



Wahnapitae First Nation
Early Years Program Policy
ADOPTED AT BAND COUNCIL MOTION:
BCM WFN # 19/20-07-77
CHIEF AND COUNCIL MEETING ON July 5, 2019

PREAMBLE

Early Years Program will ensure that family programs are delivered that promote the health, safety and well-being of children and families being served in accordance to specific program guides while working under the Wahnapitae First Nation Band policies. Wahnapitae First Nation staff will assist off reserve members in locating an Early Years Program in the area in which they live.

1.0 DEFINITIONS -

- Band Member – a member who is a person who is registered on the Wahnapitae First Nation Band list.
- Community Member – a child or spouse of a band member and who resides on Wahnapitae First Nation.

2.0 REGISTRATION & ELIGIBILITY PROCESS

- Children 0-6 years of age will be eligible to register to attend Early Years Programming; who must be living on reserve
- Children must be registered to attend Early Years Programming
- Parents and Guardians must accompany child/ren at Early Years Program

3.0 FIRST NATIONS CHILD AND FAMILY PROGRAM OBJECTIVES

- Increased access to culturally relevant early years programs and services for First nations children and family on reserves;
- Enhanced First Nation control of service design and delivery;
- Greater opportunities for First Nation children to learn about their culture and language from an early age
- Improved outcomes for First nation children and families including healthy child development, parent and family supports
- Foster early learning and development
- Support children being cared for in a safe, nurturing environment
- Support the inclusion of children with special needs



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4.0 CORE SERVICES PROVIDED

- Supporting early learning and development through the delivery services, such as:
 - Drop in programs that build responsive adult-child relationships and encourage children's exploration, play and inquiry.
- Engaging parents and Caregivers through activities, such as:
 - Discussions/Information Sharing about child development, parenting, nutrition, etc.
 - Targeted outreach activities to parents/caregivers (e.g transportation) and or
 - On-site child-minding services
- Making connections for families through activities, such as:
 - Information sharing about relevant community services, for example specialized services, coordinated service planning, public health, education and childcare; and/or
- Early identification and screening

5.0 POLICY IMPLEMENTATION

- The Wahnapitae First Nation Education Department will implement the Early Years program Policy.

6.0 REVIEW AND AMENDMENTS

- This policy will be reviewed annually by the Education Department as per funding; who will make any necessary amendments and forward recommendations to Chief and Council.

7.0 APPENDICIES

- A) Wahnapitae First Nation Early Years Registration Form
- B) Medical Form
- C) Incident/Injury Report



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APPENDIX A
EARLY YEARS REGISTRATION FORM

PART A: PARTICIPANT INFORMATION

First Name:	Last Name:	Birth Date D/M/YY	Age	Gender
Address:		Health Card Number		

PART B: FAMILY/GUARDIAN INFORMATION

Home Phone	Email			
Parent 1 First Name	Last Name	Cell Phone	Business Phone	
Parent 2 First Name	Last Name	Cell Phone	Business Phone	
Family Address		Apt/Unit	City/town	Postal Code

PART C: ADULT EMERGENCY & AUTHORIZED PICK UP CONTACT INFORMATION

A minimum of 2 other adult emergency contacts are required. Only the adults listed below & Family Guardian will be allowed to pick up camper

1	First Name	Last Name	Cell Phone	Business Phone	Relationship
2	First Name	Last Name	Cell Phone	Business Phone	Relationship

PART E: ANY RELEVANT INFORMATION



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APPENDIX B

EARLY YEARS MEDICAL FORM

WAIVERS, DISCLAIMERS & CONSENT

Medical

Does child have special needs, medical conditions or allergies: YES NO

If yes, please list below (specify if your child carries an epi-pen). **WAHNAPITAE FIRST NATION STAFF WILL NOT ADMINISTER ANY NON PRECIBED MEDICATION.**

Provide details:

Authorization for Outings

I WAIVE any claims against Wahnapiatae First Nation (WFN) when participating in any outings both on and off reserve with the Early Years Programming. I agree that my child may be transported on outings by School Bus, WFN Van or by walking. I understand that I take full responsibility of my child/ren actions while participating in Early Years programming.

