



Splatsin Tsm7aksaltn (Teaching Centre) Society

2730 Canyon Rd., Enderby, BC, V0E 1V3

Phone: 250-838-6404

Fax: 250-838-6429

Email: splatsin@telus.net

Child Care Registration Form 2016-2017

Child's Name	
Date of Birth	
Care Card Number	
Enrolled for: circle one	Fawn Program (0 to 18 months)
	Bear Cub Program (19 to 36 months)
	Salmon Program (3 to 6 years old)
	Eagle Program (2:30-5:00)
Circle one	Full-time or Part-time
Circle one	Mon Tues Weds Thurs Friday

What is your method of payment?
Parent Paid Childcare Subsidy Other

Does your child have allergies?	Yes	No
<i>If yes, list allergies below</i>		

What type of reaction has your child previously had?		
Requiring medical attention?	Yes	No
Requiring hospitalization?	Yes	No
Does your child require an epi-pen?	Yes	No
Comments: _____		

Is there a **Custody Order** in place? Yes no

** If yes, a copy of custody order must be given to your child's teacher to be included in your child's file*

Child's Information:

Family Doctor: _____ Phone #: _____

Who does your child reside with? (please circle)

Mother/father mother father aunt uncle grandparents foster parents

Who is allowed to pick up your child?

Mother/father mother father aunt uncle grandparents foster parents

Mother's Information:

Mother's Name: _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____

Work Phone: _____

Cellular Phone: _____

Email address: _____

Father's Information:

Father's Name: _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____

Work Phone: _____

Cellular Phone: _____

Email address: _____

Foster Parent's Information:

Foster's Parents Name: _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____
Work Phone: _____
Cellular Phone: _____
Email address: _____

Emergency Contact Information:

An emergency contact person can pick up your child from the child care centre anytime **without** written consent/or phone call from a parent.

Name: _____
Relationship to child: _____
Home Phone Number: _____
Work Phone Number: _____
Cellular Phone: _____

Name: _____
Relationship to child: _____
Home Phone Number: _____
Work Phone Number: _____
Cellular Phone: _____

Special Instructions: _____

Custody arrangements:

If you have a custody arrangement, we require a copy of the court order to be placed in your child's file for the safety of your child.

Are there any comments about custody that you would like to share with us?

<p><u>Is anyone NOT permitted to pick up your child?</u></p> <p>YES NO</p> <p>Name: _____</p> <p>_____</p> <p>_____</p>
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Medical Information:

1. Does your child have any medical / emotional / unique needs or issues that we should be aware of? Please explain: _____

2. If your child has an illness or condition under a doctor's supervision, please explain the care or treatment prescribed that would be relevant for the centre to know: _____

3. If your child is taking any on-going medication, please give the details:

4. Is your child immunized? YES NO

5. If your child is **NOT immunized** – you understand that there is a possibility that your child may be exposed to childhood viruses that they would normally be immunized for YES NO

Signed:

Date: _____

6. If so, Please fill in the dates that your child was immunized for:

Name of Shot	Date	Date	Date
DPT (Diphtheria, Poliomyelitis, tetanus)			
Mumps			
Rubella (German Measles)			
Measles (Red)			
Other:			

Parent Enrollment Agreement

1. **I agree to pick up my child by 5:00 each day** or advise the daycare if I have arranged for an alternate pick-up. **If I am late picking up, I agree to pay the staff person on duty \$ 1.00 per minute.**

Signed: _____

Date: _____

2. I agree that if my child has to be transported by ambulance (in a medical emergency) that I will be responsible for any costs not covered by my medical insurance.

Signed: _____

Date: _____

3. I hereby give consent for my child _____

To be taken to the nearest emergency centre / hospital by the Splatsin Tsm7aksaltn staff when I or my emergency contact person cannot be reached by telephone numbers listed on the registration form. I hereby give

consent for my child_____ to receive emergency treatment.

Signed:_____

Date:_____

4. I give consent for my child to take part in field trips or excursions under proper supervision as long as my child is restrained in the vehicle in accordance with government safety standards.

Signed:_____

Date:_____

5. I have no objection to photographs or videos being taken of my child for educational or promotional purposes.

Signed:_____

Date:_____

6. I agree to communicate with the staff and childcare board in a polite, appropriate manner. Any verbal or physical abuse towards staff will be considered a breach of this agreement and I may be asked to withdraw my child if this behavior is on-going.

