



# SAS NATSADLE ABORIGINAL HEAD START REGISTRATION FORM

(SEPTEMBER 2023 TO JUNE 2024)

## CHILD'S INFORMATION

Child's Last Name:	First Name:	
Name Child Responds to:	Date of Birth: <b>PLEASE PROVIDE A COPY OF YOUR CHILD'S BIRTH CERTIFICATE</b>	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
Ethnicity – what is your child's Aboriginal ancestry:		
Are there any languages spoken in the home other than English:		
Has your child previously attended Day Care or a Preschool program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of the Day Care/Preschool: _____		

## PARENTS/GUARDIANS INFORMATION

First Name and Last Name:	Relationship to Child:
Address:	
Home Phone Number:	Work/Cell Number:
Email Address:	

First Name and Last Name:	Relationship to Child:
Address:	
Home Phone Number:	Work/Cell Number:
Email Address:	

**IF THERE IS A CUSTODY AGREEMENT, PLEASE PROVIDE SUPPORTING DOCUMENTS TO THE AHS COORDINATOR**

## PLEASE LIST OTHER PERSON(S) RESIDING IN THE HOME

Name	Gender	Relationship with Child



### ALTERNATIVE EMERGENCY CONTACTS

If parents/guardians cannot be reached, the following person has agreed to accept responsibility of my child:

Name:	Relationship to Child:
Address:	
Home Phone Number:	Work/Cell Number:

### PERSON(S) AUTHORIZED TO PICK UP CHILD

Name:		Relationship:	Contact Phone Number:
Name:		Relationship:	Contact Phone Number:

### PLEASE LIST SIBLINGS LIVING IN THE HOME

Name	Gender	Age

### DOES YOUR CHILD (CHECK APPROPRIATE ANSWER)

	Yes	No
Have any vision problems		
Have any hearing problems		
Have any speech/language problems		
Requires a special diet (Parent/Guardian will have to provide the meal)		
Have food dislikes		
Have allergies		
Takes medication		
Have other health concerns		
Please comment on any of the above items you marked "Yes":		
Are your child's immunizations up-to-date? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PLEASE PROVIDE US WITH A COPY OF YOUR CHILD'S RECORD OF IMMUNIZATION.		
Has there been any major changes in your child's life (i.e. death or divorce) that we should be aware of?		
Is there anything else about your child you think we should know?		

**PLEASE NOTE – YOUR CHILD MUST BE POTTY TRAINED.**



## **VIDEO AND PHOTO CONSENT FORM**

We would appreciate it if Parents/Guardians complete this consent form in order to allow their child to be videotaped/photographed during special events or normal day-to-day activities organized at Sas Natsadle Aboriginal Head Start.

If you do not want to have your child videotaped/photographed, please do not hesitate to indicate this in the section below. If you do object, please ensure your child is aware of this.

***As a Parent/Guardian of a child at Sas Natsadle Aboriginal Head Start, I agree to the following:***

- ***I understand that my child may be videotaped/photographed at Sas Natsadle Aboriginal Head Start during normal preschool hours, field trips, or activities.***
- ***I understand that these videos/photographs may be used in the school newsletter or on its website/Facebook.***
- ***I give permission for my child to be videotaped/photographed to be used in the school newsletter or on its website/Facebook.***

☐ ***Yes, I confirm that I have read and understood the above, and agree to have my child videotape/photographed.***

☐ ***No, I do not wish to have my child videotaped/photographed.***

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**Parent/Guardian Name (PLEASE PRINT)**

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**Parent/Guardian Signature**

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**Date**



## **BUS PICK-UP AND DROP-OFF CONSENT FORM**

If your child requires transportation to/from school, we provide transportation to children outside the three (3) block radius from our centre.

For security reasons, **ONLY** one (1) regular pick-up, and one (1) regular drop-off locations will be followed.

Pick-up Address:	Drop-off address (if different from pick-up address):

Changes in the above pick-up/drop-off locations must be discussed with our staff in advance.  
The bus driver is **NOT** authorized to make these changes.

\_\_\_\_\_  
**Child's Name**

\_\_\_\_\_  
**Parent/Guardian Name (PLEASE PRINT)**

\_\_\_\_\_  
**Parent/Guardian Name**

\_\_\_\_\_  
**Date**