



Tillicum Lelum Aboriginal Friendship  
 Centre 'Uxwin mimne' (small precious  
 dearest ones)  
 Daycare Centre



DATES REQUESTED: \_\_\_\_\_

YEAR: \_\_\_\_\_

START DATE: \_\_\_\_\_

END DATE: \_\_\_\_\_

**CHILD INFORMATION**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DAY MONTH YEAR

My child responds to: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

My child will arrive at: \_\_\_\_\_ A.M. and will be picked up by \_\_\_\_\_ P.M.

**FAMILY/CAREGIVER INFORMATION**

**Enrolling Parent/Caregiver Name:** \_\_\_\_\_ **Social Insurance Number:** \_\_\_\_\_

Address: \_\_\_\_\_  
(NUMBER/STREET/CITY/PROVINCE/POSTAL CODE)

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Email : \_\_\_\_\_

**Name of Other Parent/Caregiver:** \_\_\_\_\_ **Social Insurance Number:** \_\_\_\_\_

Address: \_\_\_\_\_  
(NUMBER/STREET/CITY/PROVINCE/POSTAL CODE)

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Email : \_\_\_\_\_

**Other Children Living at Home:**

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

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

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

**CUSTODY RESTRICTIONS:**

Is a court order in effect regarding the custody of the child? If yes, please attach the court order and state the general conditions here (this is a legal requirement in order for us to enforce the conditions).

YES       NO

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

**PERSONS WHO ARE NOT PERMITTED TO PICK UP THE CHILD:** \_\_\_\_\_

**EMERGENCY CONTACTS & PERSONS AUTHORIZED TO PICK UP YOUR CHILD:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

**PLEASE NOTE:** All pick up persons **MUST** be over the age of 18 years and have their name listed on this form or the child will not be released.

**GENERAL & HEALTH INFORMATION:**

Is your child toilet trained?       YES       NO      Currently Training?       YES       NO

Would you like your child to nap?       YES (for how long?) \_\_\_\_\_       NO

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Personal Health Care Number: \_\_\_\_\_

Does your child have special needs?  YES  NO

*(If yes, please explain and provide a copy of the diagnosis as this is a legal requirement)*

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**GENERAL & HEALTH INFORMATION CON'T:**

Does your child have a special needs worker?  YES  NO

Name of worker: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child have any allergies that we should be aware of?  YES  NO

*If yes, please explain (foods, medications, animals, insects, etc)*

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Has your child had or do they have any serious health problems that we need to be aware of?  YES  NO

*If yes, please explain*

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Does your child take any medications on a regular basis?  YES  NO

*If yes, please list medications*

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**PLEASE NOTE:** An Authorization to Administer Medication Form will need to be filled out prior to any medications being administered. A Health Care Plan is also required for your child(ren) requiring emergency medication.

Has your child had any of the following childhood diseases? *If yes, please document the month and year.*

Chicken Pox: \_\_\_\_\_

Measles (Red): \_\_\_\_\_

Mumps: \_\_\_\_\_

German Measles: \_\_\_\_\_

Are your child's Immunizations up to date?  YES  NO

**PLEASE NOTE: A copy of your child's IMMUNIZATION RECORD must be attached to application.**

**FAMILY INFORMATION:**

Is your child of Aboriginal Ancestry?  YES  NO If Yes, where are you from? \_\_\_\_\_

Do you speak a traditional language at home?  YES  NO If yes, what language? \_\_\_\_\_

Has your child been in a childcare setting before?  YES  NO

What type of activities interest your child?

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Are there cultural practices and traditions that your family participates in that you would like to share with the daycare?

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Please list the group activities like swimming, preschool, or playgroups that your child may have attended in the past

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What type of guidance and discipline methods do you use at home and that your child responds to?

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Is there anything else that we should know about your family and/or child?

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**POLICIES AND PROCEDURES:**

I, \_\_\_\_\_, legal parent/guardian of the child \_\_\_\_\_, have read, understand and agree to all the terms and conditions of Uxwin mimne' Early Learning Daycare Centre as set out in the parent handbook that I received with this application form. I agree to abide by the Centre's policies regarding the following:

- a) Fees are to be paid in advance on the 1st of each month (or the 1st and 15th of each month if prearranged);
- b) If MCFD is paying or if the child care subsidy has been applied for, you are responsible for paying the full fees until MCFD or Childcare Subsidy is in place;
- c) Priority is given to full time children;
- d) \$25.00 NSF fee is applied to each dishonored cheque;
- e) 2.5% interest is added to all fees not paid on time;
- f) If your payment is not received on time, your child may lose his/her space at the Centre;
- g) Any accounts delinquent past 60 days will result in third party collection intervention and possible legal action;
- h) One months written notice is required when withdrawing your child from the program;
- i) Authorizing us to contact you via email with the address provided; and
- j) There are NO refunds.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\$25.00 Deposit Received

