

**Sto:lo Nation Headstart Preschool Program  
2011-2012**

Child's Name	Birth Date	Register First Nation Band or Self-Identified

Parent's Name	Birthday (month/day)	Status (FN Band) or Non-Status
Phone:	Message/Cell:	
Address:		<input type="checkbox"/> On-reserve <input type="checkbox"/> Off-reserve
Family Status	<input type="checkbox"/> Married/Common Law <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Caregivers Name:	Phone:	

Emergency Information		
Family Doctor:	Phone:	
Permission to call Dr. and/or Ambulance in case of an Emergency?	Yes	No
Emergency Contact #1:	Phone:	
Emergency Contact #2:	Phone:	
Parent Allergies:		

Health Information				
Child's Name	Medical #	Status #	lbs	M/F
<b>Does your child(ren) have any medical problems (breathing, epilepsy, etc.?) or Allergies?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    If Yes, please specify Child's name:                      Specifics: Child's name:                      Specifics:				
<b>Is your child's immunization up to date?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not sure? If no, please explain:				
<b>Information we should know about your child (speical diet, behaviour, speech, vision, hearing, etc.)</b>   				

**RELEASE OF ALL CLAIMS AND AGREEMENT TO INDEMNIFY**

The following people are authorized to pick my child up from Preschool:

- |    |    |
|----|----|
| 1) | 2) |
| 3) | 4) |
| 5) |    |

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Signature of witness \_\_\_\_\_ Date: \_\_\_\_\_

Is there a custody agreement in place Yes No

If there is a legal custody agreement in place, the preschool requires a copy for your child's file.

Absence from Preschool or Family Program: The caregiver/parent must inform the Headstart Preschool teacher if their child will be absent for a period of two weeks, illness, vaction,etc.

Transportation Needed: YES NO

Fully Potty Trained: YES NO

Any Additional Information:

**Office Use Only:** Years of Participation: 1st\_\_\_\_ 2nd\_\_\_\_ 3rd\_\_\_\_ 4th\_\_\_\_ 5th

Area (Please Circle): City Rural Urban

Date Registered: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

Date entered into Data Base: \_\_\_\_\_ Custody Papers on File: Yes No

Immunization checked: Y/N Date Immunization Records put on file: \_\_\_\_\_