



**48.1 Hill Street
Aundeck Omni Kaning First Nation
R.R. #1, Box 130
Little Current, Ontario
POP 1K0
Phone: 705-368-2196
Fax: 705-368-1720**

REQUIREMENTS PRIOR TO ADMITTANCE

1. A completed health assessment.
2. Copy of your child's updated immunization record.
3. Completion of all Enrollment and Emergency forms.
 - Page 1-6, including the Child Allergy Survey.
 - Last page of Parent Handbook (Registration Agreement).
4. Busing Contract (A.O.K. Band Members only (if applicable)).
5. Non-Band Member Agreement Form (if required).
6. Completion of the Referral for Special Needs Resources.

ITEMS REQUIRED FOR EACH DAY AT DAYCARE

1. Indoor shoes.
 2. Child size blanket.
 3. Change of clothing.
 4. Diapers or pull-ups & wipes.
 5. Outdoor clothing (hat, sweater or jacket)
- * Please label all of your child's belongings with permanent pen or marker.

**Negaan'abik Day Care Centre
Enrollment & Emergency Form**

Child's Last Name	Middle Name	First Name	Date Of Birth
Child's Telephone #	First Nation Name	Band #	
Mother's Name:		Father's Name:	
Telephone #		Telephone #	
Cell #		Cell #	
Child's Complete Home Address:		Child's Complete Mailing Address:	
Mother's Complete Home Address: (if different from child's address)		Father's Complete Address: (if different from child's address)	
Mother's Place of Employment: (Please include name and address)		Father's Place of Employment: (Please include name and address)	
Work # :		Work #:	
Guardians Complete Home and Mailing Address:		Specify the days you will require child care.	
		Monday	
		Tuesday	
		Wednesday	
Telephone:		Thursday	
Place of Employment:		Friday	
Address:			
Work:			

EMERGENCY CONTACTS

(Person's to be called if parents cannot be reached)

1. Name:	2. Name:
Relationship to the Child:	Relationship to the Child:
Address:	Address:
Telephone:	Telephone:
Cell:	Cell:
Work:	Work:

3. Name:
Relationship to the Child:
Address:
Telephone:
Cell:
Work:

Other Person's or Siblings living in the Household		
Name:	Age Under 18	Relationship to Child
	Yes No	
	Yes No	
	Yes No	
	Yes No	
	Yes No	

Child's Health Card Number: (optional):	
Name of Child's Physician:	Name of Child's Dentist:
Complete Mailing Address:	Complete Mailing Address:
Physician's Telephone #	Dentist's Telephone #

Has your child had any previous communicable diseases?	Yes	No
If “Yes” please give Date/ Month/ Year:		
Please Explain:		
Has your Child had any previous illnesses or injuries?	Yes	No
If “Yes” please give Date/ Month/ Year:		
Please Explain:		
Please note any special medical conditions or known allergies:		
Please provide assessment information if your child has special needs:		
Is your child immunized?	Yes	No
Please provide a copy of your child’s immunization record.		
If “No” please explain the reason for not being immunized. (Medical Religion Conscience)		

Does your child require medication on a regular basis?	Yes	No	
If “Yes”, what s the name of the medication.			
Please state administration details for this medication.			
Is your child on a special diet?	Yes	No	
If “Yes” please explain Special Diet.			
Date Of Admission:	Month:	Day:	Year:
Date Of Discharge:	Month:	Day:	Year:
Day Care Supervisor’s Notes:			
Parent or Guardian Signature:			
Date:			
Day Care Supervisor Signature:			
Date:			

Permission Slip (Consent of Parent or Guardian)

1. I hereby grant permission for _____ to use all play equipment and participate in all activities of the Negaan'abik Day Care.
2. I hereby grant permission for _____ to be included in pictures (media) connected with the Negaan'abik Day Care.
3. I hereby grant permission for _____ to be included in videotaping connected with Negaan'abik Day Care.
4. I hereby grant permission for _____ to go on field trips with the class. I understand that I will be notified prior to a scheduled class trip, and will be given information regarding transportation, destination, lunch or other food, arrival and departure times.
5. I hereby grant permission for _____ to be checked by the local Health Nurse and Community Health Representative on a monthly basis.
6. I hereby grant permission for any staff member of the Negaan'abik Day Care to contact my child's emergency contacts listed, if my child needs to be picked-up and I cannot be reached.
7. I hereby grant permission for _____ to be included in evaluations. YES NO

I HEREBY GRANT PERMISSION FOR ANY STAFF MEMBER TO TAKE WHATEVER STEPS NECESSARY TO OBTAIN MEDICAL AID IF NEEDED.

