



***ABINOCHASAK
DAYCARE
CENTRE***

***REGISTRATION
PACKAGE***



PARENT/GUARDIAN INFORMATION

Mothers Name _____

(Home ph. #) _____ (Work ph. #) _____

Father's Name: _____

(Home ph. #) _____ (Work ph. #) _____

Guardian's Name: _____

(Home ph. #) _____ (Work ph. #) _____

Address (P.O. Box) _____

Mothers Employer/School Contact Information and Phone number: _____

Fathers Employer/School Contact Information and Phone number: _____

ABORIGINAL STATUS (Please check one of the following):

First Nation Yes _____ No _____ Metis? Yes _____ No _____

Inuit? Yes _____ No _____ Non-Status? Yes _____ No _____

Marital Status: Single _____ Married _____ Divorced _____ Common Law _____

Are you the? Parent _____ Guardian _____ Primary Caregiver _____

CHILD INFORMATION

Child's Full Name: _____

Preferred Name or Nick Name: _____

Date of Birth: _____
(Month) (Day) (Year)

Is your child of Aboriginal Ancestry? Yes _____ No _____

Child's Band Membership _____

Childs Treaty Number _____

Child's Siblings:

Name:

Ages:

Health Information

Manitoba Health Card Registration 6-Digit Number: _____

CHILD'S 9-Digit Number: _____

CHILD'S DOCTOR: _____

DR'S PHONE # & ADDRESS: _____

MEDICAL ALERT/ALERGIES: _____

If yes, please specify alert/allergies: _____

If yes, does your child wear a medical alert bracelet? _____

Is your child presently on any medication? Yes No

If yes, how long and what type of medication? _____

What are the signs and symptoms of a reaction? _____

Are there any health/physical concerns that may affect play, or require special care?

Please explain: _____

Has your child:

1. Visited the dentist? _____
2. Visited the optometrist? _____
3. Hearing checked? _____
4. Received all his/her immunization requirements? Yes _____ No _____

ALTERNATE CONTACT LIST (who can pick up your child(ren))

Please provide the names of two (two) people who would assume responsibility for your child in case of illness or emergency when you the parent(s) cannot be reached. Your child will be released to either of those people only in case of any emergency, or if you have granted pick up privileges to the people listed.

1. NAME: _____
PHONE: _____
RELATIONSHIP TO CHILD: _____
2. NAME: _____
PHONE: _____
RELATIONSHIP TO CHILD: _____

The Abinochiasak Day Care Centre staff will not release your child to anyone other than those named and listed as **ALTERNATE NAME/PICKS**.

DEVELOPMENT

Does your child have any physical or developmental concerns that we should be made aware of? Yes _____ No _____

If yes, please explain the exact nature of your child's conditions as well as the treatment that they are currently undergoing if any:

- Weight at birth? _____
- Was he/she premature? _____
- Health problems at birth? _____
- Age when child: _____
Rollover: _____ Sat on own: _____ Crawled: _____
Walked: _____ Talking: _____

Does your child have any health concerns such as diabetes, asthma, fetal alcohol spectrum disorder, physical disabilities, or other medical health issues that we should be aware of? Please let us know, so we may help you and your child:

Does your child communicate? Explain:

Has your child had a development assessment? Explain:

NUTRITION

What is your child's favorite food?

What foods does your child not like to eat?

Does your child feed him/herself? Yes _____ No _____

Naps during the day? Yes _____ No _____

Activities your child enjoys doing during the day:

DAILY ROUTINE (**answer question for infants under 1 year of age)

Wake up time: _____

What is your child's nap routine during the day? _____

Eats breakfast (i.e.) baby food, pablum, other? Yes _____ No _____

What is your baby's feeding routine? _____

Do you breastfeed your baby? Yes _____ No _____

What is your baby's formula routine? _____

Will you provide breast milk or alternate milk for your baby (daycare does not provide formula for the babies)? _____

For all infants, we will try to follow their routine for napping and feeding.

Social Development

- _____ Has family or neighbor playmates.
- _____ Has had little contact with other children.
- _____ Are friendly around new people.
- _____ Are cautious around new people.
- _____ Has had private sitters.
- _____ Day Care Centre.
- _____ Other.

How does your child react when left with another caregiver?

Has your child participated in any other group settings with you (i.e.) daycare, parenting classes, mother's group, etc.?

Does your family have any pets? Yes _____ No _____

If yes, what type of pet? _____

PERSONALITY

How would you describe your child's personality? _____

How is your child's activity level? Calm _____ Average _____ Active _____

What behaviors do you need to correct most often? _____

What correction methods do you use at home? _____

How does your child react to discipline? _____

What are your child's actions when angry?

Cries _____ Tantrums _____ Hits _____ Spits _____

Swears _____ Pinches _____ Bites _____ Screams _____

Fights _____ Other _____

What language do you speak at home with your child(ren)? _____

Does your child thumb suck, require a special blanket or has a security toy? _____

Are there any celebrations that your family does not observe? _____

CUSTODY

Are you a single, or separated, or divorced parent; who has sole custody of the child(ren)?

Is there a custody agreement or court order? Yes _____ No _____

If **YES**, you must provide the Aninochiasak Day Care Centre with a copy of the agreement of court order governing custody of your child.

If **NO**, you must provide the Abinochiasak Day Care Centre a written statement, signed by both parents, specifying the current custodial arrangements. Where there is no court order of custody agreement, both parents have equal rights to the custody and control of the child therefore; we cannot stop the other parent from picking up the child involved. We will act in the best interest of the child and contact the primary caregiver if this type of situation should arise.

