

**CHILD'S DATA:**

Registering for: Child Care Registration Today's Date

Child's Legal First Name: Child's Legal Last Name Middle Name

Birth Date: Sex: Phone Number:

Current Mailing Address: City/Town: Postal Code:

**LEGAL LAND DISCRPTION**

Child's Start Date Do do you wish to ease your child into Childcare?  
 Yes  
No

Has your child attended day care previously? If yes, name of facility: Where:  
Yes  
No

How did you hear about Opokaa'sin and our programs that we offer?

---

**FAMILY DATA: If you reside outside city limits please provide a legal land description**

Mother/Guardian: Does the child reside with you? Name: Address:  
Yes  
No

City: Phone Number: Work Number:

Postal Code: E-mail:

Father/Guardian:

Does the child  
reside with you?

Name:

Address:

Yes

No

City:

Phone Number:

Work Number:

Postal  
Code

E-mail:

---

Is there a current custody agreement?

**If yes, please provide information  
(attach a copy of the court order)**

Yes

No

---

**EMERGENCY CONTACT INFORMATION:**

If parent(s) are not available, persons authorized to care for child in case of emergency. Please ensure that the person(s) are aware that their name has been used. **One of two contact must be within City Limits. If any Emergency Contacts live outside city limits, please provide a legal land description.**

Name:

Relationship to child:

Address:

Day phone:

Alternate phone:

Name:

Relationship to child:

Address:

Day phone:

Alternate phone:

---

**CHILD'S MEDICAL INFORMATION**

Family Doctor:

Clinic:

Phone Number:

Alberta Health Care Number:

Does your child have a Medical/Health condition of which Opokaa'sin should be aware of? i.e. Allergies, reoccurring health conditions.

Yes

No

If yes, please explain:

Are there any vision, hearing, speech or language problems, or special diet?

Yes

No

If yes, please explain:

Does your child receive Special Education Programming/Special Services? i.e. Speech Language, Physical Therapy, Occupational Therapy.

Yes

No

If yes, please explain:

Is your child's Immunization up to date? **Please attach a copy.**

Yes

No

In the event of an emergency when I am not available, I authorize the administration of any medical procedures deemed necessary by my doctor, or, by any other physician selected by the Director or Designate of Opokaa'sin I also authorize Opokaa'sin to provide or allow the provision of Health care to my child, only upon written consent of the child's parent, or Health Care provided is in the nature of FIRST AID/CPR.

**Parents Signature:** \_\_\_\_\_

---

**CHILD'S HEALTH INFORMATION:**

Has your child had any of the following:

Chicken Pox	Mumps	Cholera
Red Measles	Gastroenteritis	Shigella
German Measles	Scarlet Fever	Hepatitis
Scarlatina	Salmonella	Meningitis
Small Pox	Infectious Influenza	Typhoid
Tuberculosis	Whooping Cough	Water Born Diseases

Describe your child's typical reaction to illness (i.e. becomes quiet, tired, drowsy, high fever, complains, cries, ect.,)

Is your Child on any daily medication?

Yes

No

If yes, please explain:

Is your child prone to any illnesses (i.e. throat, ear, bladder infections...)

Yes

No

If yes, please explain:

Treatment:

Usual reaction to illness:

Siblings: (name & age)

List any pets at home: (include what it is and name)

Aboriginal Status

Status/First Nation

Non-status/First Nation

Inuit

Metis

Other (please list)

Band

Blood

Peigan

Siksika

Other (please list)

Treaty Number:

**Person(s) Authorized for pick ups:**

Name:

Phone Number:

Relationship to child:

Name:

Phone Number:

Relationship to child:

Name:

Phone Number:

Relationship to child:

Name:

Phone Number:

Relationship to child:

**CONSENT FORMS**

I am aware that Opokaa'sin Early Intervention Society ad its mission statement to carry out its goals and objectives. i also understand the amount of participation that is required from me, the parent/ guardian, to have my child(ren) to participate in the program. I also understand that I may need to participate in some of the activities in order to make them effective and build upon for both myself and my child(ren).

