

# Conayt Head Start Registration Forms



## **Head Start Hours:**

Monday—Friday 8:00 AM – 5:00PM

Saturday/Sunday we are **CLOSED**

All Statutory Holidays the Center is closed

## **Conayt Aboriginal Head start**

Head Start Coordinator:

*Darby Collier*

Phone: 250-315-7072

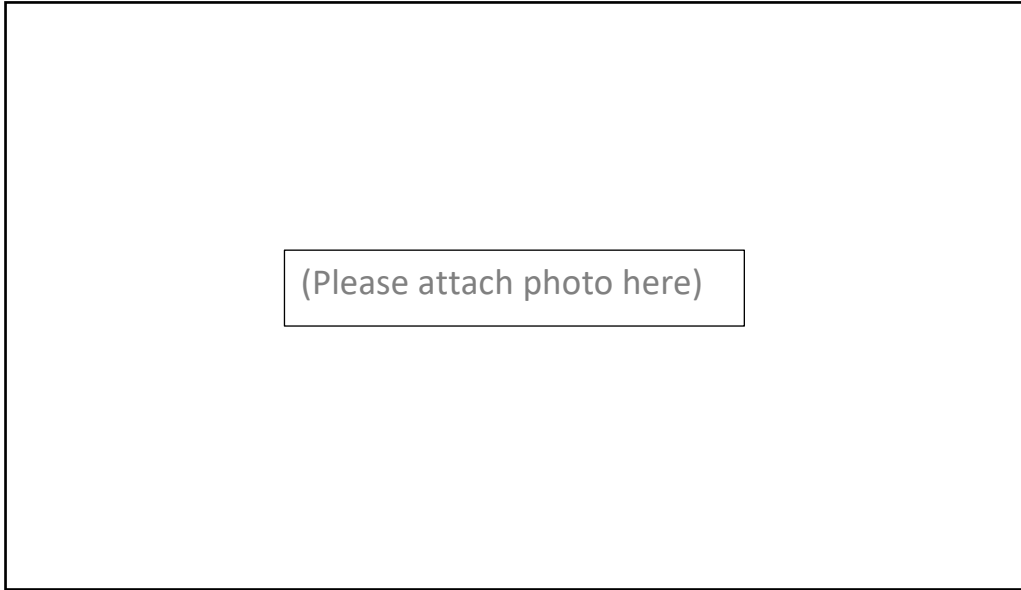
Email: [headstart@conayt.com](mailto:headstart@conayt.com)

**Head Start Registration Form**

Head Start \_\_\_\_\_ Enrollment Date: Year \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_

Infant Toddler \_\_\_\_\_

Arrival time: \_\_\_\_\_ Departure Time: \_\_\_\_\_



Childs Full Name: \_\_\_\_\_

Nicknames: \_\_\_\_\_

Birthday: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Distinguishing Marks: \_\_\_\_\_

Home Address: \_\_\_\_\_

Care Card Number: \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female

Status/ Metis Card Number: \_\_\_\_\_

**Parent/Guardian:**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Phone : \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parent/ Guardian:**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is there a Custody agreement for this Child?  Yes  No

**A COPY OF THE AGREEMENT MUST BE IN THE CHILDS FILE**

**Other children in the home:**

1) Name: \_\_\_\_\_ Age: \_\_\_\_\_

2) Name: \_\_\_\_\_ Age: \_\_\_\_\_

3) Name: \_\_\_\_\_ Age: \_\_\_\_\_

4) Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Emergency Contacts:**

*Must Live in Merritt/ and Surrounding area around Merritt and are Authorized to pick up Child. Emergency contact persons if unable to reach parents as well PERSON(S) other than yourself. WHO HAVE AUTHORIZATION TO MAKE MEDICAL AND EMERGNACY DECISIONS ON YOUR BEHALF. YOUR CHILD MAY BE REALEASED WITHOUT WRITTEN OR VERBAL CONSENT FROM YOU TO SAID PERSON(S).*

1) Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

2) Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

3) Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**Person Authorized to pick child up:**

