

Inuvialuit Early Childhood Programs

APPLICATION FOR ENROLMENT IN A LICENSED FACILITY

Date (d/m/y): _____

This personal information is being collected under the authority of the NWT *Child Day Care Act* and *Standards Regulations* and is used to monitor the safety of children in the facility. It is protected by the privacy provisions of the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection, contact the Manager @ 867-777-7023.

Name of Facility: _____

Name of Operator: Inuvialuit Regional Corporation

APPLICANT / CHILD INFORMATION			
Last Name	First Name(s)	BOY/ GIRL	Date of Birth (d/m/y)
ADDRESS		Ethnicity: Inuvialuit / Gwich'in / Other	Health Care Card #.

PARENT / GUARDIAN INFORMATION			
Mother's Name		Father's Name	Employed / Student / Stay Home (circle all that apply)
Home / Street Address / PO Box			
Work Address		Community	Postal Code
Home Phone #.	Work Phone #.	Cell Phone #.	Email Address

EMERGENCY CONTACT (if parent/guardian cannot be reached)			
Last Name		First Name(s)	
Home Address		Community	Postal Code
Work Address		Community	Postal Code
Home Phone #.	Work Phone #.	Cell Phone #.	Email Address

INDIVIDUALS TO WHOM THE CHILD MAY BE RELEASED
Name
Name
Name

INDIVIDUALS RESTRICTED / PROHIBITED FROM ACCESS TO THE CHILD
<i>If applicable: The name of any parent or other person who, by court order or agreement, is restricted in or prohibited from exercising access to the child or from picking up the child. Please attach a copy of the applicable court order or agreement.</i>
Name
Name

HEALTH CARE INFORMATION
Name of Health Care Provider / Family Doctor

PLEASE ATTACH THE FOLLOWING: Copy of the child's ANNUAL updated immunization record (**required**)

Does your child have any record of a medical, physical, developmental or emotional condition relevant to his or her care? Yes (*Please attach a copy of the record*) No

CONSENT FORM FOR EMERGENCY CARE AND TRANSPORTATION

If, at any time, due to such circumstances as an injury or sudden illness, medical treatment is necessary, I give permission to the program staff to take whatever emergency measures they deem necessary for the protection of _____ (my child) while in their care.

I understand that this may involve contacting a doctor, interpreting and carrying out his or her instructions, and transporting my child to a hospital or Health Centre, including the possible use of an ambulance. I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

_____ | _____
Signature of Parent /Guardian | Date (d/m/y)

ALLERGIES SPECIAL FOOD REQUIREMENTS / FEEDING ARRANGEMENTS (if applicable) Please list and specify any pertinent information:

Please complete BOTH sides of form

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SPECIAL PERMISSIONS

PLEASE CHECK THE FOLLOWING PERMISSIONS AND SIGN AT THE BOTTOM OF THE FORM

PERMISSION FOR MY CHILD TO BE TAKEN ON EXCURSIONS BY THE PROGRAM STAFF

Yes No I give permission for my child to leave the Program Facility in the company of qualified staff for walks and excursions within the community/town.

NOTE: On major excursions parents/guardians will be notified in writing.

PERMISSION FOR MY CHILD TO BE TRANSPORTED BY A VEHICLE FOR THE PURPOSE OF EXCURSIONS

Yes No I give permission for my child to travel in a vehicle provided by the Program for the purpose of excursions.

NOTE: For each excursion using vehicles the parents/guardians will be informed as to how their child will be secured/restrained (e.g. booster seat) or if the vehicle does not have seat belts (e.g. school bus).

PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED OR VISUALLY RECORDED (VIDEO TAPED)

Yes No I give permission for my child to be photographed and/ or visually recorded while at the Child Day Care Facility for the following reasons:

Yes No **Newsletter**

Yes No **Website**

Yes No **Publicity / Advertising**

Yes No **Program Promotions**

Yes No **Good News Story in Local Media/Newspaper**

Yes No **Other (please specify):** _____

X

Signature of Parent /Guardian

Date (d/m/y)

Please complete BOTH sides of form
FOR PROGRAM COORDINATOR'S USE ONLY

CHECK DOCUMENTS ATTACHED

REQUIRED: Copy of child's immunization record

Dated _____ (d/m/y)

IF APPLICABLE: Copy of any court order or agreement restricting or preventing a person from accessing or picking up the child

Dated _____ (d/m/y)

Record of any medical, physical, developmental or emotional condition relevant to the child's care

Dated _____ (d/m/y)

DATE OF ADMISSION (d/m/y) _____

LAST DAY IN PROGRAM (d/m/y) _____