SAS NATSADLE ABORIGINAL HEAD START
REGISTRATION YEAR SEPTEMBER 2025 TO JUNE 2026

CHILD'S INFORMATION

Child's First and Last Name:		☐ **Boy** ☐ **Girl**
Date of Birth: Please provide a copy of the birth certificate.	**Admission Date (First Day Attending):**	**Departure Date (Last Day Attending):**
Ethnicity – what is your child's Aboriginal ancestry:		
Do you object to your child participating in First Nations traditions (smudge)? ☐ **Yes** ☐ **No**		
Has your child previously attended Day Care or a Preschool program? ☐ **Yes** ☐ **No** **Name of the Day Care/Preschool:** _____		

PARENTS/GUARDIANS INFORMATION

First Name and Last Name:		**First Name and Last Name:**	
Relationship to Child:		**Relationship to Child:**	
Home Address:		**Home Address:**	
Primary Phone Number:	**Alternate Phone Number:**	**Primary Phone Number:**	**Alternate Phone Number:**
Email Address:		**Email Address:**	

A COPY OF THE CUSTODY COURT ORDER OR NOTARIZED SEPARATION AGREEMENT MUST BE PROVIDED TO THE AHS COORDINATOR. OUR STAFF HAS NO RIGHT TO DENY ONE PARENT ACCESS OVER ANOTHER WITHOUT LEGAL AUTHORIZATION. THIS IS KEPT CONFIDENTIAL.

ALTERNATIVE PERSON(S) AUTHORIZED TO PICK UP CHILD

First Name and Surname:	Relationship to child:	Primary and Alternate Phone Numbers:
First Name and Surname:	Relationship to child:	Primary and Alternate Phone Numbers:

WE MUST HAVE WRITTEN PERMISSION FOR ANYONE OTHER THAN PARENT/GUARDIAN TO PICK CHILD/CHILDREN FROM THE CENTRE.

Public Health Agency of Canada

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PLEASE LIST SIBLINGS LIVING IN THE HOME

Name	Gender	Age

PLEASE LIST OTHER PERSON(S) RESIDING IN THE HOME

Name	Gender	Relationship to Child/Children

DOES YOUR CHILD (PLEASE CHECK THE APPROPRIATE BOX AND PROVIDE DETAILS, IF NECESSARY)

	Yes	No	If necessary, please provide details
Have any vision problems	☐	☐	
Have any hearing problems	☐	☐	
Have any speech/language problems	☐	☐	
Have any allergies	☐	☐	
Takes medication	☐	☐	
Have other health concerns	☐	☐	
Are your child's immunizations up-to date?	☐	☐	**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, major move, or divorce) that we should be aware of?

Is there anything else you would like us to know that would help us better understand and support your child?
(For example: play interests, personality traits such as being shy, sensitive, outgoing, any fears, unique behaviours, comforting strategies, cultural practices, or anything else you feel is important).

PARENT/GUARDIAN CONSENTS

Please authorize the following:

1) Field Trips – September 2025 to June 2026

☐ I/We give permission for my/our child to participate in field trips and other off-site activities that may require leaving the premises, using transportation provided by Sas Natsadle Aboriginal Head Start (e.g., school bus).

I/We understand that these outings will be supervised by staff and that all reasonable precautions will be taken to ensure the safety and well-being of my/our child.

2) Photographs

☐ I/We give permission for the Sas Natsadle Aboriginal Head Start staff to photograph my child during special events or normal day-to-day activities. I/We understand that these pictures may be used on our website and Annual Report, or on the Aboriginal Head Start Association of BC website or in their monthly educational newsletters.

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

3) Sunscreen Application

☐ I/We give permission for the Sas Natsadle Aboriginal Head Start staff to apply sunscreen to my child when needed.

Attached are the following additional permissions/specialized service forms that need to be signed:
→ Child Care Emergency Attention and Contact Information (Page 4)
→ Fluoride Varnish Program

CHILD CARE EMERGENCY ATTENTION AND CONTACT INFORMATION

☐ As the parent or legal guardian of the child named below, I hereby give my consent for my child to receive first aid treatment from Sas Natsadle Aboriginal Head Start staff, who are certified in Child Care Emergency First Aid.

☐ In the event of a medical emergency where immediate medical treatment is required, I/we authorize that my child may be transported by ambulance to the Fort St. John hospital for emergency care. I give permission for the necessary medical attention for my child by the attending physicians at the Fort St. John hospital. I/We also understand that all reasonable efforts will be made to contact the parent/guardian. If this is not possible, the Emergency Contact(s) will be notified.

☐ Furthermore, I authorize the emergency contact person listed below to act on my behalf in making medical or emergency decisions for my child until I am available.

I/We acknowledge the importance of keeping this information current and agree to review and update it as needed if any changes occur.

