



**Ts'e7i7elt re
Yecwemñiletens**

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APPLICATION FORM

CHILD INFORMATION

Name	
Start Date: (office use only)	End Date: (office use only)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date: DD/MM/YYYY

PROPERTY ADDRESS			MAILING ADDRESS <input type="checkbox"/> SAME AS PROPERTY ADDRESS	
Street # & Name			Please complete if different than Property Address	
Apt #	RR #PO Box	Postal Code	Street # & Name	
City			City	Postal Code

ADMISSION INFORMATION

<u>Checklist of Documents:</u> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Status Card <input type="checkbox"/> Emergency Consent <input type="checkbox"/> Qwemtsín Health	<input type="checkbox"/> Parent Handbook <input type="checkbox"/> Care Card Copy <input type="checkbox"/> Immunization Record <input type="checkbox"/> Subsidy Application <input type="checkbox"/> Child Care Arrangement <input type="checkbox"/> Nominal Roll	Full Time Enrolment Only: Monday, Tuesday, Wednesday, Thursday & Friday		
	Child Care Program (check one): <input type="checkbox"/> Infant/Toddler Room (up to 36 months) <input type="checkbox"/> 3-5 Room <input type="checkbox"/> Preschool Room	Parent Involvement <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Involvement:		

PARENT/GUARDIAN INFORMATION

Last Name			
First Name			
Relationship to Child			
Custody	<input type="checkbox"/> Sole <input type="checkbox"/> Shared	<input type="checkbox"/> Sole <input type="checkbox"/> Shared	<input type="checkbox"/> Sole <input type="checkbox"/> Shared
Court Order in Effect?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parental/Guardian Authority...	<input type="checkbox"/> Lives with Child <input type="checkbox"/> Can Pick Up Child <input type="checkbox"/> Receives Mailing <input type="checkbox"/> Receives Email	<input type="checkbox"/> Lives with Child <input type="checkbox"/> Can Pick Up Child <input type="checkbox"/> Receives Mailing <input type="checkbox"/> Receives Email	<input type="checkbox"/> Lives with Child <input type="checkbox"/> Can Pick Up Child <input type="checkbox"/> Receives Mailing <input type="checkbox"/> Receives Email
*If there are any custody agreements with this child, legal documentation must be filed with the nursery			
Home Phone			
Cell Phone			
Work Phone			
Work Place			
Email Address			
Address	<input type="checkbox"/> Same as Child Address	<input type="checkbox"/> Same as Child Address	<input type="checkbox"/> Same as Child Address
Mailing Address (if different than property address)			
Street Address			
RR#/PO Box			
City			

EMERGENCY CONTACT INFORMATION (IF PARENTS CAN'T BE REACHED) – MUST LIVE LOCALLY

Authorized pick up person must be at least 14 years old.			
Last Name			
First Name			
Relationship to Child			
Property Address			
Home Phone			
Cell Phone			
Pick Up Authority	<input type="checkbox"/> Can Pick Up Child <input type="checkbox"/> Lives with Child	<input type="checkbox"/> Can Pick Up Child <input type="checkbox"/> Lives with Child	<input type="checkbox"/> Can Pick Up Child <input type="checkbox"/> Lives with Child

SIBLING INFORMATION

Legal Last Name			
Legal First Name			
Birth Date			
Relationship			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female

CHILD MEDICAL ALERTS (LIFE THREATENING CONDITIONS)

Description of Condition	<input type="checkbox"/> Child Care Plan Needed
	Doctor's Name
	Doctor's Phone Number

HEALTH ALERTS (NON-THREATENING MEDICAL CONDITIONS OR MEDICATIONS CHILD MAY BE USING)

Description of Condition
Is child currently on medication? If yes, please describe

CHILD LEGAL ALERTS (COURT ORDERS ON FILE) YES NO NOT APPLICABLE

Description of Court Order(s)

OTHER FAMILY ALERTS

Description of Family Alert(s)

IS YOUR CHILD OF ABORIGINAL ANCESTRY? YES NO

If yes, please select appropriate status: <input type="checkbox"/> Status On-Reserve <input type="checkbox"/> Non-Status <input type="checkbox"/> Status Off-Reserve <input type="checkbox"/> Other:	Band of Origin _____
	Band of Residence _____
	Status Number _____

PAYMENT POLICY

The Tk'emlúps te Secwépemc (TteS) promote high quality services as well as educated teachers and caregivers that you expect from Little Fawn Nursery. Child care fees are used to provide the highest possible quality care and the best early childhood experience for your child. Note: The Nursery Administrator will review the entire Payment Policy stated in the Parent Handbook.

PARENT – CHILD CARE PROVIDER AGREEMENT (This is a legally binding contract – please read carefully)

As a parent/guardian at Little Fawn Nursery School, I accept, understand and agree to the following conditions:

- ✓ That my child's **\$30 enrolment fee** is due upon signing this enrolment form
- ✓ That my child's child care fee of \$_____ **per month** must be paid by the first day of each month
- ✓ That failure to pay child care fees for 60 days may result in notice of withdrawal of Little Fawn Nursery child care services
- ✓ All outstanding fees in excess of 30 days are to be paid by certified cheque, cash, debit, or money order
- ✓ Prior to withdrawing my child I will give two weeks (10 business days) written notice to Little Fawn Nursery
- ✓ My nursery child care fee will be paid by: Cash/Cheque Online Banking Child Care Subsidy
- ✓ If I choose to apply for Child Care Subsidy, I understand that my application must be approved **within 30 days of enrolment**
- ✓ Refer to Parent Handbook for further information

Parent/Guardian Signature 1: _____ Date: _____

Parent/Guardian Signature 2: _____ Date: _____

Witness: _____ Date: _____

PERMISSIONS

<input type="checkbox"/> I give consent for my child to participate in neighbourhood, curriculum-based off school ground activities.	<input type="checkbox"/> I give consent for my child to have their picture taken for publication and name of my child in the media for publicity, educational, recognition, and news items.
<input type="checkbox"/> IN CASE OF EMERGENCY , I hereby authorize the administrator or staff to call a physician, get medical assistance, ambulance or take my child to the hospital if necessary. I understand I will be contacted immediately and any and all costs will be my responsibility.	<input type="checkbox"/> I certify that all information above is true and accurate. I understand that any questions about the information recorded on this form must be directed to the Nursery Administrator.

Parent/Guardian Signature 1: _____ Date: _____

Parent/Guardian Signature 2: _____ Date: _____

OFFICE USE ONLY

<u>Proof of Age (1 required)</u>	<u>Proof of Residency (1 required)</u>	Enrolment Fee Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Parent Driver's License	Nominal Roll Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Passport	<input type="checkbox"/> Auto Registration	Orientation Date _____
<input type="checkbox"/> Status Card	<input type="checkbox"/> Lease/Rent Agreement	Verified by _____ Initial _____
	<input type="checkbox"/> Gas/Hydro Bill	
	<input type="checkbox"/> BC Services Card	
	<input type="checkbox"/> Property Tax Notice	