



## **McLeod Lake Child Care**

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VOJ-2G0  
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- **Registration Package**
- **Parent information Package**

# McLeod Lake Childcare Registration Form

Child's Name: \_\_\_\_\_  
Surname (Last)                      Given name (First)                      Middle

Gender: \_\_\_\_\_

Child's birthdate \_\_\_\_\_  
(Month, Day, Year)

Is there a Court Custody agreement? Yes/No

Child's Address while attending:

\_\_\_\_\_  
\_\_\_\_\_

Details: \_\_\_\_\_

Medical# \_\_\_\_\_

Allergies? \_\_\_\_\_

Immunizations up to date? \_\_\_\_\_

Permission to seek Medical Care in an emergency? Yes/ No

## Parent/Guardian/ Caregiver Information

Name: \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Contact information: Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to the Child \_\_\_\_\_

Contact information: Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

## Emergency Contact Information

(if Guardian cannot be reached, incase of emergency pick up)

Name: \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Contact information: Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to the Child \_\_\_\_\_

Contact information: Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

(Please inform staff of any changes to the above info, child will not be released to anyone who is not on the emergency contact list.)

Sibling Info: (please list any siblings and their ages)

- |          |            |
|----------|------------|
| 1. _____ | Age: _____ |
| 2. _____ | Age: _____ |
| 3. _____ | Age: _____ |
| 4. _____ | Age: _____ |
| 5. _____ | Age: _____ |

Has this child ever been in a daycare program before? \_\_\_\_\_

### Health and Nutrition Information

Please list any serious illness(es) that this child has had (chicken pox, etc)

\_\_\_\_\_

Does this Child Have any Allergies? \_\_\_\_\_

Does this Child have any Disabilities? \_\_\_\_\_

What is this child's nap schedule? \_\_\_\_\_

What is the Child's eating habits? \_\_\_\_\_

Does this Child have any fears the daycare should know of? \_\_\_\_\_

Please share any other information about this child's personality habits, likes, or dislikes that may be helpful to daycare staff. \_\_\_\_\_

\_\_\_\_\_

Diapering and Toileting

Is the child toilet trained? \_\_\_\_\_

If no, are there any creams or powders they use daily?

\_\_\_\_\_

\*any creams, diapers, wipes or clothes are the guardian's responsibility to supply\*

Is your child familiar with a change table? Yes/ No

## Behavior Management

Please share your discipline strategies: \_\_\_\_\_

How is the undesirable behavior managed? What techniques are used at home?

\_\_\_\_\_  
\_\_\_\_\_  
Adults/Teachers will redirect children to different activities and/ or locations during times of undesirable behaviors. A child will not be denied food/ toileting or outdoor play time as a form of punishment. Instead logical consequences that help the child to better understand the problem will be given.

## Consent to go for Walks and Outings

I give my permission for \_\_\_\_\_ to go on local walks and outings with the daycare staff such as the store, park, and band hall office, within McLeod Lake Band Area (Reserve IR#1)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Consent for Sunscreen and Bug Spray

I give my permission for \_\_\_\_\_ to receive bug spray and sun screen on days that are either too hot, or days when there is a lot of insects.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Consent for Photos

I give my permission for \_\_\_\_\_ to have their photo taken and displayed on any advertising down for McLeod Lake Childcare, this includes a Facebook page, posters, calendars, and newsletters.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Child's Medical Information

I \_\_\_\_\_ give my permission for the McLeod Lake Indian Band Child Care Centre to obtain medical information pertaining to this child \_\_\_\_\_, from the Northern Health Representative. This information is to be held in the strictest confidence by the daycare staff and will not be discussed with any unauthorized person. I understand that it is necessary for the daycare staff to have this information in order to properly care for my child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# McLeod Lake Daycare

## Schedule

TIME	ACTIVITY
8:25 - 8:35	Staff arrives, meal prep, opens the center
8:40 - 9:30	Wash hands, morning snack, once finished morning art activity
9:30 - 9:45	Clean up, get ready for circle
9:45-10:15	Circle time
10:15-10:30	Clean up, Get ready for next activity
10:15 - 11:15	Active Play (inside or out)
11:15 - 11:30	Tidy up, wash hands for lunch
11:30 - 12:00	Eat lunch
12:00 - 12:15	Clean up, Wash hands, bathroom and tooth brushing
12:15 - 12:30	Story and getting settled on nap mats
12:30 - 2:00	Nap time, children who don't nap can have books and puzzles in the Library
2:00 - 2:15	Wake up, and bathroom time
2:15 - 2:45	Snack time
2:45 - 3:15	Free play, center times
3:15 -3:45	Active Play (inside or Out)
3:45 - 4:00	Clean up, home time