**PERMISSIONS:**

I give authorization for my child, \_\_\_\_\_

- a) to go on field trips arranged by Uxwin mimne' Early Learning Daycare Centre;
- b) To be transported by ambulance (at the parent's cost) to the nearest medical facility with a member of Uxwin mimne' Early Learning Daycare Centre in the event of an accident/illness (I understand that all parents/guardians will be notified first when at all possible);
- c) To receive emergency medical services on arrival at the medical facility;
- d) To have my child's photograph taken in the program setting for general record keeping and publicity purposes;
- e) To have 'Uxwin mimne' Early Learning Daycare Centre staff help apply sunscreen when deemed necessary; and
- f) I accept all responsibility for payment of all accounts rendered to my family.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VOLUNTEERING IN THE DAYCARE:**

As outlined in the policies of the Tillicum Lelum Aboriginal Friendship Centre, 'Uxwin mimne' Early Learning Daycare Centre, we encourage the involvement of families within our program. Please check off the opportunities you would most likely be able to help with:

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Participation on Field Trip Outings                     | <input type="checkbox"/> Singing   |
| <input type="checkbox"/> Participating in Fundraising Activities                 | <input type="checkbox"/> Drumming  |
| <input type="checkbox"/> Sewing / Knitting / Weaving                             | <input type="checkbox"/> Dancing   |
| <input type="checkbox"/> Carving / Woodwork                                      | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Repair / Maintenance of program materials and equipment |                                    |

## Confidentiality Agreement:

I understand that my involvement is voluntary and confidential and falls within the following points of Tillicum Lelum Aboriginal Friendship Centre's Confidential Policy:

### 6.10. Confidentiality of Client Information

**6.10.1 Confidential information:** Except as noted elsewhere in the sub-section, information obtained in any way about clients of the Centre (or their families) as a result of employment is deemed to be strictly confidential. Such information may be shared only with other employees who have an operational requirement for the information. An employee who, for any reason, deliberately accesses confidential not needed for performing their job has breached confidentiality, whether they disclose it or not (See also section 6.11)

**6.10.2 Breach of confidentiality:** Unauthorized disclosure of confidential client information is a serious infraction of policy and will lead to disciplinary procedures or dismissal. An employee who is unsure of what constitutes confidential information or its disclosure will discuss the issue with his/her Supervisor or the Administrator.

**6.10.3 Informed consent:** Clients of the Centre will be informed in writing and give signed consent to the disclosure of confidential information to outside agencies or persons. Such consent specifies the information to be shared and the reason.

### ***The exceptions to Tillicum Lelum Aboriginal Friendship Centre's Policy are:***

- a)** in cases of suspected child abuse or neglect and in the cases of past or recent sexual abuse and in which an offender may have present access to children, Tillicum Lelum Aboriginal Friendship Centre is obligated to inform appropriate authorities in the Ministry of Children and Family Development. As stated Tillicum Lelum Aboriginal Friendship Centre policy. *It is mandatory that we report any knowledge or suspicion of child abuse or neglect to the Director of the Ministry of Children and Family Development. Therefore, Tillicum Lelum Aboriginal Friendship Centre staff is obliged to carry out this procedure if applicable.*
- b)** when a client states that he/she intends to inflict bodily harm to another person, staff will notify the potential victim(s) and encourage him/her (them) to notify the police. If the victim cannot be contacted, staff may notify the police
- c)** upon subpoena to testify in court at the direction of a judge, or other court order
- d)** when a person appears unfit to operate a vehicle and is known to intend to drive upon leaving the Centre, police will be notified.
- e)** When a client states that he/she intends to commit suicide, staff may notify emergency services deemed necessary to save the individual's life
- f)** The *Child and Family Community Service Act* states that Tillicum Lelum Aboriginal Friendship Centre staff may be required to disclose to the Director of the Ministry of Children and Family Development, information about you in order to protect the child and carry out their duties under this act.

I \_\_\_\_\_ hereby authorize Tillicum Lelum Aboriginal Friendship Centre 'Uxwin mimne' Early Learning Daycare Centre to obtain and release information to/from:

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

***Any release of information regarding a client shall otherwise be by the clients written and signed consent listed above. Please sign to indicate that you have read and understood this agreement.***

**SIGNATURES:**

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

Please print name: \_\_\_\_\_ Child's Name \_\_\_\_\_

TLAFC Employee Signature \_\_\_\_\_

Please print name: \_\_\_\_\_ Date Accepted \_\_\_\_\_