



Hulitan Family & Community Services Society
Journeys of the Heart Program
Registration Form



Site Selection

- Monday / Wednesday
(Wishart School) 9:00 – 11:30am
 1:00 – 3:30pm

- Tuesday / Thursday
(George Jay School) 9:00 – 11:30am
 1:00 – 3:30pm

Transportation – Wishart site

Pick up / drop off No Yes Number of spaces required: _____
Height _____ Weight _____ Height _____ Weight _____

Family Information

Child Participant

Full Name: _____ Gender: _____ Birth Date: _____
Address: _____ Height: _____ Weight: _____
Band Affiliation: _____ Aboriginal Ancestry: _____

Guardian / Caregiver Participant

(Please fill out information of caregivers that will most often be able to attend program with child – provide the primary caregiver first.)

1. Full Name: _____ Relationship to child: _____
Address: _____ Postal Code: _____
Home Phone: _____ Cell: _____
Band Affiliation: _____ Aboriginal Ancestry: _____

2. Full Name: _____ Relationship to child: _____
Address: _____ Postal Code: _____
Home Phone: _____ Cell: _____
Band Affiliation: _____ Aboriginal Ancestry: _____

Siblings

Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____

Extended Family (Residing in the home)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Medical Information

Child's Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Care Card Number: _____

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

Food Allergies: _____

General Allergies: _____

Health Conditions: (Vision, hearing, speech, language, physical, etc)

Medications? Yes No

If yes, medication: _____

Are the child's immunizations up to date? Yes No Don't Know

History

Has the child attended preschool in the past? Yes No

If yes, _____

Are you aware of any learning disabilities? Yes No

If yes, _____

Are you have any developmental concerns? Yes No

If yes, _____

General

What are your child's:

Strengths: _____

Abilities: _____

Needs: _____

Interests: _____

Other

Is there anything else we should know about your child that may impact their learning or participation? (E-mail address)	
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MCFD Involvement

Social Worker: _____ Phone: _____ Email: _____

Foster Parent: _____ Home #: _____ Cell #: _____

Transportation arrangement: Drop off: _____ Pick up: _____

Family ALLOWED at program: Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Anyone NOT allowed at visit and action to be taken Name: _____ Action: _____

Name: _____ Action: _____

Family history (reason for removal-neglect, abuse, etc)

Copy of Supervision Order
Or
Risk Reduction Service Plan Yes
 No Reason: _____