing the Little Paws registration package. Please also complete the questionnaire for the program that your child will be attending.