



St. Anthony School

Little Angels Preschool 2019-2020 Registration Form

ALL areas of registration form **MUST** be complete before registration can be accepted.

\$50.00 non-refundable registration fee paid ☐ Yes ☐ No



Legal Surname		Birthdate: M D Y		School Year 2019-2020
Legal Given Name		Home Phone Number ()		
Middle Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F		
Also Known As Name (if different from legal names)		Copy of Birth Certificate Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
ST. ANTHONY LITTLE ANGELS CATHOLIC PRESCHOOL				
<input type="checkbox"/> 3 y/o preschool students must have had their 3 rd birthday prior to being able to attend class and must be 3 years of age by December 31, 2019				
<input type="checkbox"/> 4 y/o Preschool student must be 4 years of age by December 31, 2019				
MAILING ADDRESS		PERMANENT ADDRESS (If Different from Mailing Address)		
Street P.O. Box		Street P.O. Box		
Town/City	Postal Code	Town/City	Postal Code	
Subdivision Name		Subdivision Name		
Legal Land Location(Rural)		Legal Land Location(Rural)		
STUDENT LIVES WITH (Please check one)				
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____				
Mother/Step-Mother Name:		Day Phone # ()		
Address (if different from Student)		Evening Phone # ()		
Email:		Cell Phone # ()		
Father/Step-Father Name:		Day Phone # ()		
Address (if different from Student)		Evening Phone # ()		
Email:		Cell Phone # ()		
GUARDIANSHIP, CUSTODY OR ACCESS RIGHTS				
Guardians of the student must be identified to ensure each party's rights are respected. If an order exists affecting guardianship rights or custody or access rights, a copy of the order will be required to be placed in the student record. In rare instances a child may be designated as 'protected' if a court issues a restraining order under the <i>Child Welfare Act</i> , the <i>Divorce Act</i> , the <i>Young Offenders Act</i> or similar legislation.				
Please indicate if any such document(s) exists: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of legal document <input type="checkbox"/> Access and/or Custody <input type="checkbox"/> Parenting <input type="checkbox"/> Guardianship		Copy in Student Record: <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROFESSION OF FAITH (Optional)				
My child has been baptized in the Catholic Church <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include a copy of the baptismal certificate.				
My child's information can be shared with the local Parish? (Please check one) <input type="checkbox"/> Yes <input type="checkbox"/> No				
NOTICE TO PARENT OR GUARDIAN OF RELIGIOUS PERMEATION				
The <i>Alberta Human Rights Act</i> requires a school board to give notice to a parent or guardian when courses of study, educational programs, institutional materials, instruction or exercises include subject matter that deals primarily and explicitly with religion. All of the schools in this division are Catholic Separate Schools, the essential purpose of which is to fully permeate Catholic theology, philosophy, practices and beliefs, the principles of the Gospel and teachings of the Catholic Church, in all aspects of school life, including in the curriculum of every subject taught, both in and outside of formal religion classes, celebrations and exercises. Every course of study and educational program, all institutional materials, instruction and exercises will at all times include subject matter that deals primarily and explicitly with religion.				
EDUCATIONAL NEEDS SERVICES				
Has your child received services from (please check all applicable boxes) <input type="checkbox"/> Speech Pathologist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Child Psychologist		Does your child have any special education needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____		
CITIZENSHIP				
Legal Verification - a student cannot be registered without a copy of a legal document that provides proof of legal name, age and citizenship or immigration status.				
Is the student a Canadian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please include a copy of the student's birth certificate.		
If no, please check one of the following and supply supporting documents: <input type="checkbox"/> Permanent Resident/Landed Immigrant <input type="checkbox"/> Child of a Canadian Citizen <input type="checkbox"/> Child of Individual Lawfully Admitted to Canada for Permanent or Temporary Residence <input type="checkbox"/> Student Authorization-Visa Number and Expiry Date: _____				
MEDICAL INFORMATION				
Student Physician's Name:		Phone Number:	Student Alberta Health Care Number:	
MEDICAL/ALLERGIES				
Does the student have any medical, physical conditions or allergies of which the school should be made aware of? If so, please explain and provide supporting documentation. _____ _____ _____				

