



PRESCHOOL REGISTRATION FORM

DATE: _____

TIME: _____

DEPOSIT PAID? YES NO

PROGRAM PREFERENCE (based on availability)

Please place a check mark (✓) next to your preference for the following items:

Language	
English	<input type="checkbox"/>
French Introduction	<input type="checkbox"/>

Days of Week	
Monday/Wednesday	<input type="checkbox"/>
Tuesday/Thursday	<input type="checkbox"/>

Time	
Morning	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>

REGISTRATION INFORMATION

Student Legal Surname: <small>(As shown on birth certificate)</small>	Student Legal First Name:
_____	_____

Date of Birth: _____	Home Phone Number: _____
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Current Mailing Address

Postal Code

Residential Address <small>(If different than mailing)</small>

Town/City	Prov.	Postal Code
_____	_____	_____

(A copy of the student's birth certificate or visa documentation is required for all students entering the district for the first time.)

PARENT/GUARDIAN

Student Lives with:	Father Only	<input type="checkbox"/>	Mother Only	<input type="checkbox"/>	Both	<input type="checkbox"/>	Guardian	<input type="checkbox"/>
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Mother/Guardian	_____	_____	Religion	Catholic: <input type="checkbox"/>	Other <input type="checkbox"/>
	<small>(Surname)</small>	<small>(Given Name)</small>			

Telephone	(780) _____	(780) _____	_____	_____
	<small>(Res.)</small>	<small>(Work)</small>	<small>Ext.</small>	<small>Cell</small>

E-mail Address	_____
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Father/Guardian	_____	_____	Religion	Catholic: <input type="checkbox"/>	Other <input type="checkbox"/>
	<small>(Surname)</small>	<small>(Given Name)</small>			

Telephone	(780) _____	(780) _____	_____	_____
	<small>(Res.)</small>	<small>(Work)</small>	<small>Ext.</small>	<small>Cell</small>

E-mail Address	_____
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CONTACT PERSONS

Emergency Contact Person
(if parents unavailable)

Phone (780) _____

Baby-sitter/Daycare

Phone (780) _____

MEDICAL

Family Doctor _____ Phone: (780) _____

On Medication Yes _____ No _____ *(If yes, please advise pre-school teacher.)*

Please indicate specific medical conditions, or allergies, your child may have, of which the pre-school should be made aware:

Child's Alberta Health Care Number: _____

Are immunizations up to date? Yes _____ No _____

PROGRAM

Does your child have any special needs that we need to be aware of? _____ Yes _____ No

Is your child currently receiving speech therapy? _____

CUSTODY

In rare instances a child may be designated as protected, or may be the subject of a custody or access order if a court order has been issued under the Child Welfare Act the Domestic Relations Act the Divorce Act or the Young Offenders Act, or a separation agreement has been entered into between the parents. Please indicate if any such order or agreement affecting the safety, security, custody or access of the child has been issued.

Yes _____ No _____ If yes, please make arrangements to discuss this situation with the school administration. Legal documentation will be required.

I hereby acknowledge that I am aware and understand all of the policies included in the Preschool Parent Handbook including the Discipline Policy:

Signature of Parent/Guardian _____

I hereby affirm that I have read this registration form and the following Notification of Use and understand how this information will be used. I affirm that the information given on this registration form is complete and correct. As indicated by my signature below, I hereby freely and voluntarily consent to have the information provided by me accessible as indicated and to abide by the philosophy, policies and regulations of the Lakeland R.C.S.S.D. No. 150.

Signature of Parent/Guardian

Date

Notification of Use:

The information requested on this form is collected under the authority of the School Act, its Student Record Regulation, Alberta's Freedom of Information and Protection of Privacy Act, and the Canadian Charter of Rights and Freedom, Section 23. If you have any questions regarding the collection, use or disclosure of this information, please contact your school principal or Secretary-Treasurer, FOIP Coordinator, Lakeland R.C.S.S.D. No. 150 at 4810-46 Street, Bonnyville, Alberta T9N 2R2, or phone (780) 826-3764 or fax (780) 826-7576.

COPYRIGHT PERMISSION FORM

I hereby grant permission to Lakeland R.C.S.S.D. No. 150, on behalf of _____
(Name of student)

to (please check appropriate boxes):

- a. record and tape my child
- b. display any of my child's works
- c. reproduce any of my child's works
- d. allow newspaper photos and/or citation of my child
- e. allow my child's name on the radio for birthdays

which are produced during the school year, for non-profit, educational and/or promotional purposes. I understand the production(s)/work(s) may be shown at education displays during board sponsored open houses, in-service sessions and other school related activities at school or school board sites or at school board sponsored displays in the community, or used in a school.

Signed this _____ day of _____, 20 _____ Signature of Parent/Guardian

FIELD TRIP PARENTAL CONSENT FORM – MULTIPLE DATE EVENTS

This is to advise you that the Preschool intends to involve your child (the "student") in an off-campus activity (the "field trip") where there are similar events on a series of dates, the particulars of which are as follows:

Proposed Destinations and Purpose(s):	Nature Walks, Community Exploration Walks, "Walk the Talk" Road Safety, Fund Raising Events eg: Terry Fox Run, etc.
Date(s) and Time(s):	Throughout the year. Specific Times will be given in newsletters or student agendas
Supervision:	Teachers, teacher assistants and approved volunteer parents
Associated Risks:	Low to medium risk.
Costs, if any:	Varies, the teacher will notify parents if there is an associated cost.
Required clothing or equipment:	As Required by Weather

Note: Parents/Guardians will be notified as to the nature, date and time of the walking field trip prior to the date of said trip.

No student will be allowed to participate in the field trips unless this form is signed and returned to the school prior to the first date of the event. If you require additional information, please phone the school.

Having read and understood the particulars of this specific Field Trip Consent Form (multiple date events), I give permission for my son/daughter _____ to participate in the above-mentioned activities, which will happen according to the schedule provided.
(Student name)

By signing this form and permitting my son/daughter to participate in these Field Trips, I/we, as parent(s)/guardian(s) – both for myself/ourselves and on behalf of our son/daughter- acknowledge that we are aware of the risks associated with these Field Trips, and agree to release and hold harmless the Lakeland R.C.S.S.D. No. 150, the School, and their respective agents, servants and employees, from and against any and all claims for damages or bodily injuries arising out of my/our son's/daughter's participation in these above authorized Field Trips.

Please note:

Field trips shall be self-supporting. Parents are responsible for paying any unrecoverable travel costs if the field trip is cancelled due to safety concerns such as inclement weather, or with respect to other travel advisories or alerts, which may be issued by a recognized body.

Signature of Parent/Guardian _____ Date _____

The information collected on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act of Alberta, to be used to organize and coordinate a school field trip. If you have any questions about the collection, use or disclosure of the information collected on this form please contact Lakeland R.C.S.S.D. No. 150 at (780) 826-3764.