



ECHEN HEALING SOCIETY

FORM: CHILD REGISTRATION

2023 07

This information is collected for the purpose of providing the best program possible for your child and to help us provided a safe, healthy, and comfortable atmosphere for your child. This information will not be shared outside the program staff without your consent.

Name of program _____

Program Start Date: _____ Program End Date: _____

Echen Early years: 324 Hoy St

Little Chief Aboriginal Head Start (8am-5pm):

Monday ___ Tues ___ Weds ___ Thurs ___ Fri ___

Echen Childcare Division:610 Wade Ave

Yus Afterschool Care(2:00pm- 6pm):

Monday ___ Tues ___ Weds ___ Thurs ___ Fri ___

General Family Information

Child's Name _____

Child's Date of Birth _____

Child's Gender (please circle): Male Female Other

Please circle one of the following if applicable: Status Non-Status Metis

Address _____

City _____ Postal Code _____

Father's Name _____

Home Phone _____ Work Phone _____ Cellphone _____

Mother's Name _____

Home Phone _____ Work Phone _____ Cellphone _____

Guardian's Name _____

Home Phone _____ Work Phone _____ Cellphone _____

Should we be aware of any custody agreement? Please provide details below and copy of the court order.

Name(s) of persons who CAN pick up my child/children:

Name(s) of anyone who CANNOT pick up my child/children. Please state details.

Other family members (siblings or extended family living with the child):

Name:	_____	Age:	_____	Relationship:	_____
Name:	_____	Age:	_____	Relationship:	_____
Name:	_____	Age:	_____	Relationship:	_____
Name:	_____	Age:	_____	Relationship:	_____

Comments/Instructions to help us care for your child:

Toileting/Diapering: (special words)

Eating/Mealtime (food likes/dislikes or special instructions)

Fears (if any): _____

Other instructions/comments:

Are you interested in any addition supports or programs offered at? Echen Healing?

Medical Information

Has your child received immunizations? Yes or No. _____

If yes, please attach a copy of the immunization record.

Medical Insurance Number (care card #) _____

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____

Please note any food allergies your child has

Reactions and remedy for food allergies:

Please note any other allergies your child has:

Reactions and remedy for other allergies:

Does your child have any special health-related conditions (i.e., asthma, vision, hearing, speech and language, eczema, etc.). Please provide details.

Has your child had any of the following? Please circle.

Measles Chicken Pox Whooping Cough Mumps German Measles

Other _____

Emergency Contacts

1) Name: _____

Phone: _____

Address: _____

Relationship to child: _____

2) Name: _____

Phone: _____

Address: _____

Relationship to child: _____

Note: A copy of this completed document will be given to parent/caregiver and one will be kept in your child's confidential file within the childcare center. If at any time any information has changed, please contact? Echen staff to update this document.

Authorizations***Emergency release***

I give permission for? Echen staff to call a medical practitioner or an ambulance in case of accident or illness or release my child to one of my emergency contacts listed above if I cannot immediately be reached,

Signature: _____ Date: _____

Sunscreen Application

I give permission for? Echen staff to apply Sunscreen when they deem necessary.

_____ I **do** allow my child to wear supplied sunscreen

_____ I **do not** allow my child to wear sunscreen other than the one I supply

Signature: _____ Date: _____

Photo release

Occasionally photographs of our programs and children will be taken for educational and publicity (website/brochures, educational pedagogy) purposes. Note* Children will need to have one photograph taken for their emergency file. Please check your choice:

_____ I **do** allow my child to be photographed.

_____ I **do** allow my child photographed for pedagogy (learning stories) but **do not** for media

_____ I **do not** allow my child to be photographed.

Signature: _____ Date: _____

Field trip release

Occasionally our preschool will venture out into the community for a field trip to learn more about the place we live and the people who live within it. These field trips will be discussed with parents and monitored by staff and parent volunteers. Please check your choice:

_____ I **do** allow my child to attend field trips

_____ I **do not** allow my child to attend field trips.

_____ My child needs Ministry approval for field trips

Confirmation/acknowledgement

By signing this document, you agree that all information contained is correct. In addition, you acknowledge that you have been given the Parent Handbook and understand and agree to all the terms included in the handbook.

Parent Signature: _____ Date: _____

Staff Signature: _____ Date: _____