Child's Full Name:	Date of Birth:	Medical Care Card #:
Home Address:		
Parent/Guardian Name:	Primary Phone Number:	Alternate Phone Number:
Parent/Guardian Name:	Primary Phone Number:	Alternate Phone Number:
EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN)		
Name:	Relationship to Child:	
Home/Work/Cell Numbers:		
Name:	Relationship to Child:	
Primary Phone Number:	Alternate Phone Number:	
Name:	Relationship to Child:	
Primary Phone Number:	Alternate Phone Number:	
Special Conditions – allergies/medical conditions, and medications information:		

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I certify that the information provided is accurate and complete.

I have attached my child's:

☐ Birth Certificate

☐ Immunization Record

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

Upon Review:

Staff Name	**Staff Signature**
Date	

northern health
the northern way of caring

Public Health Practice - Dental Program

Fluoride Varnish Consent

For staff use MOIS #: _____

Child's information		
Last name:	**First name:**	
Mailing Address:	**Postal Code:**	
Sex: ☐ Female ☐ Male ☐ Transfemale ☐ Transmale ☐ Transfeminine ☐ Transmasculine ☐ Other		**Date of birth** (YYYY-MMM-DD):
Personal Health Number:	**Email:**	
Phone # 1:	**Phone # 2:**	**Phone # 3:**
Parent/guardian name(s):		
Other contact:	**Phone:**	**Relationship to child:**

If you have questions please contact us at:

DentalNE@northernhealth.ca
250-263-6041

DentalNI@northernhealth.ca
250-645-3821

DentalNW@northernhealth.ca
250-631-4171

Please read and complete this form.

☐ **Yes** I would like my child to take part in the fluoride varnish applications
☐ **No** I do ***not*** want my child to take part in the fluoride varnish applications

☐ Yes ☐ No Is your child seeing a dentist for regular dental check ups?

☐ Yes ☐ No Would you like your child to have a penlight dental screening only? *(this does not replace a dental exam)*

If your child has an allergy to wood resins or rosins (colophony) they should not have fluoride varnish. Colophony can be found in adhesive bandages, chewing gum, sunscreens, lotions, cosmetics, pine nuts and pine oil cleaners.

☐ Yes ☐ No Does your child have an allergy to wood resins or rosins?

By signing below, I _____
(print name here)

A) understand that the personal information of the child is protected under the Personal Information Protection Act of BC and the information may be only used or disclosed within the conditions set out in the Act.

B) have read the information on both sides of this form and I understand the benefits and risks of fluoride varnish.

Yes, I give consent for my child to receive the fluoride varnish treatments.
(This consent is valid for one year from date of signature)

Parent/Legal Guardian: _____ Date: _____

Fluoride Varnish Consent

What is fluoride varnish (FV) and its benefits?
FV is a temporary coating used to make the teeth stronger. Fluoride varnish treatments alone cannot prevent cavities. To also help prevent cavities, you can brush your child's teeth 2 times a day with a small amount of fluoride toothpaste, provide a healthy diet, limit sugary drinks and have regular dental check ups.

Who can have fluoride varnish?
Children of all ages. Babies can have fluoride applied as soon as the first tooth appears.

Is fluoride varnish safe?
Yes, fluoride varnish is safe. A small amount is used and it quickly sticks to the teeth. There are no known allergies to fluoride.

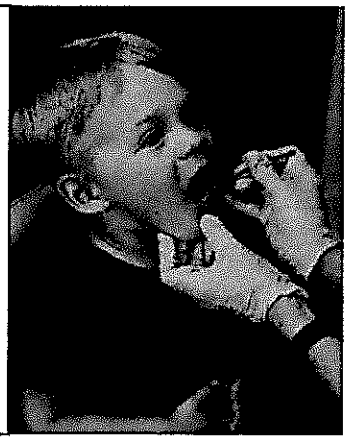
Why would I want my child to have fluoride varnish?
It makes the teeth stronger and slows down cavities. Cavities can cause pain and infection. This affects a child's ability to eat, speak, sleep and learn and may impact their self esteem.

When would fluoride varnish not be applied?
Your child has:

- A colophony allergy. Colophony is found in match sticks and glue used for postage stamps. Allergy to colophony is rare.
- Bleeding gums and mouth sores,
- The teeth have large cavities.

How is fluoride applied?

- FV is painted on teeth with a disposable brush
- Teeth are dried with a gauze
- 1 or 2 drops are used on teeth
- FV is quick and painless
- FV feels sticky on the teeth
- FV can be brushed off by parent



What are the steps to follow after a fluoride varnish treatment?
To allow the fluoride to stay on the teeth longer:

- Give your child soft foods
- Avoid crunchy, hard, hot, and or sticky foods the rest of the day
- Avoid brushing or flossing your child's teeth until the next day

If your child develops any swelling of the lips or gums after the fluoride varnish is applied, brush their teeth thoroughly and contact the NH Dental Program.

Thank you for your time spent completing this form.