



Wit'suwit'en Child and Family Centre

Kyah Wiget Education Society

205 Suite 2 Beaver Road

Smithers, B.C.

V0J 2N1

Telephone: (250) 847-2244 Ext #4

Email: sa.vantunen@kyahwes.ca

Aboriginal Headstart – Infant & Toddler
Parent Participation Program Sept – June ONLY

Child's Name: _____

Child's Date of Birth: _____

Band Name & Number: _____

Clan Name: _____ **House Name:** _____

House Chief's Name: _____

Parent/Guardian-Mother: _____

Parent /Guardian-Father: _____

Physical Address:

Mailing Address:

Telephone: Home: _____ Work: _____

Cell: _____

Email: _____

Emergency contact: Name: _____

Emergency contact: Number: _____

Please list only two names for authorized pick up/drop off

1. _____ Telephone: _____

2. _____ Telephone: _____

Anyone else other than the above parents and authorized pick up. It is your responsibly to call the center and let staff know. Other wise this will delay pick up of your child; as we will call you to confirm. IN some cases where we do not know the individual. We will ask for ID.

Is there a custody agreement in place? _____
 If Yes; the agreement must be in child's file before the child can start.

Please list all other children / adults living in your home

Name	Birthdate	Relationship to Child

MEDICAL INFORMATION

Child's Medical Number: _____
 Child's Doctor: _____ Telephone: _____
 Child's Dentist: _____ Telephone: _____

- **I give consent** for my child to receive treatment from the Doctor named above or the emergency room at the hospital, the Community Health Nurse or the Community Health Representative, parent will be contacted immediately.

Parent/Guardian Signature: _____

CHILD HEALTH HISTORY (Please check all that apply to your child)

Ear Infection		Mumps		Pneumonia	
Rubella		Heart Condition		Kidney Condition	
Chicken Pox		Scarlet Fever		Rheumatic Fever	
Whooping Cough		Measles		Eczema	
* Epilepsy		* Asthma		* Diabetes	

Does your child have any allergies? If yes, give symptoms, treatment and/or specifics (e.g. special diets).

Please list:

Are there any health problems, allergies, disabilities, information, likes, fears, dislikes, or experiences that you feel the caregivers should know to best meet the needs of your child?

Is your child currently on medication? If yes, please indicate side possible side effects.

Does your child receive services through the Child Development Center, SLP, OT or NSDP? YES _____ No _____

NEIGHBOURHOOD WALKS

I give permission for my child _____ to participate in spontaneous neighbourhood walks. I will be notified of any field trips away from the Centre with the staff at the Wit'suwit'en Child and Family Centre and a separate consent form will be sent home.

Parent/Guardian Signature: _____

PHOTO PERMISSION

I give permission for the Wit'suwit'en Child and Family Centre staff to take photographs of my child _____. I understand these photos are for the enjoyment of children and their families. I also understand that they may be used in displays for the Centre or the Community. I will be notified of any photos being published in the media.

Parent/Guardian Signature: _____

SUNSCREEN & INSECT REPELLENT

I give permission for program staff to apply sunscreen and/or insect repellent to my child when necessary.

Parent/Guardian Signature: _____

Parent Participation: The Aboriginal Headstart Program is 4 days a week (Mon to Thurs) with Fridays being drop in days with parent and child. Fridays will be fun interactive days with Elders and activities.

I understanding that having my child in the headstart program, that I, _____ agree to the 4 days a week with Fridays being parent participation days and that the program is closed July and August of each year.

Language and Culture activities:

Your child/ren will be immersed into the Wit'suwit'en Language and Culture daily through elder, staff and other child interactions within the center. We ask that parents have a plan in place to assist their child learning the Language and culture at home as well. There are multiple opportunities within the programs and community. The Wit'suwit'en Language and Culture Society, Kyah Wiget Education Society, First Voices website, First People Cultural Council and the Wit'suwit'en Child and Family Center.

Please ensure the following in on file:

LICENSING REQUIRES WE HAVE A COPY OF YOUR CHILD'S
IMMUNIZATION RECORDS and BIRTH CERTIFICATE

Before Your Child can start in any of the programs; we must have on file the following:

- Birth Certificate
- Immunization Records
- Custody agreements if any in place between parents

The Wit'suwit'en Child and Family Centre Educators will do their best to meet the needs of each family attending our program. We encourage feedback from families; please let us know if there is anything else that you wish to inform us of about your child.

Parent/Guardian Signature: _____
Date: _____

Supervisor Signature: _____
Date: _____

Date of Enrolment: _____

Date of when stopped attending: _____

Has the following been completed: Please initial?

- Organization Center manual signed _____
- Copy of Birth Certificate attached _____
- Copy of Immunization attached _____
- Signed Registration _____