Photography, Media Release & Waivers:

I hereby give WFN and its partners and affiliates consent to use and reproduce my child's name/image for promotional purposes related to WFN, its member clubs and/or external partners. My child's first name(unless otherwise authorized)/image may be published or used in newsletters, newspapers, promotional videos, television commercials, program brochures, posters, on World Wide Web or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by WFN, and/or external partners. I release WFN and its agents from any and all claims, of any nature, based on any uses of the above.

I, the parent/guardian of the child named above give permission for such child to participate in the programs and services of the WFN, and consent to any necessary first aid or emergency medical treatment being given or provided for the child, waive any claims against the WFN, the sponsors of said programs, or any of the WFN representatives, employees or volunteers, in respect to any personal injury to such child or to any other person or any loss of or damage to property, arising in any way at, from or in connection with the programs and services of the WFN. I am providing this waiver on behalf of such child and on behalf of my spouse and any other family members or other persons who might be entitled to assert such a claim as well as on my own behalf.

Parent/Guardian Signature

Date



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APPENDIX C
INCIDENT/INJURY REPORT

Incident, injury, trauma and illness record

Details of person completing this record

Name: **Position/role:**

Date and time:/...../..... **Signature:**

Child details

Child's full name:

Date of birth:/...../..... **Age:** **Gender:** Male Female

Incident details

Incident date:/...../..... **Time:** **am/pm** **Location:**

Name of witness:(if applicable)

Witness signature: **Date:**/...../.....

General activity at the time of incident/injury/trauma/illness:

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.....

Cause of injury/trauma:

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Circumstances surrounding any illness, including apparent symptoms:

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Circumstances if child appeared to be missing or otherwise unaccounted for (incl duration, who found child etc):

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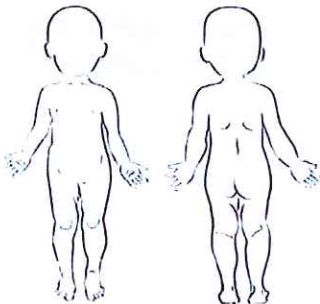
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Circumstances if child appeared to have been taken or removed from service or was locked in/out of service (incl who took the child, duration):

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.....

Nature of injury/trauma/illness:

Indicate on diagram the part of body affected



- Allergic reaction (not anaphylaxis)
- Abrasion/Scrape
- Amputation
- Anaphylaxis
- Asthma / respiratory
- Bite wound
- Bruise
- Broken bone / fracture / dislocation
- Burn / sunburn
- Choking
- Concussion
- Crush / jam
- Cut / open wound
- Drowning (non-fatal)
- Electric shock
- Eye injury
- Infectious disease (incl gastrointestinal)
- High temperature
- Ingestion / Inhalation / Insertion
- Internal injury / Infection
- Poisoning
- Rash
- Respiratory
- Seizure /unconscious/ convulsion
- Sprain / swelling
- Stabbing / piercing
- Tooth
- Venomous bite/sting
- Other (please specify)

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Action Taken

Details of action taken (including first aid, administration of medication etc):

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Did emergency services attend? Yes / No

Was medical attention sought from a registered practitioner / hospital? Yes / No

If yes to either of the above, provide details:

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Have any steps been taken to prevent or minimize this type of incident in the future?:

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.....
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.....

Notifications (including attempted notifications)

Parent/guardian: **Time:** am/pm **Date:**/...../.....

Director/educator/coordinator: **Time:** am/pm **Date:**/...../.....

Other agency (if applicable): **Time:** am/pm **Date:**/...../.....

Regulatory authority (if applicable): **Time:**am/pm **Date:**/...../.....

Parental acknowledgement:

I.....

(name of parent/guardian)

Am aware of my child's incident/injury/trauma/illness.

(Please circle)

Signature: **Date:**/...../.....

LR



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Additional notes:

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