

Registration Paid

Start Date \_\_\_\_\_

End Date \_\_\_\_\_



# Victoria Native Friendship Centre XaXe SFELITKEL- Child Care Centre Registration Form



**\*\*Incomplete applications will not be accepted\*\***  
**\*\*Please include your \$25 Registration Fee to complete your application\*\***

DATE REC'D \_\_\_\_\_

**REGISTERING FOR:**

Daycare    Before School    After School    Before & After School

**CHILD INFORMATION:**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DAY/MONTH/YEAR

My child responds to: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_ Non-Binary: \_\_\_

My child will arrive at: \_\_\_\_\_ A.M. and will be picked up by \_\_\_\_\_ P.M.

**FAMILY/CAREGIVER INFORMATION:**

Enrolling Parent/Caregiver Name: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DAY/MONTH/YEAR

Address: \_\_\_\_\_  
(Number/Street/City/Provide/Postal Code)

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of other Parent/Caregiver: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DAY/MONTH/YEAR

Address: \_\_\_\_\_  
(Number/Street/City/Provide/Postal Code)

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Other Children Living at Home:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**CUSTODY RESTRICTIONS:**

Is a court order in effect regarding custody of the child? If yes, please attach the court order and state the general conditions here (**this is a legal requirement for us to enforce the conditions**).

YES  NO

**EMERGENCY CONTACTS & PERSONS AUTHORIZED TO PICK UP YOUR CHILD:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Main Contact #: \_\_\_\_\_ Secondary Contact Info: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Main Contact #: \_\_\_\_\_ Secondary Contact Info: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Main Contact #: \_\_\_\_\_ Secondary Contact Info: \_\_\_\_\_

**PERSONS NOT PERMITTED ACCESS TO CHILD**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

There is no one to list for "Persons **Not** Permitted Access to Child"

***PLEASE NOTE: All pick up persons must be over the age of 18 years and have their name listed on this form or the child will not be released***

**GENERAL & HEALTH INFORMATION:**

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

We currently do not have a Family Doctor. We will provide the name and number once we obtain one.

Family Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Personal Health Card Number: \_\_\_\_\_

Is your child toilet trained?

YES  NO

Currently Training \_\_\_\_\_

Would you like your child to nap?

YES  NO  N/A

If yes, for how long? \_\_\_\_\_

**GENERAL & HEALTH INFORMATION CON'T:**

Does your child have special needs?

YES  NO

If yes, please explain and give a copy of the diagnosis as this is a legal requirement

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Does your child have a special need worker? If yes, please provide their name and contact information.

YES  NO

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Has your child experienced any major stresses?

YES  NO

If yes, please provide the Child Care Centre with further information on a separate sheet

Does your child have any allergies that we should be aware of (Food, Drugs, Animals, Bees, etc.)?

YES  NO

If yes, please explain

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Has your child had any serious health problems that we need to be aware of?

YES  NO

If yes, please explain

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Does your child regularly take medication?

YES  NO

**PLEASE NOTE: An authorization to administer medication form will need to be filled out prior to any medications being administered.**

Has your child had any of the following childhood diseases?

Chicken Pox

Mumps

Measles (Red)

German Measles

Is your child's immunizations up to date?

YES  NO

**PLEASE NOTE:**  
**If your child is immunized a copy of your child's Immunization Record must be provided to the Child Care Centre.**  
**If your child is not immunized, there is an additional form to be completed and placed on your child's file.**

**FAMILY INFORMATION:**

Is your child of Aboriginal Ancestry?

YES    NO

If yes, where are you from? \_\_\_\_\_

Do you speak a traditional language in your home?

YES    NO

If yes, what language? \_\_\_\_\_

Has your child been in a child care setting before?

YES    NO

What type of activities interest your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there cultural practices and traditions that your family participates in that you would like to share with the Child Care Centre?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the group activities like swimming, preschool, or playgroup that your child may have attended in the past.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of guidance and discipline methods do you use at home and that your child responds to?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know about your family and/or child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**POLICIES & PROCEDURES:**

I, \_\_\_\_\_, legal parent/guardian of the child \_\_\_\_\_, have read, understand and agree to all the terms and conditions of XaXe SFELITKEL-’ Child Care Centre as set out in the parent handbook that I received with this application form. I agree to abide by the Centre’s policies regarding the following:

- a) Fees are to be paid in advance on the 1st of each month (or the 1st and 15th of each month if prearranged);
- b) If MCFD is paying or if the child care subsidy has been applied for, you are responsible for paying the full fees until MCFC or child cares subsidy is in place;
- c) Priority is given to full time children;
- d) \$25.00 NSF fee is applied to each dishonoured cheque;
- e) 2.5% interest is added to all fees not paid on time;
- f) If your payment is not received on time, your child may lose his/her space at the Centre;
- g) Any accounts delinquent past 60 days will result in third party collection intervention and possible legal action;
- h) One month’s written notice is required when withdrawing your child from the program;
- i) Authorizing us to contact you via email with the address provided; and
- j) There are NO refunds.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**PERMISSIONS & ACKNOWLEDGEMENTS:**

