

FOR OFFICE USE ONLY:

Registration Paid

Date Rec'd _____

Start Date _____

End Date _____



Victoria Native Friendship Centre XaXe STELIT̓KEL_ Child Care Centre Registration Form



****Incomplete applications will not be accepted****

****Please include your \$25 Registration Fee to complete your application****

Where did you hear about our Centre? _____

If a spot is available, what would be your ideal start date: _____

CHILD INFORMATION: *(If the child is not born, only this first page is required, and it is up to the parents to update the centre once the baby is born)*

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/Province/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/Province/Postal Code)

Home Phone Number: _____ Cell Number: _____

Employer: _____

Work Phone Number: _____ Email: _____

Other Children Living at Home:

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

EMERGENCY CONTACTS & PERSONS AUTHORIZED TO PICK UP YOUR CHILD (must list at least 2):

Name: _____	Relationship: _____
Main Contact #: _____	Secondary Contact Info: _____
Name: _____	Relationship: _____
Main Contact #: _____	Secondary Contact Info: _____
Name: _____	Relationship: _____
Main Contact #: _____	Secondary Contact Info: _____

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

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

SELF IDENTITY DECLARATION:

XaXe STELITKEL Daycare is required to provide funders with certain statistics, one being Self Identity Declaration. Please note this section is **voluntary**.

My child is:

<input type="checkbox"/> First Nations Band Affiliation: _____	<input type="checkbox"/> Inuit
<input type="checkbox"/> Non-Status	<input type="checkbox"/> Aboriginal
<input type="checkbox"/> Metis	<input type="checkbox"/> Non-Aboriginal

Caregiver 1:

<input type="checkbox"/> First Nations Band Affiliation: _____	<input type="checkbox"/> Inuit
<input type="checkbox"/> Non-Status	<input type="checkbox"/> Aboriginal
<input type="checkbox"/> Metis	<input type="checkbox"/> Non-Aboriginal

SELF IDENTITY DECLARATION (continued):

Caregiver 2 (if applicable):

- | | |
|---|---|
| <input type="checkbox"/> First Nations
Band Affiliation: _____ | <input type="checkbox"/> Inuit |
| <input type="checkbox"/> Non-Status | <input type="checkbox"/> Aboriginal |
| <input type="checkbox"/> Metis | <input type="checkbox"/> Non-Aboriginal |

For the purpose of this form, the definitions are:

First Nations – registered with a recognized First Nations Band in Canada

Non-Status – First Nations, may or may not have registration with a First Nations Band in Canada, and does not have ‘status’ as recognized through INAC Status Cards

Metis – registered with a Metis organization, can track their heritage to Metis Settlements along the Red River of Saskatchewan. Traditionally tracked to French & Cree mixed ancestry

Inuit – Indigenous folks from Northern Canada, traditionally speakers of Inuktitut, and self identified as Inuit

Aboriginal – Family history of Indigenous ancestry, does not identify as First Nations, Inuit or Metis. An accepted catch-all phrase for people who may know they have Indigenous Ancestry, but due to Residential Schools, the 60’s scoop and other acts against Indigenous ancestry may have lost ties to a specific group.

Non-Aboriginal – none of the above – Non-North American Indigenous

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? _____

Does your child have supportive needs?

YES NO

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

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

YES NO

Name: _____ Phone Number: _____

GENERAL & HEALTH INFORMATION (continued):

Being a part of the Victoria Native Friendship Centre the XaXe STELITKEL Child Care Centre has access to supports for children. Do you believe your child would benefit from a one-on-one support worker? If yes, why?

(if you need more space for writing, please add a paper at the end of the application)

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

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

YES NO

If yes, please explain

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

Are 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:

Do you speak a traditional language in your home?

YES NO

If yes, what language? _____

Has your child been in a childcare setting before?

YES NO

If you answered yes, what was the reason for leaving that centre or home care for your child?

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 STELITKEL- 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 childcare subsidy has been applied for, you are responsible for paying the full fees until MCFD or childcare subsidy is in place.
- c) Priority is given to full time children.
- d) \$45.00 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.
- 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 of my child taken for general file purposes and publicity purposes of the VNFC (names of children will not be used)
- _____ I acknowledge the partnership between XaXe STELITKEL Child Care Centre and Camosun College and give permission to have pictures of my child taken for educational purposes only
- _____ 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 STELITKEL- 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
- _____ I hereby give my consent for my child to be observed by the ASCD/ASLP team at the VNFC for the purpose of development. In the case where a child is observed by these teams a report will be given to the caregiver(s) and can be discussed further with the childcare management as well as the ASCD/ASLP teams.
- _____ To have XaXe STELITKEL-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 by 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 1st of the month for the following month. If one month's notice is not given, a one-month fee will apply.

CONFIDENTIAL AGREEMENT:

*** This agreement only needs to be signed if you are requesting the childcare centre to work with an outside organization (e.g., MCFD, Queen Alexandra, FIVE, etc.). In which case, please list the name and phone number below*

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 SƧELITƧELƧ Child Care Centre to obtain and release information to/from:

Name and Contact Information:

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