

GITANMAAX LANGUAGE NEST PROGRAM

Registration Form

Family Information

Date of Application: _____

Child's Name:	Band Number:
Sex: Male / Female	Date of Birth:
Mailing Address:	Clan/Wilp:

Mother's Name:	Home Number:
Work Number:	Cell Number:

Father's Name:	Home Number:
Work Number:	Cell Number:

Check if it is applicable: <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Legal Custody <input type="checkbox"/> Restraining Order
If there is custody or restraining order, please ensure to provide a copy of the order to the Gitanmaax Language Nest Program for their records.

Care Card/ Medical Number	Family Doctor:	Allergy/Medical Condition
---------------------------	----------------	---------------------------

GITANMAAX LANGUAGE NEST PROGRAM

Registration Form Page 2

Other people living in the home	
Name:	Relationship to Child

Emergency Contact People

Name:	Phone Number

Is a family member/guardian attending the program with your child? Yes / No	If yes, what is the person's name?
Is a pick up required? Yes / No	Is a drop off required? Yes / No
Community:	Street Address:

People authorized to pick up the child (include parent/guardian names)	Relationship to the Child	Phone Number
Name	Relationship to the Child	Phone Number

GITANMAAX LANGUAGE NEST PROGRAM

Registration Form Page 3

Has your child attended daycare or preschool before? Yes / No

If yes, what is the name of the facility?

Immunization	Year	Month	Day
Diphtheria			
Polio			
Meningitis			
Measles			
Mumps			
Rubella			

Would you like to participate in the good food box program? Yes / No

How much of the Gitksan Language do you understand?

None a few words some phrases parts of conversations everything

How much of the Gitksan language do you speak?

none a few words some phrases parts of conversations I am fluent

GITANMAAX LANGUAGE NEST PROGRAM

Registration Form Page 4

All Purpose Permission Slip

My Child: _____ (child's name) has my permission to ride the Gitanmaax Language Nest School bus to and from the Gitanmaax Language Nest Program for the duration of the Gitanmaax Language Nest School Year.

Yes No

My child has permission to ride the bus on all field trips that occur during the Gitanmaax Language Nest School year (the child needs to have regular attendance in order to participate on the field trips).

Yes No

I give the staff of the Gitanmaax Language Nest Program permission to take photographs of my child participating in activities at the Center.

Yes No

Staff of the Gitanmaax Language Nest program has my permission to publish photographs of my child participating in activities at the Gitanmaax Language Nest Program. Photographs may be published in the Gitanmaax Newsletter and /or local newspapers to promote the Gitanmaax Language Nest Program and/or to inform the public about our activities.

Parent/Guardian Signature

Date

GITANMAAX LANGUAGE NEST PROGRAM

Registration Form Page 5

EMERGENCY CONSENT CARD

Child's Name	Birthdate	Care Card #
--------------	-----------	-------------

Mother's Name	Phone Number: Work Number: Cell Number:
Father's Name	Phone Number: Work Number: Cell Number:

Emergency Contact Name	Phone Number

Child's Doctor	Date of recent tetanus shot	Allergies/ Medication
----------------	-----------------------------	-----------------------

Child's Dentist	Phone #
-----------------	---------

GITANMAAX LANGUAGE NEST PROGRAM

Registration Form Page 6

Consent Form

- 1) It is the policy of this program to notify a parent when a child becomes ill or needs medical attention. Occasionally parents cannot be contacted and the child requires immediate assistance. The procedure of the program is to take the child to the nearest emergency service.

- 2) Please sign the consent below in order for the Language Nest Program staff to take appropriate action on behalf of your child. Return the signed consent to the Gitanmaax Language Nest immediately. This consent will be taken to the nearest emergency center by the Gitanmaax Language Nest staff when the parent cannot be reached.

- 3) I hereby give consent for my child _____ when ill, to be taken to the nearest emergency center by the Gitanmaax Language Nest staff when I cannot be contacted.

- 4) I hereby give consent for my child _____ to receive medical treatment.

Signature of Parent/Guardian

Date

Witness signature

Date