



Gwa'sala-'Nakwaxda'xw Daycare
Gila'ga Ganganam Aboriginal Head Start
PO Box 1154, 184 Ba'as Road
Port Hardy, BC V0N 2P0
Phone (250) 949-9838



Date of Registration: _____ **Start Date:** _____

CHILD INFORMATION

Child's Legal Name:

Last First Middle

Child's Date of Birth:

_____/_____/_____
YYYY MM DD

Gender

☐ M
☐ F
☐ Other:

Birthplace:

City Province Country

Band / Status # _____

Last Daycare Attended:

Name City Province

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name #1:

Last First Middle

Relationship to Child

☐ Mother
☐ Father
☐ Other:

Address _____

Parent/Guardian Email: _____

Telephone: Home: _____ Work: _____ Cell: _____

Parent/Guardian Name #2:

Last First Middle

Relationship to Child

☐ Mother
☐ Father
☐ Other:

Address _____

Parent/Guardian Email: _____

Telephone: Home: _____ Work: _____ Cell: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name #1:

Last

First

Middle

Relationship to Child _____

Telephone: Home: _____ Work: _____ Cell: _____

Emergency Contact Name #2:

Last

First

Middle

Relationship to Child _____

Telephone: Home: _____ Work: _____ Cell: _____

HEALTH INFORMATION

Personal Health Care Number: _____ **Child's Doctor:** _____

Are there any medical issues your child may be experiencing which the school should be aware of?

☐ Not life threatening: _____

☐ Life threatening (severe allergies, anaphylactic, etc): _____

☐ Other (family or other informational): _____

Are there any other health professionals involved with your child? (SLP, PT, etc) Please list their name and profession.

OTHER INFORMATION

Please include any other information or instructions to help us care for your child.

I hereby declare, that I have read and understood that the information contained on this form, and the information provided is correct

Date

Parent/Guardian Signature