



St. Anthony School

Little Angels Preschool 2021-2022 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 2021-2022
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

☐ 3 y/o preschool students must have had their 3rd birthday prior to being able to attend class and must be 3 years of age by December 31, 2021

☐ 4 y/o Preschool student must be 4 years of age by December 31, 2021

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)

☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Legal Guardian ☐ Other _____

Mother/Step-Mother Name:

Address (if different from Student)

Email:

Day Phone # ()

Evening Phone # ()

Cell Phone # ()

Father/Step-Father Name:

Address (if different from Student)

Email:

Day Phone # ()

Evening Phone # ()

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 *Child Welfare Act*, the *Divorce Act*, the *Young Offenders Act* or similar legislation.

Please indicate if any such document(s) exists: ☐ Yes ☐ No

Type of legal document ☐ Access and/or Custody ☐ Parenting ☐ Guardianship ☐ Copy in Student Record: ☐ Yes ☐ No

PROFESSION OF FAITH (Optional)

My child has been baptized in the Catholic Church ☐ Yes ☐ 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) ☐ Yes ☐ No

NOTICE TO PARENT OR GUARDIAN OF RELIGIOUS PERMEATION

The *Alberta Human Rights Act* 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)

☐ Speech Pathologist

☐ Occupational Therapist

☐ Physical Therapist

☐ Child Psychologist

Does your child have any special education needs? ☐ Yes ☐ 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? ☐ Yes ☐ 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: ☐ Permanent Resident/Landed Immigrant

☐ Child of a Canadian Citizen ☐ Child of Individual Lawfully Admitted to Canada for Permanent or Temporary Residence

☐ 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: ☐ Yes ☐ No

MEDICAL LEGAL WAIVER

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.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

EMERGENCY CONTACT PERSON (If parents are unavailable & must reside within 30 minutes of the school) ALL THREE MUST BE FILLED IN COMPLETELY

Name:	Home Phone #: ()	Relationship to child:
Physical Address:		
Emergency 911 Sign Address (Rural Only):	Cell Phone #: ()	
Name:	Home Phone #: ()	Relationship to child:
Physical Address:		
Emergency 911 Sign Address (Rural Only):	Cell Phone #: ()	
Name:	Home Phone #: ()	Relationship to child:
Physical Address:		
Emergency 911 Sign Address(Rural Only):	Cell Phone #: ()	

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 ☐ No ☐

If yes, is your child: ☐ Canadian born or ☐ Foreign born

Student's primary home language is (specify):

ABORIGINAL RIGHTS

If you wish to declare that you are an Aboriginal person, please specify: ☐ Status Indian/First Nations ☐ Non Status Indian/First Nations ☐ Métis ☐ Inuit

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.

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.

Do you reside on Reserve or Crown Land? ☐ Yes ☐ No If yes, please indicate the following:

Band Number	Band Name	Family Number	Child Position Number
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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

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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 _____

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.

COLLECTION AND USE OF PERSONAL INFORMATION

In accordance with the Freedom of Information and Protection of Privacy (FOIP) Act, STAR Catholic Schools is authorized and required under the provisions of the Education Act and its regulations to collect, use, and disclose personal information when that information relates directly to and is necessary for providing educational programming and ensuring student and staff safety. **Please note that consent is not required for these purposes.**

When STAR Catholic Schools uses and/or discloses personal information for reasons not directly related to delivering educational programming or ensuring student and staff safety, written consent is required. For more information on how STAR Catholic Schools handles your or your child's personal information, please contact the Division FOIP Coordinator at 780-986-2500 or 1-800-583-0688.

CONSENT FOR USE OF STUDENT INFORMATION

STAR Catholic Schools is requesting your permission for the following uses of your child's personal information. Please note that consent is not a requirement. You may choose whether or not to grant your consent. Once given, consent can be given or revoked prior to any such use or disclosure by notifying the school principal in writing.

Please respond **Yes** or **No** to each (response to each section required).

I hereby give STAR Catholic Schools permission to use, post, publish or copyright the written work, creative work and/or personal information (e.g. first name, last name, grade, photograph, audio-visual recordings) of my child to any public websites, social media accounts, or publications **owned or operated by the Division** for the purposes of highlighting individual achievements and promoting Division activities.

☐ Yes ☐ No

I hereby give STAR Catholic Schools permission to permit the media and other outside organizations to photograph, make audio-visual recordings and/or interview my child while under the supervision of STAR Catholic Schools. I acknowledge that STAR Catholic Schools cannot control the further distribution of these photographs, recordings or interviews once they have occurred.

☐ Yes ☐ No

If you wish to grant consent with an exception (e.g. no publishing of surnames) please list the exception in the space below:

It is important to understand school events that 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.

Unless the school is notified of a change, the signed document will be in effect for the entire time that your child 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 Division 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?