*Must Provide Photo ID before child permitted to leave.*

1) Name: \_\_\_\_\_

2) Name: \_\_\_\_\_

3) Name: \_\_\_\_\_

4) Name: \_\_\_\_\_

**Person Un- Authorized to pick child up:**

1) Name: \_\_\_\_\_

2) Name: \_\_\_\_\_

3) Name: \_\_\_\_\_

4) Name: \_\_\_\_\_

**Health History:**

**NO CHILD CAN BE ENROLLED at Conayt Head start WITHOUT UP-TO-DATE IMMUNIZATIONS!**

*A photo or copy of the child's up to date immunization record must be on file.*

**Emergency Health Information:**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please Check the box if your child has had:*

\_\_\_\_ Mumps      \_\_\_\_ Whooping Cough      \_\_\_\_ Mumps      \_\_\_\_ Diphtheria  
\_\_\_\_ Chicken Pox      \_\_\_\_ Scarlett Fever      \_\_\_\_ Measles      \_\_\_\_ Polio  
\_\_\_\_ Asthma due to colds      \_\_\_\_ Seizures      \_\_\_\_ Rheumatic Fever *IS*

*your child prone to any of the following?*

\_\_\_\_ Asthma      \_\_\_\_ Tonsillitis      \_\_\_\_ Bleeding Nose      \_\_\_\_ Bronchitis  
\_\_\_\_ Ear Infections      \_\_\_\_ Frequent Colds      \_\_\_\_ Sore throat      \_\_\_\_ Hay Fever  
\_\_\_\_ Bladder Infections      \_\_\_\_ Eczema      \_\_\_\_ Seasonal Allergies

Does your child wear a MEDIC ALERT bracelet or necklace? Yes \_\_\_\_\_ No \_\_\_\_\_

ID NUMBER \_\_\_\_\_ Phone \_\_\_\_\_

Is your child on any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, What Medication and why?*

\_\_\_\_\_  
Has your child's vision been checked? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child wear glasses ? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child's hearing been checked? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have tubes in the ears? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please check either areas if you have concerns about your Childs:

\_\_\_\_\_ Visions \_\_\_\_\_ Hearing \_\_\_\_\_ Speech Other: \_\_\_\_\_

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, What to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your child react to this substance: \_\_\_\_\_

\_\_\_\_\_

What medication does your child take to relieve reaction: \_\_\_\_\_

\_\_\_\_\_

1) Does this allergy require an EPI Pen? Yes \_\_\_\_\_ No \_\_\_\_\_

2) Is your child on a special diet? \_\_\_\_\_

3) Any foods disliked: \_\_\_\_\_

4) Is you child used to daily outdoor play? \_\_\_\_\_

5) Is your child toilet trained? \_\_\_\_\_

6) Does your child need any help during toileting routines? \_\_\_\_\_

7) How does your child indicate the need to use the toilet? \_\_\_\_\_

8) Has your child ever been hospitalized? If yes, Explain \_\_\_\_\_

*Expectations for behavior vary greatly from family to family. What are some discipline procedures you use in your home:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Is there anything you would like to tell us about your child?*

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*Tell me about your Child*

1) Does your child play with children, other than family members? Yes \_\_\_\_\_ No \_\_\_\_\_ 2)

Describe your child's interactions ie: shy, outgoing, rough play, talkative, ect \_\_\_\_\_

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3) Does your child have specific fears? \_\_\_\_\_

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4) How does your child handle frustration? \_\_\_\_\_

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5) Do changes in routine or special events upset your child? Yes \_\_\_\_\_ No \_\_\_\_\_

*Please tell us what your child's normal routine is:*

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*What is your child's normal nap/bedtime routine?*

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**Allergies**

Because of the presence of children at Conayt Head Start who may/may not have anaphylactic allergies, parents are asked not to send their children with their own food to eat at the Conayt Head Start. Aside from providing notice of birthday/holiday treats, unless specifically spoke to Head Start Coordinator regarding reasoning.

Conayt Head Start will provide an Arrival snack/Morning Snack/ Lunch and afternoon snack.

I agree to not send my child to Conayt Head Start with any food/snacks

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Photo/ Video Permission:**

I understand that my child may be photographed or video taped while attending Conayt Head Start. These photo's/Video's will be used in the center display I understand that if any pictures or videos are taken for reasons other than the program (ie: Advertising) I will be notified in advance, so that my permission may be given. My child's name will never appear with their photos.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parents at Conayt Head Start are asked to NOT take pictures of other children in the Centre. Conayt Head Start staff will take a lot of pictures of the children and are pleased to send you pictures of your child.