IMMUNIZATIONS			
Please indicate if your child is up to date on immunizations: <input type="checkbox"/> Yes <input type="checkbox"/> No			
MEDICAL LEGAL WAIVER			
<p>In the case of a medical emergency, first aid will be administered to the child named below by the preschool teacher to the best of his/her ability and if necessary, an ambulance will be provided at the parent/guardian's cost for the transportation of the child to the hospital. St. Anthony Catholic Preschool will not be held liable in the event of a medical emergency should the child not receive adequate attention once he/she has left the school grounds.</p> <p>Child's Name: _____</p> <p>Parent/Guardian Name: _____</p> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p>			
EMERGENCY CONTACT PERSON (If parents are unavailable) ALL THREE MUST BE FILLED IN COMPLETELY			
Name:		Home Phone #: ()	Relationship to child:
Physical Address:		Cell Phone #: ()	
Emergency 911 Sign Address (Rural Only):			
Name:		Home Phone #: ()	Relationship to child:
Physical Address:		Cell Phone #: ()	
Emergency 911 Sign Address (Rural Only):			
Name:		Home Phone #: ()	Relationship to child:
Physical Address:		Cell Phone #: ()	
Emergency 911 Sign Address(Rural Only):			
ENGLISH AS A SECOND LANGUAGE (ESL) ELIGIBILITY			
A student is eligible for ESL support when the primary language spoken at home is a language other than English. ESL students can be Canadian-born or foreign born. Does your child qualify for ESL support? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, is your child: <input type="checkbox"/> Canadian born or <input type="checkbox"/> Foreign born			
Student's primary home language is (specify):			
ABORIGINAL RIGHTS			
If you wish to declare that you are an Aboriginal person, please specify: <input type="checkbox"/> Status Indian/First Nations <input type="checkbox"/> Non Status Indian/First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit			
<p><i>Alberta Education is collecting this personal information pursuant to Section 33 (c) of the Freedom of Information and Protection of Privacy (FOIP) Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success.</i></p> <p><i>For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Alberta Education, 10155 - 102 Street, Edmonton, AB, T4J 4L5, (780) 427-8501.</i></p>			
Do you reside on Reserve or Crown Land? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please indicate the following:	
Band Number	Band Name	Family Number	Child Position Number
OTHER CHILDREN	Date of Birth (M-D-Y)	School	
Note: The provision of sibling information is optional and is collected for communication and planning purposes			
Out of Classroom			
The preschool classes on their assigned days could travel to the St. Anthony School Gym, Gym Mezzanine, Library, Music Room, Computer Labs, Seminar Room, Chapel, Student Lounge, School Hallways, Outdoor Playground and School Yard. The activities at these areas are to full fill all the elements of the Preschool Program and will be supervised by Preschool staff.			
Date		Signature	
Declaration by Parent or Legal Guardian			
I hereby affirm that I have read the registration form and understand how the information may be used; I affirm that the information provided on this registration form is complete and correct.			
Date		Signature	
<p>The information collected on this registration form is required to allow the Division, through its administrators, to make such decisions as are necessary in order to fulfill its obligation to provide students with an appropriate education program that meets their needs, to provide a safe and secure environment, to protect the student's rights and to determine eligibility for particular programs and the funding available both under the School Act and its regulations and through the Charter of Rights and Freedoms. The information will be made available to employees of St. Thomas Aquinas Catholic Schools, its authorized agents, and the Board of Trustees, within the scope of their roles and responsibilities, and to individuals working with the children or students in schools and to Alberta Education on a "need to know" basis. We realize that there may be occasion where you have concerns relating to the safety of your child with respect to any of the uses of this information. In this case, please contact the school where your child attends.</p>			

The personal information collected on this form is part of the Division registration process and is authorized under the provisions of the School Act and its regulations and also under Section 33(c) of the FOIP Act. All personal information collected during the registration process and during the course of the school year will be used to provide an educational program and ensure a safe and secure school environment. If you have any questions or concerns regarding the collection or intended use of this information please contact the FOIP Coordinator at STAR Catholic Schools office — 780-986-2500 or 1-800-583-0688.

