



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: _____
YYYY / MM / DD

Type of care required (select one) F/T or P/T (Mon, Tues, Wed, Thurs, Fri)

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