

Before and Afterschool care/ Youth program

Registration Form 2024/2025

Before and afterschool care:

Child Information:

Date of Birth: _____ Gender: M F Start Date: _____
Year/Month/Day Year/Month/Day

Last Name: Given Name: Also Known As:

Street Address: P.O. Box Number Village/City Postal Code

Band Affiliation: Band Number:

Parent(s)/Guardian(s) Information:

Last Name: Given Name: Mother Father Guardian

Street Address: P.O. Box Number Village/City Postal Code

Home Phone Number: Cell Phone Number: Work/School Phone Number: Email address:

Last Name: Given Name: Mother Father Guardian

Street Address: P.O. Box Number Village/City Postal Code

Home Phone Number: Cell Phone Number: Work/School Phone Number Email address

Are there any Custody Arrangements? {Please attach a copy of any court documents that may exist.}

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Emergency Contact List:

 Last Name: Surname: Home Phone: Cell Phone: Work Phone: Relationship to child:

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 (Please remember to inform the persons that you have listed above that they possibly can be contacted if any situations should arise.)

Health Information:

Personal Health Card Number (Care Card): _____

Your child will not be permitted to start the program until a PHN Number is submitted.

 Family Doctor: Phone Number: Family Dentist: Phone Number:

Has your child had a:

Vision Test Yes No

Had a Hearing Test Yes No

His/her Speech & Language Assessed Yes No

Results: _____

Does your child have:

Allergies Yes No

Special Diet Yes No

Please Specify: _____

Medical Concerns Yes No

Medications Taken Yes No

Please Specify: _____

Is your child subject to any of the following?

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Cold | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Sore Throats |
| <input type="checkbox"/> Nose Bleeds | <input type="checkbox"/> Asthma | <input type="checkbox"/> Urinary Infections |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Skin Conditions | <input type="checkbox"/> Seizures | |

Are your child's immunizations up to date? Yes No

Please sign the non-immunized child agreement if your child is not immunized.

	1 st - 2 months	2 nd - 4 months	3 rd - 6 months	MMR-12 months	4 th - 18 months	5 th - 4-6 years
Diphtheria	X	X	X		X	X
Pertusis	X	X	X		X	X
Tetanus	X	X	X		X	X
Polio	X	X	X		X	X
Measles				X	X	
Mumps				X	X	
Rubella				X	X	
Hib	X	X	X		X	

Consents:

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By initially the following, I understand that I am giving permission for the following to occur:

Emergency

I hereby give my consent for the staff of the Youth centre to **seek medical attention or call an ambulance** for my child, if necessary in the event that I am unable to be contacted. I will be responsible for any charges that may result if such an emergency shall arise.

Agree Disagree

_____ Caregiver's initial

Information Release

This registration information is made available to the Community Care Facilities Licensing Office, The Environmental Health Officer, the Fire Chief and the Community Health Nurse. By signing and initially this form you are giving consent **to having your child take part in the drop in visits by these health and safety practitioners.**

Agree Disagree

_____ Caregiver's initial

Photographs, videotaping & tape-recording

I give the staff of the Youth centre permission to **take photos, videotape and audio record** my child and enjoyed by the staff, children and other families. I understand that my permission will be asked if my child's documents will be used for any other reason. (E.g. local newspapers, Dootilh Articles, class assignments, or community display, etc.) These pictures may also be posted on c'imo'ca Head start facebook site.

Agree Disagree

_____ Caregiver's initial

Community Field Trips

I give permission for my child, **to participate in community field trips and neighbourhood walks.** I will be notified and a separate consent form will be signed for separate field trips that occur outside of our community of Kitimaat Village.

Agree Disagree

_____ Caregiver's initial

Kitimat Child Development Centre

Throughout the year, the Youth centre will have consultative visits from the Early Intervention Department of the Kitimat Child Development Centre. By signing this document I understand that I am giving permission **for my child, to interact act with the professionals.**

Agree Disagree

_____ Caregiver's initial

Pick up authorization:

I authorize the following people to remove my child from the Youth centre (Your child **will not** released to anyone under the age of 16). I understand that if they are not on the list and prior arrangements (i.e. a phone call or note) have not been made with the staff, my child will not be released. I understand this policy is for the safety of my child.

_____ Caregiver's initial

Name:	Relationship to Child:	Address:	Phone:	Cell or email

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Please list persons not permitted for pickup			
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Please note all information is held in the strictest of confidence.

We use the himama App please provide your email of adults who will need to be in contact with the program. You will receive an invitational and instructions on how to download the app.

_____ Name	_____ Email address.
_____ Name	_____ Email address.
_____ Name	_____ Email address.

I have completed the above information completely and correctly and will notify c'imo'ca childcare centre staff immediately if there are any changes.

After the enrolment has been completed, you will be contacted by the Youth Program to set up a time for an interview that will allow us to get to better know your child before entering the program. *The children enrolled in the program will not be permitted until this process has been completed.*

_____ Date: Year/Month/Day	_____ Signature of person providing information:
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Special instructions/notes.

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