



**Bi-gzhaadge Binoonjiiyak –
Integrated Children’s Program REGISTRATION**

Please ensure all information is filled out and all boxes are checked.

For Office Use Only

Date Received: _____

Time Received: _____

Program Contact:

Jessica Commanda @ (705) 753-2050

Email: jessicac@nfn.ca

CHILD IDENTIFICATION

Full Legal Name: _____ Preferred Name: _____

Date of Birth (dd/mm/yyyy): _____ Age: _____

Gender: Male Female Prefer not to answer

Status First Nation: Yes No Status Card #: _____

Or By Affiliation (Name) : _____ Status Card # : _____

Home Address: _____

ENROLLMENT

Please check which days your child will be attending:

Monday Tuesday Wednesday Thursday Friday

****NOTE: Parents are expected to call or email to notify of your child’s absence from the program.****

PARENT INFORMATION

Full Legal Name: _____ Primary Phone Number: _____

Home Address: _____ Same as Child’s

Cell Phone Number: _____ Email: _____

Occupation: _____ or N/A Hours: _____

Custodial Parent (if married, mark both parents)

Full Legal Name: _____ Primary Phone Number: _____

Home Address: _____ Same as Child’s

Cell Phone Number: _____ Email: _____

Occupation: _____ or N/A Hours: _____

Custodial Parent (if married, mark both parents)



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EMERGENCY CONTACTS

In the event of an emergency, if a parent cannot be reached, the following individual(s) may be contacted in order of preference. **Be sure to include someone who will usually know your whereabouts.**

Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Full Legal Name: _____	Full Legal Name: _____	Full Legal Name: _____
Primary Phone Number: _____	Primary Phone Number: _____	Primary Phone Number: _____
Alternate Phone Number: _____	Alternate Phone Number: _____	Alternate Phone Number: _____
<input type="checkbox"/> Authorized to pick up child	<input type="checkbox"/> Authorized to pick up child	<input type="checkbox"/> Authorized to pick up child

PICK UP AUTHORIZATION

Will someone other than yourself (parent/guardian) be picking up your child? Yes No

The following individuals are authorized to pick up my child: _____

Under no circumstances will children be released to anyone not known to the staff without authorization

HEALTH INFORMATION

Health Card Number (in case of emergency):

_____ - _____ - _____ - _____

Has your child ever experienced, been diagnosed with, or visited a medical professional for any of the following reasons:

Asthma Yes No Do they require Puffers? Yes No

Epilepsy Yes No Other Seizure Disorder Yes No

If yes, please explain: _____

Allergies? Yes No

If yes, please explain: _____

Does your child require an Epi-Pen? Yes No

If yes, is the Epi-Pen to be stored/carried? Where? _____

MEDICATION

Will your child be required to bring medication(s) to the program? Yes No

If yes, name of the medication(s): _____

Who will administer the medication (child or adult in program)? _____

Is there any other additional information you feel we should know about your child? _____



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Recognizing Each Child’s Uniqueness

We acknowledge that each child is unique. For instance, a child with visual impairments requires different supports than a child with behavioural challenges. This insight will guide us in customizing our approach to suit the individual needs of everyone. If needed, we may inquire further to ensure optimal accommodation for your child.

Does your child receive any additional assistance during the school year for any of the following:

- ADD/ADHD
- ODD (Oppositional Defiant Disorder)
- Autism
- CD (Conduct Disorder)
- Anxiety
- Other, please explain: _____

Does your child require support for educational needs, please explain: _____

Walkers (Who are not picked up by a parent / guardian)

- I agree that my child is a walker and has my permission to walk home at the end of the program hours.
- I acknowledge that the staff of the Bi-gzhaadge binoonjiiyak – Integrated Children’s Program are not responsible for my child once they start walking home.

Signature of Parent/Guardian:

Date:

BUSSING INFORMATION

Please check the date(s) that your child will be dropped off at the Church Hall to attend **the** Bi-gzhaadge binoonjiiyak – Integrated Children’s Program.

- Monday Tuesday Wednesday Thursday Friday

Child’s Full Name:

Name of School:

Bus Driver:

As the parent/guardian, I agree to have my child dropped off at the Bi-gzhaadge binoonjiiyak – Integrated Children’s Program located at the Holy Spirit Church Hall (Garden Village) located at 285 Ted Commanda Drive.

Signature of Parent/Guardian:

Date:

This bussing information will be shared with Nbisiing Bus Lines and placed on your child’s file.



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Privacy of Personal Information collected in the 2024 Registration.

The personal information provided to us by you will be treated with a high level of confidentiality.

RISK/WAIVER AUTHORIZATION

While I agree to instruct my child to follow the safety instructions of the Bi-gzhaadge binoonjiiyak – Integrated Children’s Program, I recognize and acknowledge that there is still a risk of injury.

I hereby give my consent to the following (please check each box):

For my child to participate in the Bi-gzhaadge binoonjiiyak – Integrated Children’s Program.

I understand and assume responsibility for all risks to my child in connection with their participation in activities. I understand there is a possibility of personal risk, damage, or injury.

To waive, release and discharge Nipissing First Nation, its agents and employees from all liability to any individual, including my child.

Further, I ask that Bi-gzhaadge binoonjiiyak – Integrated Children’s Program staff administer medication that I have provided for my child. I accept the risks and agree that the above statement concerning waiver and release, apply to the administration of medication to my child. A copy of the prescription must be provided for instructions.

I hereby acknowledge that my child’s photographs may be used to update the community in the Nipissing First Nation Newsletter / Annual Report and may be used for promotional purposes only.

I understand that all children must leave the Bi-gzhaadge binoonjiiyak – Integrated Children’s Program by 5:30pm. I agree to pick up or arrange for pick up for my child(ren) by authorized persons by 5:30pm.

Signature of Parent/Guardian:

Witness:

Date:

Date:
