

# Child Care Registration Application

DATE OF APPLICATION: \_\_\_\_\_

DATE SERVICES REQUIRED: \_\_\_\_\_

REASONS FOR SERVICES: \_\_\_\_\_

## 1. CHILD INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender: ☐ M ☐ F Date of Birth: \_\_\_\_\_

First Nation/Band: \_\_\_\_\_

Language spoken in the home: First: \_\_\_\_\_ Second: \_\_\_\_\_

## 2. OTHER SERVICES

Has your child received services from any of the following:

- ☐ Early Childhood Intervention Program (ECIP) ☐ Speech and Language Pathologist  
☐ Occupational Therapist ☐ Early Childhood Psychologist ☐ ICFS ☐ Other Services

### Medical Information

Does your child have any medical conditions: ☐ Yes ☐ No If yes, please explain.

\_\_\_\_\_

Does your child have any Allergies \_\_\_\_\_?

Other information that should be known about the child?

\_\_\_\_\_

## 3. PARENT/GUARDIAN INFORMATION

Parent/Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## Agreement for Child Care Services

Agreement between:

\_\_\_\_\_  
Parent or legal guardian

\_\_\_\_\_  
Early Childhood Program

\_\_\_\_\_  
Street Address/Box Number

\_\_\_\_\_  
Street Address/Box Number

\_\_\_\_\_  
Town/City

\_\_\_\_\_  
Town/City

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Postal Code

This Agreement is a contract between the Child Care service and the parent/legal guardian. Please ensure that all terms and conditions are thoroughly discussed, clearly and accurately recorded in the Agreement. A copy of this Agreement for Service is to be retained by both the parent and the Child Care service. The parent may be required to sign additional documentation regarding policies of the Child Care service.

1. The parent/legal guardian agrees to place the following child in the above named childcare program:

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

Date: \_\_\_\_\_

2. The parent and the Early Childhood program agree that childcare services will be available for the above-named child as indicated below.

|           |          |          |
|-----------|----------|----------|
| Monday    | AM _____ | PM _____ |
| Tuesday   | AM _____ | PM _____ |
| Wednesday | AM _____ | PM _____ |
| Thursday  | AM _____ | PM _____ |
| Friday    | AM _____ | PM _____ |

3. The Parent and the Early Childhood Program agree that the total child care fee shall be \_\_\_\_\_ per day/hour/month, payable by the first/last working day of the month.

4. The parent and the Child Care service agree that the following fee shall be charged for late pick-up of a child \_\_\_\_\_.

The Parent and the Child Care Program agree to comply with Saskatchewan First Nations Early Learning Facility Regulations.

I, \_\_\_\_\_, hereby acknowledge that I am aware of the conditions stated in the Agreement and agree to abide by these requirements.

\_\_\_\_\_  
Parent/Guardians Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director/Coordinator Signature

\_\_\_\_\_  
Date