

**Berens River First Nation
Oniigahniisak Aboriginal Head Start**

REGISTRATION FORM

Child's Name _____

Date of Birth (day) _____ (month) _____ (year) _____

Treaty Number _____

PARENT/GUARDIAN INFORMATION

Parent(s) Name(s) _____

Home Phone # _____

Place of work _____ Phone # _____

Alternate number if no phone/work phone number _____

GUARDIAN(S) NAME(S) _____

Home phone # _____

Place of Work _____ Phone # _____

Alternate number if no phone/work phone # _____

This section to be filled out by AHS Coordinator only.

Date of submitting application _____

Expected Start Date is _____

FAMILY INFORMATION

List all brothers and sisters and their birth dates

List others who live with the child and their relationship to the child

Language(s) spoken at home _____

LIST ALL PERSONS YOUR CHILD MAY BE RELEASED TO

Persons listed will be permitted to pick up your child (ren). We **will not** release your child(ren) to persons **not listed**. PLEASE ensure this list is complete. This will help to avoid anger and embarrassment from those who has been denied access to your child.

Persons must be at least 18 years of age.

Name	Phone #	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL HISTORY

She / He has had previous experience with: Day Care / Pre-Nursery / preschool

Where: _____

Does your child have any allergies (food, skin etc.)? _____

Does your child have any other medical conditions that we need to be aware of?

What words does she/he use for toileting? _____

Are there any bowel or bladder irregularities? _____

Do you have any other instructions for discipline, child's communication, eating habits, and anything else regarding the care of your child while attending the AHS Program?

Has your child had:

Measles

Mumps

Chicken Pox

Pneumonia

Whooping Cough

Ear Infection

Has your child been hospitalized?

Yes / No When? _____

Has your child been tested for hearing problems?

Yes / No When? _____

Had tubes in his/her ears?

Yes / No When? _____

Has your child's vision been tested?

Yes / No When? _____

Does your child have any problems with speech/language?

Yes / No If yes, please explain

EMERGENCY INFORMATION

Doctor _____ Phone# _____

Dentist _____ Phone # _____

Manitoba Medical Number _____

Alternate **CONTACT** person if you cannot be reached:

Name: _____ Phone# _____

Relationship to Child _____

Name: _____ Phone# _____

Relationship to Child _____

EMERGENCY CONSENT

A parent will be notified if his/her child becomes ill or needs medical attention.

Occasionally we cannot contact parents and we need to get immediate help for the child.

Our procedure is to take the child to the nearest Emergency service. Please sign below so that we can take appropriate action on behalf of your child.

I hereby give my consent for my child _____, when ill or needs medical attention, to be taken to the Emergency service by the staff of the Oniigahniisak

Aboriginal Head Centre, when I cannot be contacted.

Signature of Parent/Guardian Name (Print) Date

I HAVE FILLED ALL THE INFORMATION ON THE FORM AND I AGREE.

PARENTS SIGNATURE _____ **DATE** _____

**Berens River First Nation
Oniigahniiisak Aboriginal Head Start
Parent Involvement Agreement**

By registering my child in the Head Start program, I agree to participate by:

1. Volunteering at the program at least 6 hrs per month.
2. Participate in Field Trips.
3. Participate in Fundraising.
4. Participate in Arts & Crafts.
5. Attend in any meeting/workshops scheduled by the AHS Coordinator/Parent Support worker.
6. Must fill and complete the Ages & Stages form provided by AHS.
7. Follow and abide by the Policy Manual.

Print Name _____
Parent/Guardian

Signature _____
Parent/Guardian

Date: _____

Witnessed by: _____

FIELD TRIP FORM

The Oniigahniisak Aboriginal Head Start Centre will be planning field trips without the Berens River Community within the school year.

It is our aim to ensure parents/guardians are informed to participate with their child about the field trips planned.

We are requesting your consent for your child to participate in all field trips.

If you are unable to attend, please send an extended family member to attend on your behalf. The **HOURS** participated will go towards your Parental Involvement file.

I agree for my child _____ to participate in field trips.

Parent/Guardian: _____ **Date:** _____

Important Notice: If this letter is not signed. Your child will be sent home when we have our field trips.

Photograph/Video Permission Form

The Centre will be taking pictures/videos of children throughout the year for centers display or will be used for monthly newsletters.

This letter is a consent to allow the center to take pictures/videos of your child.

I agree with the Centre to take pictures/videos of my child_____.

Parent/Guardian_____ Date _____