I Agree to not take pictures of other children at Conayt Head Start

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***I AM AWARE THAT THIS CONSENT MUST BE SIGNED FOR MY CHILD TO ATTEND THE CENTRE***

**Bus Permission:**

I give permission for my child to be transported on the bus within city limits of Merritt and Lower Nicola in the Daycare Bus for spontaneous field trips. My child will be secured in a lap belt or a car seat.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Walks Permission:**

I \_\_\_\_\_ give permission for my child \_\_\_\_\_  
\_\_\_\_\_ to participate in neighborhood walks, and walks to the park/  
school with daycare staff.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent Caregiver Agreement with Childcare**

This agreement is between:

Conayt Aboriginal Head start and (parent) \_\_\_\_\_ for the  
Child \_\_\_\_\_ who started daycare on \_\_\_\_\_.

\*\* Daycare will be closed on statutory holidays and for Christmas for \_\_\_\_\_ weeks. \*\*

Policies:

If you require termination of service a one month notice will be required on the first of the month.

- If the child is feeling unwell, please keep him or her home
- Parents will provide a spare change of clothing and shoes to keep at the center
- Children need to have appropriate outdoor clothing everyday
- Daycare fees must be paid in FULL by the last Friday of the month

The caregiver agrees to meet the standards as required in the Community Care Facility Act and the Child Care Licensing Regulations.

We agree to keep you informed if there are any interruptions in the child’s normal routine.

Parent/Guardians Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Conayt Head Start and Parent Agreement**

- 1) **Registration** is complete when the coordinator receives a completed registration package with signatures.
  - 2) **Termination Notice** If you decide to withdraw your child, ONE MONTHS written notice is require prior to child's last day
  - 3) **General meetings:** Attendance/ Participation/input is requested. Meetings are held throughout the school year
  - 4) **Immunization Records:** I understand that my child may not attend Conayt Head Start even one day, without up-to-date immunization records as it is not safe for my child and others. It would put Conayt Head Start licensing at risk.
  - 5) **Centre Hours:** 8:00AM-5:00Pm—Nine hours of care per day, per child. Promptness at your child's schedule arrival and departure time is necessary, to ensure that staff child ratios are always met. (Licensing requirements)
  - 6) **Late fee Charges:** \$1 per minute per child for the first 10 minutes, and \$20 per child for the next 10 minutes or any part thereof, and an additional \$20 per child for the next 10 minutes or any part thereof. If Conayt Head Start staff cannot reach either parents or those on the emergency contact list; proper authorities will be the next phone call.
  - 7) **Conayt Head Start staff will not release** the child/ren to any parent/caregivers/others if any smell of alcohol or drugs upon arrival for the departure; if this does occur then the proper authorities will be called next.
  - 8) **Parents will adhere to the principles and policies** of Conayt Head Start Parent Manual.
  - 9) **Families may be asked to withdraw from Conayt Head Start** for non payment of late fees and/or harassment of staff that has not been resolved after every avenue been exhausted.
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**Conayt Aboriginal Head Start Emergency Procedure**

It is the policy of the facility to call a medical practitioner or ambulance in case of accident or illness if the parent cannot immediately be reached. (Parents are responsible for any charges for these services.) Please sign the consent below so that we can take appropriate action on behalf of your child. This consent will be taken to the emergency center with us.

I \_\_\_\_\_ hereby give consent for my child,  
\_\_\_\_\_ when ill or hurt to be taken to the nearest  
emergency facility by Ambulance when I or the Emergency contacts cannot be contacted.

I \_\_\_\_\_ hereby give consent for my child,  
\_\_\_\_\_ to receive medical treatment by a  
physician if an emergency should arise while in care, with Conayt Head Start staff.

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Parent/ Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signing below recognizes ALL the above information is true and that you have *READ AND AGREE TO THE HEADSTART POLICY MANUAL*.

**Parent/ Guardian Signature:**

Mother: \_\_\_\_\_

Date: \_\_\_\_\_

Father: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Start Date:

\_\_\_\_\_

Child's Withdrawal Date:

\_\_\_\_\_

**OFFICE USE ONLY**

**Conayt Head Start Child File Sign Off Sheet– FOR STAFF SIGN**

Childs Name: \_\_\_\_\_

I Have read the Child's File mentioned above:

Staff Signatures:

Dates:

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