



**Sucker Creek First Nation
Day Care Program
Child Registration Form**

Child's Personal Information

Legal Name: _____

Nickname: _____ Male: _____ Female: _____

Date of Birth: _____

Alberta Health Care Number: _____

Treaty Number: _____ Band Name: _____

Legal Land Description: _____

Mailing Address: _____

Home Phone Number: _____

Spoken Language at home: English _____ Cree _____

Sucker Creek First Nation
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Parent/Guardian Information

Mother's Legal Name: _____

Legal Land Description: _____

Mailing Address: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

Place of Employment: _____

Father's Legal Name: _____

Legal Land Description: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Place of Employment: _____

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Emergency and Alternate Contact Information

Contact 1:

Legal Name: _____

Relationship to Child: _____

Legal Land Description: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Contact 2:

Legal Name: _____

Relationship to Child: _____

Legal Land Description: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Contact 3:

Legal Name: _____

Relationship to Child: _____

Legal Land Description: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

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Health Information

Family Physician's Name: _____

Clinic Phone: _____

Is your child up to date on immunization? _____

Allergies: Yes _____ No _____

If yes: What types of allergies? _____

What are the reaction symptoms? _____

What is the normal reaction time? _____

Is there medication to administer? Yes _____ No _____

If yes, what is the name of the medication, the amount to be given, and how is it administered? _____

Medical/Health Problems? Yes _____ No _____

Please explain: _____

Is there medication to administer? Yes _____ No _____

If yes, what is the name of the medication, the amount to be given, and how is it administered? _____

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Child's Information

Does your child play well with others? _____

When your child gets angry, how does he/she react? _____

Does your child have issues with biting, hitting, etc.? _____

Does your child have any fears? _____

How is he/she usually calmed down? _____

Is your child in a napping routine? If yes, how long and what time(s)? _____

Does your child require assistance when using the bathroom? Yes _____

No _____

Washing Hands _____ Undressing/Dressing _____ Wiping _____

Brushing Teeth _____

Should we be aware of any eating/bottle feeding habits/tips? _____

Do you have any concerns regarding your child's behavior/personality that we should be aware of? _____

Do you have any concerns regarding your child's development that we should be aware of? _____

Are there any physical limitations that we need to be aware of? _____

Day Care Supervisor Signature

Date

Sucker Creek First Nation
Day Care

Consent Form

Medical Treatment

I _____, give consent to the staff of the Sucker Creek First Nation Day Care to seek medical treatment/attention for my child in the event of an emergency. I prefer my child to be seen by Dr. _____ if possible.

Parent Signature

Date

Supervisor Signature

Date

Photographed/Video Recorded

I _____, give consent for my child to be photographed/video recorded or have his/her name displayed by the Sucker Creek First Nation-Day Care for the purpose of promoting our program.

Parent Signature

Date

Supervisor Signature

Date

Field Trips/Community Walks

I _____, give consent for my child to leave the Sucker Creek First Nation-Day Care premises under the supervision of a staff member(s) for community walks or field trips.

Parent Signature

Date

Supervisor Signature

Date

Sucker Creek First Nation
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Release Form

I _____, give permission to the following person(s) to pick up my child at the day care when I am unable to. I understand that if I make changes in names I will notify Sucker Creek First Nation- Day care supervisor in person, or it will not be valid.

Legal Name: _____

Relationship to child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Legal Name: _____

Relationship to child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Legal Name: _____

Relationship to child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Parent Signature

Date

Supervisor Signature

Date

Sucker Creek First Nation
Day Care

Releasing Child to a Minor

I _____, give permission for the individual whom is under the age of eighteen years old, (only recognizing youth 12-17 years of age) to drop-off or pick-up my child to/from the Sucker Creek First Nation-Day Care. I give consent to release my child, _____ to _____.

Minor's Name

Child's Name

In accordance with the acts, policies, standards, regulations, etc. the Day Care Program will only recognize youth 12-17 years of age. We will not release a child to a child under the age of 12 years old.

I recognize that the Sucker Creek First Nation-Day Care's liability ends when the child exits the Day Care Centre.

I will not hold the Sucker Creek First Nation-Day Care Staff, Program nor, the Sucker Creek First Nation liable in any way after my child is in the care of the designated care person.

It is also my responsibility to inform the Sucker Creek First Nation-Day care of any changes.

Parent Name (Please Print)

Parent Signature

Date

Supervisor Name (Please Print)

Supervisor Signature

Date

Sucker Creek First Nation
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Portable Information Sheet

Child's Legal Name: _____

Date of Birth: _____

Child's Physician & Phone Number: _____

Child's Alberta Health Care Card Number: _____

Immunization: Yes _____ No _____

Medical Conditions: _____

Allergies: _____

Child's Mailing Address & Legal Land Description: _____

Mother's/Guardian's Legal Name: _____

Mother's/Guardian's Phone: (H) _____ (W) _____

(C) _____

Mother's/Guardian's Mailing Address & Legal Land Description: _____

Father's/Guardian's Legal Name: _____

Father's/Guardian's Phone: (H) _____ (W) _____

(C) _____

Father's/Guardian's Mailing Address & Legal Land Description: _____

Emergency Contacts

Legal Name: _____ Phone: _____

Address: _____

Legal Name: _____ Phone: _____

Address: _____

Legal Name: _____ Phone: _____

Address: _____

Sucker Creek First Nation
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Parent Handbook and Child Guidance Policy
Parent Acknowledgement of the Parent Handbook

Child's Legal Name: _____

I _____, have read and understand the Parent Handbook.

Parent/Guardian Signature

Date

Supervisor Signature

Date