



**Stz'uminus First Nation**

**Nutsumaat Lelum Child Care**

3947 B Shell Beach Road Ladysmith, BC V9G 1K6

Ph: 250-245-0994 Fax: 250-245-1379

**CHILDCARE REGISTRATION**

Date of Registration: \_\_\_\_\_  
YYYY / MM / DD

End Date: \_\_\_\_\_  
YYYY / MM / DD

Enrolment Date: \_\_\_\_\_ type of care required (circle one) F/T or P/T (Mon, Tues, Wed, Thurs, Fri)  
YYYY / MM / DD

**Child's Name:**

\_\_\_\_\_  
Last First Middle  
**Name student prefers to be called:**  
\_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Female

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YYYY MM DD

**Home Address:**

\_\_\_\_\_  
House Number Street Name Town Postal Code

**Mailing Address (if different from above):**

\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Band Number: \_\_\_\_\_

Do you live on Stz'uminus First Nation reserve? \_\_\_ Yes \_\_\_ No

**Parent/Guardian Information:**

Child lives with: \_\_\_ Father \_\_\_ Mother \_\_\_ Other

**Parent/Guardian#1:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email: \_\_\_\_\_

Place of employment/school: \_\_\_\_\_

Day time contact number: \_\_\_\_\_

**Parent/Guardian #2:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email: \_\_\_\_\_

Place of employment/school: \_\_\_\_\_

Day time contact number: \_\_\_\_\_

**Other people in the home:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are their custody concerns: Please explain and attach relevant documents:**

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

**\*Emergency Contacts: (must have 3 contacts, other than parents)**

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Other: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Other: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Other: \_\_\_\_\_

**Persons Not Permitted Access to Child**

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

**Persons Authorized To Pick Up Child from Facility**

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

**Emergency Information:**

**Care Card Number:** \_\_\_\_\_

**Doctors Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Special Health/Care Information:**

**Allergies:** \_\_\_ Yes \_\_\_ No

If yes, please explain and fill out a care plan: \_\_\_\_\_

**Asthma:** \_\_\_ Yes \_\_\_ No

If Yes, Explain medication needed and fill out a medication release and a care plan \_\_\_\_\_

Other Health Care Needs (please explain): \_\_\_\_\_

\_\_\_\_\_

Is your child taking any medication? \_\_\_ Yes \_\_\_ No

If yes, please fill out Care Plan \_\_\_\_\_

Immunizations are up to date: \_\_\_ Yes \_\_\_ No (**Attach copy of immunization record**).

Special Education Instructions:

\_\_\_\_\_

List all relevant Assessments and Referrals included in Registration:

\_\_\_\_\_

Briefly explain your child's developmental skills and abilities:

\_\_\_\_\_

**CHILD CARE AGREEMENT:**

- In the event of an emergency, I hereby give consent for my child to receive emergency care by a physician and/or ambulance, if deemed necessary. \_\_\_\_\_
- I hereby give consent for my child to participate in the field trips organized by SFN Child care center. I understand that my child will walk (short trips near the center) or will travel by SFN van or SFN bus. \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**❖ Please provide us with a copy of your child's Birth Certificate and immunization record**