Schools play an important role in the education and socialization of our children. In this process, personal information is often collected and used for authorized programs and activities that are a normal part of school life. Further information regarding the collection and use of personal information not specifically itemized under the School Act is available at your school main office.

It is important to understand that school events which are open to the public are not subject to the conditions of the FOIP Act. These events may include general assemblies, concerts, school plays, special activities, academic-focused activities and athletics. The general public, parents and media may be in attendance and are allowed to take photographs, create video and audio recordings, and conduct interviews, without first obtaining consent. (It is not expected that the general public or parents will conduct interviews.) The media are expected to work cooperatively with schools within the realm of mutually agreed upon guidelines and protocol.

Throughout the school year, there will be opportunities for television, radio, newspaper, community organizations, and Division representatives to be invited into the school to provide outside coverage of events and programs not included in the general public category described above. Also, throughout the year, there may be opportunities to display your son/daughter's work or other forms of school work at locations outside of the school. There may also be educational activities where your son/ daughter's school work may be hosted or displayed online via a website or social media tool. All of the activities described in this paragraph are not considered to be in the public domain category described in bold print above. **Your signature (parent/guardian) will authorize your selected option** with respect to your son/daughter (as named on this form) being involved with the following activities:

1. Interviewed by the media; approved community organizations; School Division.
2. Photographed by the media; approved community organizations; School Division.
3. Video or audio recorded by the media; approved community organizations; School Division.
4. Having student work and/or accomplishments displayed, recognized, or reproduced outside of school (i.e. signed art work, creative writing, Student of the Day, or academic presentations such as science fair projects).
5. Having student work posted in various social media tools for educational purposes.
6. Having your son's/daughter's name, photograph and/or school work posted on STAR Catholic websites or social media.
7. Having your son's/daughter's name and information shared with the school council.
8. Having your son's/daughter's name and information shared with the local parish.

Note: Information relating to these student work/recognition activities noted in points 4, 5 and 6 are often communicated to the home in advance.

Please select either Option 1 or 2 below

Option 1: I have read the information above and understand and accept that there are a variety of uses that may be made of personal information in the context of a school setting, including the items listed under points 1 through 6 above. I give my consent to having my son/daughter involved with all of the activities listed under points 1 through 8 above.

☐ Yes

Option 2: I have read the information above and understand and accept that there are a variety of uses that may be made of personal information in the context of a school setting. However, I will NOT provide my general consent to allowing my son/daughter to participate in the activities described in points 1 through 8 above. Specifically I do not consent to the following activities (Please indicate the applicable activities objected to):

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

Unless the school is notified of a change, the signed document will be in effect for the entire time that your son/daughter is registered in the Division. If you have any questions or concerns regarding the collection or use of information, please contact the FOIP Coordinator at STAR Catholic Schools office — 780-986-2500 or 1-800-583-0688.

COMMERCIAL ELECTRONIC MESSAGES

The school wishes to keep you up to date with communications that may include information about offers, advertisements or promotions from our Division or schools. These can include things like: Yearbooks, Field Trip Opportunities, Student Photos, Tickets or other related opportunities.

☐ Yes, I give my consent to receive these messages

☐ No, I do not give my consent to receive these messages



St. Anthony School Little Angels Preschool

ADDITIONAL INFORMATION:

1. Is there any behavior about you child that is concerning? Examples: Particular fears, reactions to these fears reaction to stress.

1. Do you have any concerns about your child's health? Child's typical reaction to illness (will she/he tell staff)?

2. Do you have concerns about your child's sight, hearing, speech, sensory, gross or fine motor skills?

3. Favorite activities (e.g. sand/water play, building blocks, puzzles, etc.)

4. Would you assist in the preschool as a resource (craft materials, typing, etc.)

5. How did you hear about St. Anthony Little Angels Preschool?

6. Any other information you feel may be important for preschool staff to know about your child?