**INITIAL:** \_\_\_\_\_

**Development Screening Assessment**

The 'Brigance' developmental screening tool will be used to help teachers in the Atan Headstart program, plan and develop learning activities that will enhance all areas of development and prepare your child for pre-school. This screening tool will be administered two times throughout the year, initial screening will take place at the beginning of the school year (when your child has been accepted into the Headstart program) final screening will take place six months into the school year.

**INITIAL:** \_\_\_\_\_

**Eligibility**

I understand this in order for my child(ren) to participate I need to sign the consent form to allow Opokaa'sin to work with my family along with myself. If there has been any work or testing done on my child(ren) I need to share this with Opokaa'sin to help continue to build upon. If there are any meetings called o asses the development of my child(ren) or any other concerns that may arise, I will attend those meetings as requested.

INITIAL: \_\_\_\_\_

**Release of Information**

I grant permission to Opokaa'sin to release relevant information (pertaining to my child(ren) for the purpose of developing the best possible service, this occurs only with full knowledge of the purpose by the clients and guardian, and with the written approval. The written approval will describe the intended use.

INITIAL: \_\_\_\_\_

**Audio and Video Recording**

The use of audio and video recording methods for diagnostic, therapeutic, or training purposes occurs only with full knowledge of the purpose by the client and guardian, and with their written approval. The written approval will describe the intended use of the recording. Parents/guardians will be contacted by Opokaa'sin for separate written consent in the following instances: photographs or video taken where the material will be used outside of he program, released of student names outside of the program, copyright for artwork or creative writing which will be reproduced for use outside the program, or used on the Opokaa'sin website, and acceptable use of IT services and hardware. Names WILL NOT be published with any pictures.

INITIAL: \_\_\_\_\_

Name (print):

Signature:

Date:

**Grievance Procedure**

All clients have the right to file or lodge a grievance against the employee or the agency. All grievances filed with the agency or employee are investigated, responded to, and documented in a timely fashion. A grievance is defined as the dissatisfaction which a client feels, when he/she believes, rightly or wrongly that he/she has not been treated fairly or when he/she believes a mistake has been made in the administration of a rule, or agency policy. The following graduated steps in the grievance procedure may be terminated at any stage where a resolution of the problem a agreement is reached. Except in cases of the suspension or termination the individual will continue to perform his/her duties throughout all stages of the grievance procedure.

The individual involved (client) will seek to settle the dispute through a discussion with his/her immediate worker within five (5) working days of the misunderstanding or violation. If the dispute is not satisfactory resolved at this level it becomes a grievance and advances to the next level.

The individual (client) can then lodge a grievance with their workers supervisor within five (5) days working days after the above discussion. This shall be documented in written form by the supervisor and contain; the nature of the grievance, the cause claimed to have violated redress sought, and any other appropriate and relevant information.

If the client still does not feel the grievance has been dealt with satisfactory, then the grievance will go to the Executive Director. The Executive Director shall acknowledge the documentation of the grievance within five (5) working days and shall forward a copy to the agency's grievance policy to the griever. The Executive Director shall conduct an investigation and shall make his/her position known to the griever in writing within twenty (20) working day of the receipt of the letter.

If the grievance wis still not resolved to satisfaction of the aggrieved at this level, the Executive Director shall provide he individual with the name and addresses of the Children's Advocate (if applicable), as we as the Chairperson of the Opokaa'sin Board of Directors. The individual grievance will be submitted to the Board of Directors within five (5) working days. Staff shall assist clients at all levels of the grievance within reason. Any assistance in community the grievance in a fair and just way shall facilitate in a timely manner. The clients access to supports during this process is encouraged (extended family members, elders, any natural supports/ advocates).

**I have read and understand the Opokaa'sin Early Intervention Society Grievance procedure and have received a copy of the procedure.**

Name (print):

Signature:

Date:

---

I have read and understand the uses that will be made for the personal information as listed above, and I hereby certify that the information provided by me on the registration for is true, correct and complete to the best of my knowledge and belief.

Name (print):

Signature:

Date:

---

**For Office Use Only**

\_\_\_ *Approved* \_\_\_ *Waiting List*    *Date Received* \_\_\_ / \_\_\_ / \_\_\_    *Workers Initial* \_\_\_