T'IT'O'ET 3 Year-Old PRESCHOOL & DAYCARE REGISTRATION FORM Daycare (User Fee) Monday - Friday Sam - 5 pm Doycare & titget.org Registration Date: Enrollment Start Date: Please complete the following questions. The information that you provide will be kept confidential between you and the Daycare/Preschool staff.

Child IIIIOIIIation.			
Name:	(Given name) (Nics	Sex:	
Date of Birth:(year/month/day)		Home PH:	
Street Address:			
Mailing Address:	•	<i>1</i>	
If Applicable, Band Name & Number:			
□ On Reserve		Off Reserve	
Parent Information:			
Parent/Guardian: Parent Employer: Employer's Ph:	Mother	Father	
Hours of Work: Cell Ph:			- :
E-Mail:	Preferred Co	ntact: E-Mail Phone	· 1

Please Note: If there is a custody order in place, a copy of the agreement must be attached to the registration.

Registration Agreement:

In order to assure that new parents clearly understand the procedures and policies of the Centre, we ask all parents to read the policies enclosed with the packet and also to check off the following items:

I unders	stand that: My child(ren) needs to be potty trained.
	The Preschool teachers should be notified if there is any change in daily schedule or pick-up routine.
	I must walk into the building with my child each day and make certain the teacher knows my child is there. Older siblings are not to bring or pick-up children.
□ .	I give consent for my child(ren) to ride on the Centre's school bus to go on field trips.
	Keep children home with the following: those with fever, diarrhea or vomiting in previous 24-hour period. Children too sick to participate in full program, including outside play, need to be kept at home.
	All children need to bring a nutritious lunch to school each day and a pair of indoor shoes. Please note that some children have severe Peanut allergies, and we do not allow any foods that may contain nuts.
,	Please have your child(ren) keep their toys and possessions at home.
	Parents are to inform the Centre of changes in addresses, phone numbers, employment, emergency information or any changes in family situations.
	Parents are expected to pick-up child(ren) before program end-time at 1pm. If there is no one present to pick-up your child at the designated time, your child will be considered in Daycare and an overtime charge of \$10.00 will be applied. If no one has picked up the child after the first hour, a \$20.00 fee will be applied. Contacts will be called immediately, however, if there has been no contact with parents/contacts after the second hour, the Ministry and/or Band Social Development Worker will be contacted.
	No medication can be administered to a child without the written consent and instructions from the doctor.
	If, after a reasonable period of time, it is found that a child is unable to adjust to the Centre, the Centre reserves the right to request the withdrawal of the child(ren). This decision is left to the discretion of the Daycare & Preschool Manager.
	If, a parent is late on three occasions, for bus pick-up and/or drop-off, bus service may be suspended and/or your child(ren) may be withdrawn from the program.
	Head checks will be done each month. If head lice is found, the child will be sent home with a notice and we ask parents to clear their child(ren) of lice prior to returning to the Centre.
	Parents are expected to participate in their child(ren)'s school experience and will be expected to volunteer at some school events (i.e. field trips, sports day, parties, etc.).
	I agree to abide by these rules and regulations.
Date	Signature of Parent/Guardian:

Emergency Consent Form	0.				
Child's Information:					
Child's Name: (Surname)				•	r/month/day)
Family Doctor:			Ph:		
Child's Care Card #:		_Child	's Status #:		
Mother:					
Home Ph:	Work Ph:			_Cell:	
Father:		_			
Home Ph:	Work Ph:			_ Cell:	
Two persons authorized to pick u (persons other than mother/father	p your child and/):	or be co	ontacted in case	of emergen	cy and/or sickness
Name:		_ Rela	tionship to child	•	
Home Ph:	Work Ph:			_ Cell:	
Name:		Rela	tionship to child		
Home Ph:					•
Health Information: Communicable Diseases your ch	ild has had (i.e.: o	hicken	pox, mumps, et	c.):	
			Ann Million Ann		Photo:
Please answer Yes or No to the f	оцоwing: No		Yes		11000.
Special Medication:	No No		Yes		
Vision or Hearing Problems:	No		Yes		
Speech or Language:	No		Yes		
Allergies:	No				
Behavioural: Hair Colour:	ye Colour:	اسا	Height:	. —	Weight:
If you answered	"Yes" to anv of t	he abo		ıt."Care Pl	_
If you answered "Yes" to any of the above, please fill out "Care Plan" form and/or "Administration of Medication" form.					