Signed:_____

Date:_____

7. I agree that I will keep my child's teacher up to date on my latest telephone number and cell phone number and physical address so I can be contacted in the event of an emergency.

Signed:_____

Date:_____

8. I have read the parent handbook and understand the child care policies that are in place and agree to abide by them.

Signed:_____

Date:_____

Getting to know you at the Splatsin Child Care Centre

Welcome to the Splatsin Child Care Centre. The following are questions meant to help us get to know your child.

Siblings Names: _____

Age: _____

_____ Age:

Age: _____

Have there been any major changes in your family that you would like us to be aware

of? _____

Does your child nap during the day? Yes No

What time does your child nap and for how long? _____

Does your child nap easily? What techniques do you use at home? _____

What words does your child use for going to the toilet? _____

Are there any situations that would cause shy or aggressive behavior in your child? _____

Does your child have any fears or things that easily upset your child that we should be aware

of? _____

Do you think your child's development is appropriate for their age? _____

If you have concerns, please talk to your child's teacher and we can assist by doing an Ages and Stages Developmental questionnaire.

What are your child's favorite foods? _____

What food does your child dislike? _____

Are there any other things about your child that you would like us to be aware of? _____

—

Thanks for taking the time to fill in this form. It will help us to get to know your child.

Parent involvement at our centre:

Parent

Name: _____

At the Splatsin Child Care Centre, we want to provide the best learning environment for your child. This year, we are **really encouraging parents to be involved in your children's education** at our centre. It means a lot to your child to have you come and participate in centre programming!! Please fill in this volunteer form and return to your child's teacher.

Please put an X beside any activity you could help with:

- Speech Therapy with your child (parent involvement is mandatory)
- Child Behavior Specialist (parent involvement is mandatory if your child has been identified by our teachers as requiring additional support)
- Stop in and have lunch anytime you are available
- Stop in and read books to children
- Stop in and volunteer to help the staff at lunch time
- Volunteer to be a parent driver for a field trip (pumpkin patch, apple orchard, etc.)
- Volunteer to be a parent helper/driver for ice skating
- Volunteer to be a parent helper/driver for swimming

- Attend the Father's Day or Mother's Day events
- Attend the Winter Feast / help clean up
- Cut shapes out for curriculum (check with your teacher)
- Attend the COHI Dental Varnish Program for children aged 1 to 4 (parent participation is mandatory for children to receive varnish that prevents cavities)
- Attend parent sewing / regalia making with the Aboriginal Infant Development Program
- Volunteer to decorate for the children's graduation at the end of June and clean up
- Volunteer to help cook / clean up at any child care feast or activity
- Volunteer in the Language and Culture Program as a parent helper

Appendix 1: Fee schedule 2016-2017

Care Code	Type of Care	Four Hours or fewer per day		More than 4 hours per day	
		<i>Per Day</i>	<i>Month</i>	<i>Per Day</i>	<i>Month</i>
G1	Group Care (0 to 18 months)			37.50	750.00
G2	Group Day Care (19-36 months)			31.75	635.00
G3	Group Day Care (over 36 ms. To 6 yrs.)			27.50	550.00
L1	Out of School Care (kindergarten)			17.00	340.00
L2	Out of School Care (Grade 1 and up)	10.38	207.50		
G4	Out of School Care – Pro D Day rate			20.75	



SPLATSIN TSM7AKSALTN (TEACHING CENTRE) SOCIETY
(The "Society")

REFERENCE DATE: _____, 2016

For Applicant applying to become a society member from today's date to the Annual General Meeting on June 28, 2016.

(please fill in information inside box only)

<p>Name:</p> <hr/>
<p>Address:</p> <hr/> <hr/> <hr/>

Board Members only to complete bottom part

A SOCIETY INCORPORATED PURSUANT TO THE SOCIETY ACT, RSBC

This is to certify that the Board of the Society has, pursuant to the Society's by-law 2.2, approved the below named person for membership in the society for the period from the reference date to the Society's fiscal year end, March 31, 2016

(Approved Member's name)

The society acknowledges receipt of the member's payment of the Society's membership fee of \$1.00.

Dated at Enderby, B.C. June ____, 2016

Splatsin Tsm7aksaltn (Splatsin Teaching Centre) Society
Per

X _____

Director's name