SHKODAY
IGNITING THE SPIRIT WITHIN

Registration Form

Child's Name: _____ M___ F___

D.O.B: _____

Address: _____Telephone: _____

Email Address: _____

Days Attending: Monday & Wednesday Tuesday & Thursday

Program Attending: Toddler (18 months- 29 months) _____

Preschool (30 months- 56 months) _____

Kindergarten (56 months- 6 years) _____

Pre-K (30 months- 6 years) _____

What school is/will your child be attending? _____

Mother/Caregiver Name: _____D.O.B:_____

Home Address: _____Phone: _____

Occupation Address: _____ Work Phone: _____

Father/Caregiver Name: _____

Home Address: _____ Phone: _____

Occupation/ School/ Day Time Address: _____ Work Phone: _____

Other Children in the home:

Name: _____ Age: ___ M/F Name: _____ Age: ___M/F

Name: _____ Age: ___ M/F Name: _____ Age: ___M/F

Name: _____ Age: ___ M/F Name: _____ Age: ___M/F

1. *Aboriginal Head Start Registration-Confidential Once Complete*

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Other household members:

_____

_____

_____

Emergency contact(s) who we have permission to release your child to:

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Medical Information

Family Doctor: _____ Location: _____

Child's general health: _____

Diagnosis/Needs: _____

Is your child on any medications? _____

Does your child have any allergies? _____

Has your child had any childhood diseases (chicken pox, mumps, measles):

_____

_____

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Special instructions about child's health or diet: _____

_____

Behavioural Information

Physical/Mental abilities: _____

Toilet abilities and language used for toileting: _____

Personality (shy, outgoing, fears, etc.): _____

_____

Eating habits: _____

Sleeping habits (bedtime, security items):

_____

Play interests: _____

Behaviour (aggressive, sensitive, etc.): _____

Is there anything else that would help us better understand your child:

_____

_____

Household Information

Family Unit: Single_____ Married _____ Common Law _____ Separated_____

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Is the child or does your family receive support from other agencies: (Dilico Anishnabek Family Care, ONWA, Indian Friendship Centre etc.):

Name of Agency: _____ Phone Number: _____

Name of Family/Child's Worker: _____

Is your child:

Status ____ Non-Status ____ Metis ____ Inuit ____ Non-Aboriginal ____ Other ____

Reserve: _____

Languages spoken in home: _____

Does your family practice Indigenous cultural/traditions (pow-wow, smudge)?
Yes _____ No _____

Do you object to your child participating Indigenous cultural/traditions?

_____

_____

Please select the income category which best describes your family income. This information is strictly confidential once completed.

Less than $10,000/year _____

Less than $20,000/year _____

Less than $30,000/year _____

Less than $40,000/year _____

Less than $50,000/year _____

Less than $60,000/year _____

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Permission Forms

Please check the following:

- ☐ I/We give permission for my child to take part in any field trip or other activities which may require leaving the site premises by our means of transportation. It is my understanding that these outings will be supervised and that all possible precautions will be taken to ensure the safety of my child.

- ☐ I/We give permission for the staff at Thunder Bay Aboriginal Head Start to obtain necessary medical attention in the event of an emergency by the attending physicians at Thunder Bay Regional Health Sciences Centre. I/We also understand that all reasonable efforts will be made to contact the parent/caregiver. If this is not possible, the emergency alternate contact(s) will be notified.

- ☐ I/We hereby give permission for the staff at Thunder Bay Aboriginal Head Start to take photos/videos of my child. I understand that these pictures/photos may be used for public viewing (bulletin boards, class albums, educational publication, and newspaper/media release, social media etc.)

- ☐ I/We give permission for the staff at Thunder Bay Aboriginal Head Start to apply sunscreen to my child when needed.

Attached are the following additional permission/specialized service forms from the following agencies that need to be signed and attached to this file.

- Thunder Bay District Health Unit Fluoride Varnish Program
- Authorization for Release of Information.
- General Consent
- Immunization Record

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Admission Agreement

I/We agree to read and follow the information in the Parent/Caregiver Handbook provided by the program as these policies and procedures must be respected. Your child may be withdrawn from Thunder Bay Aboriginal Head Start at any time if these policies and procedures are not abided by.

I/We agree that the professional staff members who are working with the best intentions for the families and children will not to be subjected to any form of harassment and/or maltreatment.

Parent/Caregiver Name: _____ Date: _____
(PRINT)

Parent/Caregiver Signature: _____

Parent/Caregiver Name: _____ Date: _____
(PRINT)

Parent/Caregiver Signature: _____

Home Visit Date: _____

Start Date: _____

End Date: _____

Registration Completed by: _____ Date: _____

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