



**Kackaamin**  
FAMILY DEVELOPMENT CENTRE

# Infant/Toddler Application

[www.kackaamin.org](http://www.kackaamin.org)

T. 250.723.7789

F. 250.723.5926



Kackaamin Family Development Centre sits on Hupacasath and Tseshaht First Nation unceded territories. We walk respectfully with the intention of helping people on their healing journeys, and practice with reciprocity, honest kindness and kind honesty.

Last Updated: 20 Jan 2025

## Family Program | Infant/Toddler Application

**\*\*\* Please ensure this application is complete and sent with the Parent/Guardian's Application \*\*\*  
\*\*\* or your package will be considered incomplete. \*\*\***

1. Informed Consent p. 3
2. Application p. 4
3. Parental Consent p. 6

Parental Consent: This can be signed at time of application if the parent/guardian agrees to Kackaamin contacting listed resources for care planning (e.g. a doctor for more information or planning where there are complex health needs).

Please fax pages 3 – 6 with the parent/guardian application to us at 250-723-5926.

For more program information, please visit our website: <http://www.kackaamin.org>.

Sincerely,

Kackaamin Family Development Centre


Applicant Initial \_\_\_\_\_

Referral Worker Initial \_\_\_\_\_

## Section 1: Informed Consent

*To be reviewed by all parents/guardians. Please check after discussed to acknowledge:*

- The infant/toddler **must** be living with the Applicant (parent/guardian) prior to attending the program and after program.
- Shared custody:** other parent/caregiver(s) must be informed of the child's attendance to the program
- Infants and toddlers aged 0-4 attend the *Erica Seitcher Childcare Centre* (near the adult group rooms) while the parent/guardian(s) attend day program at Kackaamin. After hours, parents are responsible for the care and safety of their children.
- Infants/toddlers will participate in outdoor activities, play with other children, and age-appropriate activities including drumming and singing. Snacks are provided.
- The parents/guardians are responsible for bringing weather-appropriate clothing, toys, safety equipment, and other care needs for their child (diapers, etc.). Kackaamin will have some items to loan such as a crib, safety gate, highchair, and limited toys.
- Family Focus: **Children and youth are to be supervised at all times.**
- Family Focus:** safe parenting is one of the main focuses of the Family Program. The Parent/guardian must be willing and able to participate and receive feedback and guidance from the team.
- Parents are in the lead of their children's learning.** Kackaamin will share tools and teachings, but ultimately it is up to the parents to support the children on their healing journey.

 Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applying to attend \_\_\_\_\_ Program at Kackaamin, during \_\_\_\_\_ (dates).

 Referral Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Applicant Initial* \_\_\_\_\_

*Referral Worker Initial* \_\_\_\_\_

## Section 2: Infant/Toddler Information

Information required for our reporting and safety planning:

Infant/Toddler Application			Date:
Legal Last Name:	Legal First Name:	Alias/Goes by:	
Date of Birth: YYYY/MM/DD ____/____/____	Gender Assigned at Birth:	Personal Health Number:	
Aboriginal Ancestry? <input type="checkbox"/> YES <input type="checkbox"/> NO	First Nation:	On-reserve <input type="checkbox"/>	
	Status #:	Off-reserve <input type="checkbox"/>	
Parent/Guardian Name:		Application Attached <input type="checkbox"/>	
Parent/Guardian Name:		Application Attached <input type="checkbox"/>	
<b>ALLERGIES:</b> (including any food allergies, smudging, etc.)			
Contact Information			
Home Address:		Same as Parent/Guardian Application Address: <input type="checkbox"/>	

The following information is to help us plan your family's care:

Family Connection, Wellness and Mobility Information	
Family Relationships	
<b>Current Living Arrangements:</b> <input type="checkbox"/> With parent(s) <input type="checkbox"/> With extended family <input type="checkbox"/> Other: Under Ministry Guardianship <input type="checkbox"/> Other:	
Has this Infant/Toddler ever lived away from the parent/guardian? If so, please share more info:	
Wellness & Mobility	
Doctor Name:	Doctor Telephone:
Is your child up-to-date on immunizations? Yes, attached Immunization Records <input type="checkbox"/> No <input type="checkbox"/> If no, please explain:	
<p>Please be aware that if there is risk of exposure to a vaccine-preventable disease (an outbreak, regional alert, etc.), families who are unprotected (not immunized) will not be able to attend program or may be discharged temporarily until it is safe to return.</p>	
<b>Parent Initial:</b>	
Does the infant/toddler have any physical challenges or chronic health conditions? Please specify:	

Applicant Initial \_\_\_\_\_

Referral Worker Initial \_\_\_\_\_

Developmental Challenges? <input type="checkbox"/> Yes <input type="checkbox"/> No Info:		Vision/Hearing Challenges? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	
Are there any services, such as physical therapy (PT), occupational therapy (OT), that this infant/toddler accesses? Please describe:			
Any other information you'd like to share:			
<b>Referral Information</b> <i>(To be completed by Referral Worker)</i>			
Referral Worker/Counsellor Name: <input type="checkbox"/> Same as Parent		Title:	
Agency:	Tel:	Fax:	
Email:		Mailing Address:	
<b>Referral Worker Signature</b>		<b>Date</b>	

Applicant Initial \_\_\_\_\_

Referral Worker Initial \_\_\_\_\_

**Parental Consent**

**Consent for the Release of Confidential Information:**

I, (applicant name) \_\_\_\_\_ hereby give permission for the Intake staff at Kackaamin Family Development Centre to contact my referral worker, counsellor, case worker, doctor/nurse, as indicated below for the release of Application information.

_____	_____	_____
Name	Agency	Phone / E-mail
_____	_____	_____
Name	Agency	Phone / E-mail
_____	_____	_____
Name	Agency	Phone / E-mail
_____	_____	_____
Name	Agency	Phone / E-mail

Acknowledgment and Assumption of Risk

I understand that with the sharing of information, there is a rare risk of the data transfer being interrupted by persons other than the intended recipient. I understand that in the case of missing transferred data, this could result in an application not being deemed complete by the Kackaamin Intake team, leading to a delay or omission of service.

I understand that Kackaamin staff engages in case conferencing for the benefit of my treatment and healing.

I understand that the information collected and required for Kackaamin Intake will be stored and handled in a confidential manner, and that I may apply to access within the amount of time identified by the Freedom of Information and Protection of Privacy Act.

Release of Liability, Waiver of Claims, and Indemnity Agreement

I hereby agree as follows:

To waive all claims that I have or may have in future against Kackaamin Family Development Centre, its agents, directors, employees and representatives and other participants, all of whom are hereafter collectively referred to as Releases.

I have read, understood and agree with the statements in the Acknowledgement and Assumption of Risk portion of this document, and by assuming and acknowledging this risk, I completely absolve all Releases from any and all liability for loss, damage, injury or expense that I may suffer, that a third party may suffer or that my next of kin may suffer as a result of the release of information by the Releases, due to any cause whatsoever.

In entering into this agreement, I am not relying upon any oral or written representation or statements made by the Releases.

I have read and understood this agreement and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators or assigns may have against the release.

Questions regarding the collection of this information can be directed to the Intake team (Sadie Greenway or Nik Burton @ 250-723-7789).

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

*Applicant Initial* \_\_\_\_\_

*Referral Worker Initial* \_\_\_\_\_