Parent or Guardian Signature

Date

Day Care Supervisor's Signature

Date

**AGREEMENT BEWEEN
NEGAAN'ABIK DAY CARE CENTRE
AND**

(APPLICANT)

I, _____ understand that my child may be registered into the Negaan'abik Day Care Centre **only under the following conditions:**

1. Provided that there is an available space for your child.
2. Provided that he or she will utilize the space until it is required by a member of the Aundeck Omni Kaning First Nation. At such a time, I understand that I will be given (2) week notice informing me that the available space that my child is utilizing is needed by an A.O.K. band member.
3. Provided that I deliver and pick up my child daily as indicated on the application form (hours of care required). Also, I will inform the day care staff of any schedule changes or absences from the Negaan'abik Day Care Centre.
4. Provided that I adhere to all policies and procedures stated in the Parent Handbook. As well as adhering to all other policies and procedures created by the Ministry, and Aundeck Omni Kaning's Chief and Council.

Signature of Parent or Guardian

Date

Day Care Supervisor's Signature

Date

CHILD ALLERGY SURVEY

To Parent(s)/Guardian(s):

This survey is designed to obtain information concerning life-threatening allergies. Please return the completed survey to the Negaan'abik Day Care Centre.

Student's Name

Parent's Name

- | | | |
|--|-----|----|
| 1. Does your child have a life threatening allergy? | Yes | No |
| 2. Does your child have any allergies which produce any of the following symptoms following exposure to a particular material? | | |
| a) Difficulty breathing or swallowing? | Yes | No |
| b) Fainting or collapse? | Yes | No |
| c) Swelling of the tongue, lips or face? | Yes | No |
| d) Other (specify) | Yes | No |
| 3. Have any of the symptoms referred to in question 2 occurred after: | | |
| a) Eating a particular food? | Yes | No |
| b) Receiving an insect bite? | Yes | No |
| c) Receiving a sting? | Yes | No |

IF YOU RESPOND TO ANY OF THE FOLLOWING QUESTIONS PLEASE CONTINUE.

4. Has your child been seen by a medical doctor for the treatment of an allergic reaction?
Yes No
5. Has your child been tested for allergies? Yes No
6. Have you been told by your medical doctor that your child requires an emergency medical kit available at the Centre? Yes No
7. What foods or materials must your child avoid? _____

8. Name of family doctor: _____.

I agree that this information will be shared, as necessary, with the staff of the Negaan'abik Day Care Centre and health care systems.

Date

Parent's Signature



Aundeck Omni Kaning
Negaan'abik Day Care
R.R. #1, Box 130
Little Current, Ontario
P0P 1K0
Office: (70) 368-2196
Fax: (705) 368-1720

Transportation Contract

I/We, _____ will be fully responsible in assisting my/our child, _____ to get ON/OFF the bus daily. I/We will be responsible for meeting my/ our child at the end of the day when he/she arrives home. I/We am/are aware that busing service is a privilege and not mandatory. Should I/We abuse this privilege, I/We will be required to transport my/our child to and from Negaan'abik Day Care Centre.

I /We am/are aware that Negaan'abik Day Care Staff are not responsible for any mishaps. Incidents that occur while my/our child is/are transported to and from Day Care. Children picked up at the Little Current Public School to home, will not be the responsibility of Negaan'abik Day Care.

Parents/ Guardian Signature Date

Supervisor's Signature Date

Parents/ Guardian Signature Date

C.C. Brian's Bussing Service