



F093 Little Chiefs Daycare Registration Form

Registration Date: _____ Time: _____
Start Date: _____ End Date: _____

STUDENT INFORMATION

Legal Last Name _____
Legal First Name _____ Middle Name _____
Male / Female (Circle One) _____
Preferred Gender (If Applicable) _____
Birthdate (DD-MMM-YYYY) (____) (____) (____)
Proof of Age (Please attach copy of Birth Certificate)

PHYSICAL ADDRESS

Street Name & Number _____
RR Number / PO Box _____
Town / City _____
Postal Code _____
Home Phone (____) _____
Unlisted Phone Number (if applicable) (____) _____

ABORIGINAL ANCESTRY (If Applicable) Choose all that Apply

First Nations Ancestry Yes No
Status First Nations Yes No
Non - Status First Nations Yes No
Metis Yes No
Inuit Yes No
Living on Reserve Yes No
If Yes – Band of Residence _____
Band of Origin _____
If Williams Lake First Nation Registered member Yes No
Status Card Number (Please attach copy of Status card) _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Parent/Guardian
Last Name _____ Last Name _____
First Name _____ First Name _____
Relationship to Child _____ Relationship to Child _____
Living with Child – Yes / No (Circle One) Living With Child - Yes / No (Circle One)
Address (if different) _____ Address (if different) _____
Place of Employment/School _____ Place of Employment/School _____
Home Phone _____ Home Phone _____
Work Phone _____ Work Phone _____
Cell Phone _____ Cell Phone _____

Email _____ Email _____
Can Pick-Up Child? – Yes / No (Circle One) Can Pick-Up Child? – Yes / No (Circle One)

Do you have a specific custody arrangement that we should know about? – Yes / No (Circle One)

If **YES**, please provide a copy of the court order.

EMERGENCY CONTACT and AUTHORIZED PICK-UP INFORMATION

Last Name _____	Last Name _____
First Name _____	First Name _____
Relationship _____	Relationship _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____

STUDENT

Please provide a Copy of Birth Certificate

Care Card No. _____

Life threatening illness – Yes / No (Circle One):

Does the child have any allergies-Yes/No (Circle One) (if yes list):

Is the child immunized – Yes/No (Circle One):

Name of Family Doctor and Phone Number:

RELEASE OF INFORMATION

ACKNOWLEDGE:

- That the Little Chiefs Day Care has the obligation and right to share demographic information with Provincial Health and Social Services agencies.

Media Consent School Year 2020 - 2021

Student's Name: _____

The purpose of this document is to make you aware of the following:

1. Media (including radio, television, newspapers, and other print and online media) are sometimes permitted or invited to come to school activities and allowed to take photos, video, or conduct interviews with students for the purpose of promoting the public understanding of school programs.

2. Little Chiefs Daycare staff cannot control news media access, photos, or videos taken by the media or others in public locations (such as on field trips or off school grounds) or for school events open to the public such as sporting events, student performances, school board meetings, etc.

3. Little Chiefs Daycare and Williams Lake First Nation are authorized to collect, use, and share student personal information that is directly related to and necessary for their educational functions.

4. The Little Chiefs Day Care is seeking your consent to collect, keep, use and share photographs, videos, images, and/or names of students in a variety of publications (school newsletters etc.) and on the school website for education related purposes (such as recognizing and encouraging student achievement, building the school community, and informing others about the school programs and activities).

NOTE: If you take exception to any of the above, please discuss your objections with the ECE Supervisor.

Parent / Guardian Approval: _____
(Signature)

Date: _____