



EAGLES NEST - REGISTRATION INFORMATION

Child information

Photograph of child

Childs name:			<i>Photograph of child</i>
Birth day:	Gender:		
Please share your child's Indigenous ancestry:			
Do you speak a traditional language at home?:			
Attendance	First day:	Last day:	
Eye colour:		Hair colour:	
Height:		Weight:	
Identifying marks:			
Out of area contact:			
Are there cultural practices and traditions that your family participates in that you would like to share with us Eagles Nest?			

Parent/guardian information

Name:		Relationship to child:	
Home phone:		Cell phone:	Work phone:
Home/mailling address:			
E mail:		Place of work:	
Name:		Relationship to child:	
Home phone:		Cell phone:	Work phone:
Home/mailling address:			
E mail:		Place of work:	

Alternative emergency contacts and people authorized to collect your child

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Emergency and health information

Doctor:	Phone:	Address:
Dentist:	Phone:	Address:
Other:	Phone:	Address:
BC care card number:		Insurance plan:
Is your child fully immunised?:	Yes <input type="checkbox"/>	No <input type="checkbox"/>





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List any illnesses or serious accidents that your child has had:

Siblings

Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:

Please list any person(s) not allowed contact with your child

Please attach a copy of any relevant court order or Separation Agreement to your child's registration form

1.	2.
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Emergency consents and permission slips for my child

Permissions	Initial	Date (y/m/d)
1. Staff may phone for an ambulance if my child needs medical assistance		
2. In an emergency staff may transport my child in theirs or a public transport vehicle		
3. My child's photograph may be used on the YCS website, in local newspapers or to advertise YCS Child Care Programs (first names only) OR		
4. My child's photograph may be used in the program only OR		
5. My child may not have their photograph taken		
6. Staff may apply a factor 25+ sun screen to my child's skin on sunny days		
7. My child may participate in spontaneous neighbourhood walks		
8. Staff may share information with my child's school teacher		

Volunteering at Eagles Nest.

As outlined in Eagles Nest policies, we encourage family involvement in our program. Please check off the opportunities you would most likely be able to help with:

Field trips	Singing	Dancing	Drumming
Carving/woodwork	Repair/maintenance	Gardening	Sewing/knitting
Canning	Gathering	Weaving	Other;

Program council

I would like to participate in the program council yes no

Parent name:	Parent signature:
Staff name:	Staff signature: Date:





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Getting to know your child. Does your child.....

Have any vision problems? <input type="checkbox"/> yes <input type="checkbox"/> no	Have any hearing problems? <input type="checkbox"/> yes <input type="checkbox"/> no
Have any allergies? <input type="checkbox"/> yes <input type="checkbox"/> no	Have speech problems? <input type="checkbox"/> yes <input type="checkbox"/> no
Take medication? <input type="checkbox"/> yes <input type="checkbox"/> no	Have food dislikes? <input type="checkbox"/> yes <input type="checkbox"/> no
Have health problems? <input type="checkbox"/> yes <input type="checkbox"/> no	Have developmental problems? <input type="checkbox"/> yes <input type="checkbox"/> no
Have behaviour problems? <input type="checkbox"/> yes <input type="checkbox"/> no	Would extra support help your child? <input type="checkbox"/> yes <input type="checkbox"/> no

A little more about your child

My child likes to eat:
My child sleeps:
My child is afraid of:
My child laughs when:
My child lets me know he needs to use the toilet by:
My child likes to play with:
My child has difficulty:
More information I want to share with Eagles Nest about my child: