



Wit'suwit'en Child and Family Centre
205 Suite 2 Beaver Road
Smithers, B.C.
V0J 2N1

Telephone: (250) 847-2244 Ext #4
Email:angela.dennis@kyahwes.ca

Student Registration

Child's Name: _____

Child's Date of Birth: _____

Band Name & Number: _____

Parent/Guardian: _____

Physical Address: _____

Mailing Address: _____

Telephone: (H) _____ **Cell** _____

Email: _____

Mothers Place of employment: _____

Work Schedule: _____

Mothers work number: _____

Father place of employment: _____

Fathers work number: _____

- **Please attach Work Schedule**

Please list only two names for authorized pick up/drop

1. _____ Telephone: _____

2. _____ Telephone: _____

The only people who will be allowed to pick up and drop off your child will be listed above; in the case you need someone other than who's listed above. You will need to call the center and we will meet them outside the daycare with your child upon pick up or drop off.

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

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	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Kidney Condition	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>
Whooping Cough	<input type="checkbox"/>	Measles	<input type="checkbox"/>	Eczema	<input type="checkbox"/>
* Epilepsy	<input type="checkbox"/>	* Asthma	<input type="checkbox"/>	* Diabetes	<input type="checkbox"/>

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My child is: _____ **in diapers** _____ **toilet training** _____ **trained**

Nap time

schedule: _____

General level of child's activity (active/quiet/easily excited...)

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

List the date of your child's last allergy reaction is any and special procedures to follow in the event of an allergy reaction occurring while in attendance at our Centre:

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 possible side effects.

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: _____

OBTAINING IMMUNIZATION RECORDS:

LICENSING REQUIRES WE HAVE A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS and BIRTH CERTIFICATE on file before your child can be registered.

I, _____ have completed the registration and I adhere by the polices set out in the parent handbook and registration while my child attends the Wit'suwit'en Child and Family Centre.

Parent/Guardian Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Date of Enrolment: _____

Date of when stopped attending: _____

Handbook _____

Copy of Birth Certificate attached _____

Copy of Immunization attached _____

Signed Registration _____

Orientation complete _____