

REGISTRATION APPLICATION

DATE OF APPLICATION: _____

DATE SERVICES REQUIRED: _____

1. CHILD INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____
Gender: M F Date of Birth: _____ Hospitalization # _____
First Nation/Band: _____ Treaty # _____
Language spoken in the home: First: _____ Second: _____

2. OTHER SERVICES

Has your child received services from any of the following:

- Early Childhood Intervention Program (ECIP) Speech and Language Pathologist
 Occupational Therapist Early Childhood Psychologist ICFS Other Band Based Programs

Medical Information

Does your child have any medical conditions: Yes No If yes, please explain.

Other information that should be known about the child?

3. PARENT/GUARDIAN INFORMATION

Parent/Guardian Last Name: _____ First Name: _____
Phone: _____ Cell: _____
Parent/Guardian Last Name: _____ First Name: _____
Phone: _____ Cell: _____

3. The Parent and the Early Childhood Program agree that the total child care fee shall be 300⁰⁰ per day/hour/month, payable by the first/last working day of the each month.
4. The parent and the child care service agree that the following fee shall be charged for late pick-up of a child 2⁰⁰ per minute after 5:00pm
5. Note: No fee for Head Start Program.

The Parent and the Early Childhood Program agree to comply with Saskatchewan First Nations Early Learning and Child Care Regulations. A copy is posted in the Early Childhood Facility.

I, _____, hereby acknowledge that I am aware of the conditions stated in the Agreement, and agree to abide by these requirements.

Parent/Guardian Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

COPY TO BE PLACED IN CHILD'S FILE.

RELEASE OF CHILD

I hereby give my authorization for the following persons (over 14 years of age) to pick up my child/children from the Early Childhood Program.

Name of child/children: _____

1. Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

2. Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

3. Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

4. Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Any person, whose name does not appear on this list, will only be permitted to take the child/children from the program with a phone call to the Early Childhood Program.

Staff are not permitted to take children home at the end of the workday without prior arrangements.

Parent's Signature: _____ Date _____

Director's Signature: _____ Date _____

COPY TO BE PLACED IN CHILD'S FILE

TRANSPORTATION RELEASE FORM (REQUIRED FORM)

Saskatchewan First Nations Early Learning and Child Care Regulations require Early Childhood programs that provide transportation to and from the facility, to have written authorization from parents/guardians

See the attached Policy – Saskatchewan First Nations Early Childhood Regulations (*Regulation 7 – 7.5*)

Transportation Procedures:

- Children are picked up and dropped off at each child's home.
- Parents are required to bring the child to the vehicle and buckle/unbuckle the child in the seat at time of pick up/drop off.
- At each stop the bus/van driver will wait 2 min for child, if there is no sign of child/parent appearing the bus/van will leave. Parents may bring child to the program.
- When a child is taken home they can only be left with a parent or a designated person over the age of 14 years, otherwise the child will be returned to the program facility. All attempts will be made to contact the parents or emergency contacts. If no one is found then Child and Family Services will be called.
- **WINTER DRIVING:** when the temperature falls to ____ degrees (with the wind chill factor), transportation to/from the program will not be provided. Parents can still bring their child to the program but must inform the program.
- Decisions around closures due to inclement weather and other situations will be communicated to you in a timely manner.
- Children must be dressed appropriately for the weather or they will not be accepted on the bus/van.

I hereby give permission to the Early Childhood Program for my child _____ to be transported to and from the Head Start program.

I have read, understand and agree to comply with the above procedure.

(Parent/Guardian signature)

COPY OF THIS AGREEMENT IS GIVEN TO PARENT/GUARDIAN AND ONE IS KEPT IN THE CHILD'S FILE.

From: Saskatchewan First Nations Early Childhood Regulations (*Regulation 7 – 7.5*)

7. Transportation

7.1 Where the Early Learning and Child Care facility provides or arranges transportation for a child on a regular basis including transportation to or from school, a Transportation Release Form provided by the Tribal Council or F.S.I.N, must be signed by the child's parent or guardian prior to the child attending the Early Learning and Child Care facility.

7.2 Saskatchewan Government Insurance standards must be followed:

- 7.2.1 Only drivers with a valid drivers licence suitable to the type of transportation, and with proper insurance, may transport children;
- 7.2.2 The facility must have copies of the driver's license and insurance policy.

7.3 Where the Early Learning and Child Care facility transports children, properly installed child passenger safety restraints as required by the age and weight of the child must be used.

7.4 Vehicles shall be maintained smoke free.

7.5 The required ratio of staff per children must be maintained during transportation. (refer to section II.1.a,b,c,d,)

CHILD'S MEDICAL CERTIFICATE

Child's Name: _____

Date of Birth: ____/____/____

Y M D

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

Child's Medical History:

Check any of the following illness which the child has had:

- | | | | |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Earaches | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping cough |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Eczema | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Polio | <input type="checkbox"/> Measles German |
| <input type="checkbox"/> Influenza | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Croup | <input type="checkbox"/> Measles Red |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Tonsillitis | |
| <input type="checkbox"/> Other: List: _____ | <input type="checkbox"/> Injuries: List _____ | | |

Allergies:

Does the child have any known medication allergies? Yes No. If Yes, what are they and what is the child's reaction to them?