FOSTER CARE – FOSTER PARENTS

(If you are a foster parent to this child, we require the information listed below)

Agency: _____

Address: _____

Social Worker Name: _____

Social Worker Contact Information:

Office Number: _____

Cell Number: _____

How long has this child been in your care? _____

Do the biological parents have access to the child(ren)? Yes _____ No _____

List names and contact for those with permission to access to the above-named child(ren)?

Name:

Phone Number:

PARENTAL INVOLVEMENT

Are you willing to volunteer at the centre? Yes _____ No _____

Do you have any special skills or hobbies you would be willing to share with the staff? Let us know and we can use you as a resource person and participant. (Must provide Criminal Record and Child Abuse and Registry Checks)

DAYCARE POLICIES

Abinochiasak Day Care – Release Form

I hereby grant permission for my child to use all the play equipment and participate in all the activities of the day care centre. _____ (initial)

I hereby grant permission for my child to be observed and evaluated by the Early Childhood Education trainees who will be employed and/or allowed practicum training within the Abinochiasak Day Care. _____ (initial)

I hereby grant permission for my child to leave the day care premises under the supervision of the daycare staff for walks and outings. I understand that I must give written permission for my child to participate in outings away from the daycare centre that requires transportation. _____ (initial)

I hereby grant permission for the daycare workers to contact previous caregivers for release of information about my child with the understanding that such information is intended to provide quality care and attention to the child. _____ (initial)

I hereby grant permission for the Abinochiasak daycare staff and/or ECE's to take whatever steps are necessary to obtain emergency medical care for my child as per centre policy. _____ (initial)

I understand the daycare centre will not be responsible for anything that may happen because of false information or incomplete information given at the time of enrollment or during the time my child is enrolled at the daycare centre. _____ (initial)

I will promptly inform the daycare centre of any changes to the legal order(s) affecting custody and control of my child. _____ (initial)

I agree to accept responsibility for payment of any daycare fees incurred during the time my child is enrolled at the Abinochiasak Daycare Centre. _____ (initial)

I understand that I am also welcome to provide voluntary services to the daycare centre at any time I should choose. _____ (initial)

I agree to give two (2) weeks' notice when I want to withdraw my child from enrollment at the centre. _____ (initial)

I have read, understand and agree to abide by all the policies of the Abinchoasak Day Care Centre. _____ (initial)

Signature of Parent/Guardian(s): _____

Date: _____

PERMISSION SLIP:

I give my permission for my child to take part in any outings – which may include walks in the neighborhood, I understand that I will be provided a 24 hours' notice if my child goes on a major field trip such as out of the daycare boundaries.

Parent/Guardian: _____ Date: _____

IN CASE OF EMERGENCY:

I give my permission for my child to receive medical attention if I cannot be reached, and my child needs to be cared for. I do understand that all efforts will be made to contact me first, but if I am not available, I authorize the nurse in charge or medical physician to treat my child.

Parent/Guardian: _____ Date: _____

TRANSPORTION:

In the event of an emergency, I authorize the staff of the Abinochiasak Daycare Centre to transport my child to the Berens River Nursing Station. I understand that the staff will have a valid driver's license and will be responsible for the safe transportation of my child and a child car seat, if necessary, will be used. The parent-guardian will be immediately contacted and notified of the emergency and will be asked to meet the staff and child at the nursing station.

Parent/Guardian: _____ Date: _____

INSECT REPELLIENT – SUNSCREEN:

I give my permission to apply insect repellent and or sunscreen to my child as deemed necessary by the Abinochiasak Daycare Centre staff.

NOTE: It is recommended that children under the age of six (6) months not use insect repellent. The Abinochiasak Daycare Centre uses insect repellent that has less than 10% Deet in it, as recommended by the Health Authority.

Parent/Guardian: _____ Date: _____

PHOTOGRAPH RELEASE:

I give permission for my child to be photographed by the daycare staff as part of the centre programming. These photos will be used *for centre use only*.

Parent/Guardian: _____

Date: _____

HEALTH POLICY:

The Abinochiasak Daycare Centre will follow these guidelines when dealing with common ailments and/or communicable diseases:

Colds/runny noses: Children enrolled in the centre may attend providing there are no other symptoms of illness, and they are physically able to participate in the program. If they cannot participate, parents will be contacted to pick up their child.

Fever: Fever reduction medication will not be administered to a child who has a fever. When the child has a temperature of 38.5 C/101.3 F or higher, parents will be contacted to pick up their child. Children should be kept at home when they are sick.

Vomiting: After the second (2nd) incident of vomiting in one day, parents will be contacted to pick up their child.

Diarrhea: After the second (2nd) incident of diarrhea in one day, parents will be contacted to pick up their child.

Lice Policy: The centre will notify the parents if lice or nits are found in the child's hair. Parents will be contacted and asked to pick up their child. The child may return to the centre once head is clean of nits and lice. Treatment is recommended. A notice will be posted so all parents are aware. Head lice management is the responsibility of the parent, not the centre.

Parent/Guardian: _____

Date: _____

HEALTH/SICK POLICY:

I understand and agree to follow the sick policies of the Abinochiasak Daycare Centre. I understand that when I am called to pick up my child that I must do so immediately – or call my alternate pick-up person that is listed on the pick-up list. Sick children should be kept at home. If your child has a prescription, then your child must be on the medication for 24 hours before returning to daycare (the reason for this is in case your child has a reaction to the medication).

Parent/Guardian: _____ Date: _____

I have read and understand and agree to follow the policies of the Abinochiasak Daycare Centre.

Parent/Guardian: _____ Date: _____