Please initial each line below:

- \_\_\_\_\_ I hereby give my child permission for my child to go on field trips arranged by the Child Care Centre
- \_\_\_\_\_ I hereby give permission to have pictures taken for general file purposes and publicity purposes of the VNFC (names of children will not be used)
- \_\_\_\_\_ I hereby give my consent for my child to be transported by ambulance (at the parent’s cost) to the nearest medical facility with a member of XaXe SFELITKEL- Child Care Centre in the event of an accident/illness (all parents/guardians will be notified first when at all possible);
- \_\_\_\_\_ To receive emergency medical services on arrival at the medical facility;
- \_\_\_\_\_ To have XaXe SFELITKEL- Child Care Centre staff help apply sunscreen when deemed necessary
- \_\_\_\_\_ I accept all responsibility for payment of all accounts rendered by my family
- \_\_\_\_\_ I understand that my enrolling my child for care, I am responsible for the total cost of care. I understand that if I wish to withdraw my child’s enrollment in entirety or part, I must put my request in writing by the 1<sup>st</sup> of the month for the following month. If one month’s notice is not given, a one-month fee will apply.

**VOLUNTEERING IN THE CHILD CARE CENTRE:**

As outlined in the policies of the Victoria Native Friendship Centre, XaXe SFELITKEL-’ Child Care Centre, we encourage the involvement of families within our program. Please check off the opportunities you would most likely be able to help with:

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Participation on Field Trip Outings                     | <input type="checkbox"/> Singing   |
| <input type="checkbox"/> Participating in Fund Raising Activities                | <input type="checkbox"/> Drumming  |
| <input type="checkbox"/> Sewing / Knitting / Weaving                             | <input type="checkbox"/> Dancing   |
| <input type="checkbox"/> Carving / Woodwork                                      | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Repair / Maintenance of program materials and equipment |                                    |

**CONFIDENTIAL AGREEMENT:**

I understand that my involvement is voluntary and confidential and falls within the following points of The Victoria Native Friendship Centre’s Confidential Policy:

**6.10. Confidentiality of Client Information**

**6.10.1 Confidential information:** Except as noted elsewhere in the sub-section, information obtained in any way about clients of the Centre (or their families) as a result of employment is deemed to be strictly confidential. Such information may be shared only with other employees who have an operational requirement for the information. An employee who, for any reason, deliberately accesses confidential not needed for performing their job has breached confidentiality, whether they disclose it or not (See also section 6.11)

**6.10.2 Breach of confidentiality:** Unauthorized disclosure of confidential client information is a serious infraction of policy and will lead to disciplinary procedures or dismissal. An employee who is unsure of what constitutes confidential information or its disclosure will discuss the issue with his/her Supervisor or the Administrator.

**6.10.3 Informed consent:** Clients of the Centre will be informed in writing and give signed consent to the disclosure of confidential information to outside agencies or persons. Such consent specifies the information to be shared and the reason.

**The exceptions to the Victoria Native Friendship Centre’s policy are:**

- a) in cases of suspected child abuse or neglect and in the cases of past or recent sexual abuse and in which an offender may have present access to children, the Victoria Native Friendship Centre is obligated to inform appropriate authorities in the Ministry of Children and Family Development. As stated in Victoria Native Friendship Centre policy, section 6.10.5 and *The Child and Family Community Service Act section 14(1) (2) it is mandatory that we report any knowledge or suspicion of child abuse or neglect to the Director of the Ministry of Children and Family Development. Therefore, Victoria native Friendship Centre staff is obliged to carry out this procedure if applicable.*
- b) when a client states that he/she intends to inflict bodily harm to another person, staff will notify the potential victim(s) and encourage him/her (them) to notify the police. If the victim cannot be contacted, staff may notify the police.
- c) upon subpoena to testify in court at the direction of a judge, or other court order.
- d) when a person appears unfit to operate a vehicle and is known to intend to drive upon leaving the Centre, police will be notified.
- e) When a client states that he/she intends to commit suicide, staff may notify emergency services deemed necessary to save the individual’s life.
- f) Section 96 (10 (2) (3) of the *Child and Family Community Service Act* states that Victoria Native Friendship Centre staff may be required to disclose to the Director of the Ministry of Children and Family Development, information about you in order to protect the child and carry out their duties under this act.

I, \_\_\_\_\_, hereby authorize the Victoria Native Friendship Centre, XaXe SFELITKEL Child Care Centre to obtain and release information to/from:

**Name and Contact Information:**

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Any release of information regarding a client shall otherwise be by the client’s written and signed consent listed above. Please sign to indicate that you have read and understand this agreement.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Dates

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Child’s Name