Does the child have any known food allergies? Yes No. If Yes, what are they and what is the child's reaction to them?

Does the child have any other allergies? Yes No. If Yes, what are they and what is the child's reaction to them?

Other Medical Information:

Does the child take any medication on a regular basis? Yes No. If Yes, give the name of the medication and the medical condition for which it is taken;

Do you have any concerns about the child's development? Yes No. If Yes comments:

Are there any restrictions on the kind and/or amount of physical activity in which the child may participate? Yes No. If Yes, identify: _____

Has the child ever undergone surgery? Yes No. If Yes, list: _____

Are there any special diets necessary for the child's health? Yes No. If Yes, describe:

Please comment on any other medical information the Early Childhood Program (s) should be aware of:

I _____ have carried out a complete examination of the above named child and consider that the child:

- Is capable to participate in an Early Childhood Program.
- Is not capable to participate in an Early Childhood Program.

Comments:

Physician's Signature: _____

Date: _____

COPY TO BE PLACED IN CHILD'S FILE.

CONSENT FOR IMMUNIZATION STATUS

I, _____, authorize _____
 (Parent/guardian) Director/Coordinator
 at _____ to request my child's immunization information
 (Name of facility)
 from the _____ Health Center.

Child's name: _____ Age: _____

 (Parent's Signature) (Date)

Immunizations for _____ are up to date ___ Yes" ___ No
 If "no" what is the planned schedule to bring the child's immunizations up to date?

Immunization Required:	Scheduled Appointment:

 (Community Health Nurse) Date

I, _____, have chosen not to have my child,
 (Parent/guardian)
 _____ immunized. I understand that if my child contracts
 (Child's name)
 any of the diseases that are preventable with immunizations, (see attached list) they will not be
 allowed to attend the _____ Early Childhood
 Program until cleared by a doctor or the Community Health Nurse.

 Parent's Signature Date

COPY TO BE PLACED IN CHILD'S FILE.

COPY TO BE PROVIDED TO PARENT/GUARDIAN

PERMISSION FOR PARTICIPATION IN PROGRAM

I, _____ give my child _____ permission:

- To participate in off premises excursions not involving transportation (walking only)
- To be transported in off premises excursions on regular outings (motor vehicle)
- To take part in activities covered by media (research, photography, video-taping)
- To track my child for individual assessment , and for program evaluation purposes (Brigance, Ages and Stages (ASQ) or other screening tool)
- To participate in the Dental program.
- To participate in the Health Promotions activities provided through the Community Nurses and Dieticians.

Parents Signature _____ Date: _____

COPY TO BE PLACED IN CHILD'S FILE

CONSENT FOR USE OF PHOTOS

By signing this release form I give permission to _____ Tribal Council to use and display photographs of my child/children in any print publication (brochures, newsletters, annual reports, presentations and calendars), or internet publication.

Furthermore, I understand the photograph(s) will be used for educational purposes only in promoting awareness and understanding of healthy early childhood development.

Signature of Parent/Guardian

Name of Witness (Please Print)

Signature of Witness

Date

_____ provides a supportive environment that encourages positive interactions amongst adults and children, creates realistic expectations of children's capabilities and ensures consequences for their behavior is positive and provides learning opportunities for healthy development. Working closely with parents, we will help plan for a supportive approach when addressing your child's development.

The goal of child management and guidance is to help children to develop their own self-control and to learn problem solving skills that are appropriate.

Respect and learning are the basis for all child management practices. Children are guided with respect and taught about appropriate behavior in a way that protects their self-esteem. Caregivers model problem solving and understanding and assist children with managing their own emotions and actions.

Child guidance differs depending on the age of the child, the individuality of the child's development and the type of behavior the child is exhibiting. Caregivers are flexible in their practices using preventative and supporting approaches and discipline.

Preventative and supportive approaches can include:

- o Re-directing children in their play
- o When appropriate , children are actively involved in solving their own conflicts and problems
- o Engaging children in activities and programming that stimulate and challenge them
- o Close supervision
- o Explaining to children the behavior that is acceptable and be sure the child understands
- o Comforting children who require help with controlling and expressing their emotions
- o Anticipating any difficulties children are having
- o Planning transitions and routines that are consistent and regular
- o Activities that teach social skills are part of the program, and caregiver model similar practices in their work
- o Setting reasonable limits
- o Praising and encouraging children in their attempts
- o Gentle Reminders

Caregivers seek out assistance or help parent's access assistance or support from professionals when they require additional help with challenging behaviors. Ongoing issues are communicated to parents and solutions are arrived at together.

Inappropriate child management practices will not be used as a form of discipline at any time:

- Corporal punishment
- Physical, emotional or verbal abuse
- Denial of necessities
- Isolation
- Inappropriate physical or mechanical restraints

Child Management policies are used to assist staff and parents in ways of dealing with behaviors that are often seen in young children as they develop. It is used as a guideline for staff and information to parents, in order to ensure child development and appropriate strategies are used to foster healthy development.

Before any staff is hired, it will be clearly stated in the Handbook and in their Orientation, that any action which is harmful to children requires an immediate response by the Director/Coordinator, to Chief in Council, and to Child and Family Services.

Parents signature _____

Date: _____