



**Shawkwunlee Early Learning
Registration Package
Box 5310 Haines Junction Yukon**



Authorized Pick Up List Person must be 19 years of age or older and I authorize the following people: (In addition to the Parent/Guardian 1 & 2 information) already listed on page 1) to pick up my child and/or be contacted in case of emergency

Emergency Contacts (other than parents)

Contact #1

Name: _____ Phone Number _____

Relationship _____ Address _____

Contact #2

Name: _____ Phone Number _____

Relationship _____ Address _____

The Following People are **NOT Authorized to pick up my child**

Name: _____ Phone# _____

Name: _____ Phone# _____

Please note that we will **ONLY** release a child to the people LISTED on this form/emergency permission card. A child will only be released to people not listed, when a staff has received **WRITTEN OR VERBAL CONSENT FROM THE PARENT/GUARDIAN** confirming that the person is permitted to take the child **PRIOR** to pick up.

Danielle Evans Shawkwunlee Manager 867-334-4170
Stephanie MacElheron Assistant Manager 867-689-5697
Email: devans@cafn.ca or smacelheron@cafn.ca



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HEALTH INFORMATION:

Family Doctor: _____ (Phone Number) _____

Health card number: _____

Are your child's immunizations up to date Yes ___ No ___

Does your child have any allergies? (Circle One) YES / NO

If yes, please list what is your child allergic to?

Is this allergy life threatening? (Circle One) YES / NO what is the reaction?

Specific Instructions:

If an allergy exists you must request the required consent forms for any medication your child may need (ex. EpiPen, Benadryl)

Does your child have any health or medical issues?

Special medications, Vision Hearing, Speech/Language, Require a special diet, Other: Please Specify: _____

Specific Instructions:

For medication to be administered at the centre, you must request the required medication consent forms



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Social and self help information: When filling out this section we encourage parents to give us as much information as possible. Knowing about your child’s social requirements allows us to take a proactive approach to their individual needs. It help to ensure that they are successful and enjoy the program.

DOES YOUR CHILD:

Display signs of anxiety in a group of children? Yes___ No___

If yes please explain: _____

Require assistance dressing..... Yes ___ No ___

Require assistance toileting..... Yes___ No___

Require assistance feeding..... Yes___ No___

Behaviour challenges..... Yes___ No___

If yes please explain how your strategies at home so we can be work with you on this: _____

Does your child have any fears..... Yes___ No___

If yes please explain _____

Does your child have any difficulties sleeping/or a special routine? Yes___ No ___

How do you put your child down for a nap? Do they have a blanket, bottle or soother?



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FIELD TRIPS

By permitting my child to attend Shawkwunlee Early Learning, I the undersigned allow my child to participate in various field trips. These may include unscheduled, spontaneous local trips walking , on our bus or in staff vehicles.

Parent/Guardian (please print):

Parent/Guardian's Signature: _____

Date: _____

Photos and Videos

I give permission for photographs and videos of my child to be used in the program and activities that Shawkwunlee participates in (General assembly, open house etc) Please note we do not post photos on social media. We will ask permission to use an image in a newsletter at the time.

Yes or No : if yes please sign below

Parent/Guardian (please print):

Parent/Guardian's Signature: _____

Date: _____

Medical Consent

It is the Child Care's policy to notify a parent when a child is ill or in need of medical attention. Occasionally we are unable to contact parents and we need to get immediate help for the child. Our procedure is to have the child taken to the nearest emergency service by ambulance. If an ambulance is not available, the caregiver/staff of the childcare will transport the child. I hereby give permission to the caregiver staff of **Shawkwunlee Early Learning** to make necessary transportation arrangements for my child who has become ill or injured.

Parent/Guardian (please print):

Parent/Guardian Signature _____ Date _____

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**Policy Agreement between Shawkwunlee Daycare
& Parent/Guardian**

I have received and read the Shawkwunlee Handbook. I understand the contents and I agree to follow the policies outlined.

This agreement must be signed and on file before your child's enrollment is finalized.

Thank you

**Signature _____ Date _____
(Parent/Guardian)**

**Signature _____ Date _____
(Manager) Danielle Evans**

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