



CARIBOO FRIENDSHIP SOCIETY

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Hearth Restaurant 398-6831
Native Arts & Crafts 398-6831
Contracting
Aboriginal Wellness Program 267-2399
Pregnancy Outreach Program 392-3583
Little Moccasins Learning Cntr. 398-6841
Urban Native Housing 398-6831
Shelter 398-6831
Chiwid Transition House 398-5658
P.E.A.C.E. Program 398-7005
Family Ties Program 267-3703
Elders Circle of Care 398-7921

398-68

Our File

Little Moccasins Learning Centre Aboriginal Head Start Program

Application Form

Child's Name: _____
(First) (Last)

(Middle Name) and (Nick Name)

Height

Weight

Class: Morning (3 year olds) Afternoon (4 year olds)

Child's Birth Date: _____ Care Card Number: _____

Doctor: _____ Dr.'s Phone Number: _____

Mother's Name: _____

Home Phone: _____ Work/Cell: _____

Email Address: _____

Address: _____

Father's Name: _____

Home Phone: _____ Work/Cell: _____

Email Address: _____

Address if different: _____

Emergency Contact Persons:

Please ensure that when listing the following individuals, you feel comfortable in allowing us to release your child to them. These people will only be contacted in emergency situations.

1. Name: _____

Address: _____

Phone: _____ Work: _____

Relationship to child or parents: _____

2. Name: _____

Address: _____

Phone: _____ Work: _____

Relationship to child or parents: _____

3. Name: _____

Address: _____

Phone: _____ Work: _____

Relationship to child or parents: _____

Medical Information:

Child(ren)'s immunization record must be on file prior to your child attending preschool.

Parents are responsible for bringing allergy kits to Little Moccasins for their child's use.

Is your child's immunization record up to date? Yes No

If no, when was the last time your child was immunized? _____

Are there any health issues regarding your child we should be aware of? (I.e. allergies, ear tubes, asthma.) Yes No

If yes, please specify what? _____

Does your child receive any prescribed daily medication? Yes No

If yes, please specify what? _____

Has your child had any illnesses in the past that we should be aware of? If so, how recent and should we be concerned? Yes No

Briefly explain: _____

Getting to know your child:

Please share with us any assessments or reports regarding your child that would assist us in providing the best and safest care for your child.

Is your child enrolled, or going to be enrolled in any other daycare or other program?

Yes No

If yes, what is the nature of that program? _____

What are you hoping to get out of the Little Moccasins Learning Centres for you and your child?

How would you describe your child's behavior and/or personality? (I. e.: shy, outgoing, good sense of humour, etc.) _____

What are some of your child's favorite foods? _____

Does your child have any fear of animals, loud noises, certain objects, thunder or travelling?

If yes, please explain: _____