

FOR OFFICE USE ONLY:

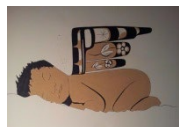
Registration Paid

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Date Rec'd \_\_\_\_\_

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

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



**Victoria Native Friendship Centre**  
**XaXe STELIT̓KEL- Child Care Centre**  
**Registration Form**



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<br>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<br>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<br>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 have 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?

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*(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

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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

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 MCFC is paying or if the childcare subsidy has been applied for, you are responsible for paying the full fees until MCFC 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 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.

## **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 SṪELITṪEL-Ṫ 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