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	Emergency Treatment:
T	, authorize the T'it'q'et Daycare/Preschool Centre to act on my behalf
to ensure immediate medical treats	authorize the T'it'q'et Daycare/Preschool Centre to act on my behalf ment should the staff deem it necessary. I give permission for my child,
	in the extent of an emergency 10 Teceive full illuminal accounts
necessary by a physician at the Lil	locet District Hospital. I understand that my child will be accompanied to
the begrital by a childcare staff an	d that every effort will be made to reach the and/or my emergency
contacts. I agree to accept financi	al responsibility for any emergency medical care necessary.
· ·	
Signature of Parent/Guardian:	Date:
	Outing Permission Form:
	eive the staff of the T'it'a'et Daycare/Preschool Centre permission to
I,	in Daycare/Preschool excursions. I understand that I
include my child,	ination and type of transportation prior to the excursion.
will be notified of time, date, dest	mation and type of transportation prior to the first series
G. CD-west/Grandian	Date:
Signature of Parent/Guardian	
Doremaiasi	on to take Photographs/Video Taping:
Permissi	give the staff of the T'it'q'et Daycare/Preschool Centre permission to
I,	, in Daycare/Preschool photographs/video tapings. I
include my child,	chool may use the photographs for display purposes (newsletters, open
understand that the Daycare/Preso	3000 may use the photographs for display parposes (2000)
house, parent nights, bulletin boar	
CD //Commission	Date:
Signature of Parent/Guardian:	
787h 0 0 .	4 Developmental Screening tools.
<u>Permissio</u>	n to use Developmental Screening tools:
I,	, in Daycare/Preschool to use Developmental Screening
include my child,	, in Daycare/Preschool to use Developmental Strong
tools (i.e. Ages & Stages). I under	erstand that the Daycare/Preschool may use the results to help them get to
know your child, develop better p	programming and to ensure we are serving the children in the best way
possible. Results will be shared	with parents, and kept confidential with staff, and will not be shared with
other professionals without parer	at consent (i.e. Speech & Language Therapist, etc.).
CD 1/G 1*	Date:
Signature of Parent/Guardian:	D'UU.

T'it'q'et Daycare & Preschool Care Plan

Child's Name: My child has: (check all that apply)		photo
	Medical Condition	
	pplements	
Please list and explain:		
	No Yes (fill out Admir	nistration of Medication form.)
If yes, please explain symptoms to look for:		
Action to be taken by staff:		
Parent/Guardian Signature:	Date:	
	tration of Medication:	
Child's Name:		•
Prescription Medication	Lotion	
Non-prescription Medication	Food Supplement	
Refrigeration Required	Modified Diet	
Name of Medication:		
Doctor Prescribing Medication:		
Exact Dosage to be given:		
To be administered at the following times:		
For the following period of time:		
Parent/Guardian Signature:	D	ate:

\$10/per	re User Fees: r half day (4 hours or less) r full day (more than 4 hours)	
In ordo ask all	er to assure that new parents clearly understand the parents to read the policies enclosed with the packet	procedures and policies of the Centre, we and also to check off the following items:
	Parents are responsible for payment of fees on time. A late fee of the due date. Service will be suspended after 5 days.	\$10.00 will be added to the bills within two (2) days of
	There is no reduction of fees for absences or vacations except in the & Preschool manager should be notified if such a situation occurs.	e case of an extended illness of the child. The Daycare
	If in preschool, parents are expected to pick-up child(ren) before p pick-up your child at the designated time, your child will be placed \$10.00 will be applied. If no one has picked up the child after the be called immediately, however, if there has been no contact with and/or Band Social Development Worker will be contacted.	first hour, a \$20.00 fee will be applied. Contacts will
	If in daycare, parents are expected to pick-up child(ren) before probe paid directly to the staff person made to stay past closing. If the designated time, contacts will be called immediately, however, if the first hour, the Ministry and/or Band Social Development Worker of the staff person was also as a staff person when the staff person made to stay past closing. If the designated time, contacts will be called immediately, however, if the staff person made to stay past closing.	here has been no contact with parents/contacts after the
	The Daycare & Preschool Manager is to be notified TWO WEEK Parents are required to pay for those two weeks regardless of whe	S IN ADVANCE before a child is to be withdrawn. In the child(ren) leave the centre.
My sig Presch progra	gnature below indicates that I have read and understood hool User Fees. I agree to abide by these policies as a coam.	the policies of the T'it'q'et Daycare & ndition of my child's enrollment in the
Darent	t/Guardian: Da	ate:

User Fee Agreement:

3-Year-Old Preschool Checklist: Please initial beside completed/attached items: Registration Form Registration Agreement **Emergency Consent Form** Permissions Form Payment Plan Subsidy Form User Fee Please Attach: Immunization Record Birth Certificate Custody Agreement Please Bring: Change of clothing

Inside Shoes

Fitted Sheet & Blanket for Daycare

Daycare Checklist

Registration Form		
Registration Agreement		
Bus Agreement		
Emergency Information Card		
Permission to seek Emergency Treatment		
Permission for Outing		
Permission to take Photographs		
Special Instructions for Medications		
Payment Plan		
□ Subsidy Form		
□ User Fee		
□ Nominal Roll		
Immunization Form		
Birth Certificate		
Custody Order		
Change of Clothing		
Inside Shoes		
Blanket for Naptime		
Water Bottle		

P.O. Box 1728 Lillooet, B.C. VOK 1V0

PH: 256-0033

FX:256-0556



Dear Parents/Guardians,

T'it'q'et Daycare & Preschool is a Non-Profit Society. As such, we request parents/guardians to become members upon registration by paying the once a year \$10.00 membership fee per family. Please fill out the form below:

T'it'q'et Daycare & Preschool Society Membership Application

Name:		
	Last Name	First Name
Residential Address:_		
Mailing Address:		
Ph:		Cell:
Email address:		
Membership starts:		
7		(day/month/year)
Membership ends:		
79.67		(day/month/year)
Membership fee paid	□ yes	
[□ no	