



Program: _____

Date of Registration: _____
Month / Day / Year

For Office Use Only

Student Information:

Little Steps Class Preference (3 Year Old Class)

- Monday Mornings 9:00 am to 11:30 am
- Wednesday Mornings 9:00 am to 11:30 am
Must be 3 before February 28, 2020

Big Steps Class Preference (4 Year old Class)

- Tuesday/Thursday Mornings 9:00 am to 11:30 am
- Tuesday/Thursday Afternoons 12:30 pm to 3:00 pm
- Monday/Wednesday Afternoons 12:30 pm to 3:00 pm
Must be 4 before February 28, 2020

Legal Verification: We require a copy of a legal document that provides proof of legal name, age and citizenship or immigration status. Any of the following documents are acceptable to copy: Canadian birth certificate, adoption papers, permanent resident card, student study permit, parent work permit or parent study permit.

Write the student's legal surname (last name) and given names below. These are the names on the student's birth certificate, adoption papers or other legal documents listed above. If the student uses a different first or last name, there is space at the end of this section (preferred names).

Student's Legal Last Name: _____	Students Legal First Name: _____	Student's Legal Middle Name: _____
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> X-Unspecified <input type="checkbox"/>	Birth Date: _____ Month/Day/Year	Student's Birth Country: _____
		Birth Certificate Enclosed: <input type="checkbox"/>
Home Address: _____		Mailing Address: _____
City: _____		Province: _____ Postal Code: _____
Legal Land Description (Rural students): _____ ¼ Sec. Twp. Rge. W M		Home Phone: _____
Also known as (A.K.A) last name: _____		Also known as (A.K.A) first name: _____

English as a Second Language (ESL) Eligibility

ESL Students can be Canadian-born or Foreign-born.

My child is: Canadian Born or Foreign Born Birth Country: _____

Student's first language learned (specify): _____

Student's primary home language (specify): _____

Citizenship or Immigrant Status:

A copy of the following was provided to the school:

- Canadian Citizen
- Permanent Resident
- Student Authorization – Study Permit (Parent/Guardian Residing in another country)
- Child of a Canadian Citizen
- Child of an individual who is lawfully admitted to Canada for permanent or temporary residence
(does not include tourists or visitors)

- Canadian Adoption Certificate
- Canadian Birth Certificate
- Canadian Citizen Papers
- Permanent Resident Card/Landing Form
- Work Study Permit
- Refugee Protection Claimant Form

Client ID# _____

Visa # _____

Expiry Date: _____

Date of Arrival in Canada: _____

Medical Information (Optional)

You do not have to provide information about medical concerns, but the information could be crucial to the well-being of the student. Are there any serious medical conditions you would like the school to be aware of that affect the student? Please indicate below:

Is immunization up to date Yes No
 Diabetes Epilepsy Allergies Hemophilia Heart Condition Asthma Other

Medical Notes: _____

Parent or Guardian Information

The *School Act* defines a parent as a legal guardian of the child. Legal Guardianship is legally defined in section 20 of the *Family Law Act*, Part 5 of the *Child Welfare Act*, Part 1 Division 5 of the Child, Youth and Family Enhancement Act or Section 23 of the Family Law Act. Legal Guardianship may also be established by a temporary or permanent guardianship order under the Child Welfare Act, or by way of a court order or agreement in accordance with the Family Law Act. Please identify the legal guardians of the child being enrolled. If there are questions as to whether an individual is a parent or guardian pursuant to the legal definitions, please contact the school principal for assistance.

Parent 1 Information <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Child resides with this person <input type="checkbox"/> Parent is responsible for student
Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (Please Specify): _____
Last Name: _____ First Name: _____
Contact information of this Parent or Guardian (if different from student's):
Address: _____
City: _____ Province: _____ Postal Code: _____
Home Phone: _____ Day Phone: _____
Other Phone: _____ Email: _____

Parent 2 Information <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Child resides with this person <input type="checkbox"/> Parent is responsible for student
Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (Please Specify): _____
Last Name: _____ First Name: _____
Contact information of this Parent or Guardian (if different from student's):
Address: _____
City: _____ Province: _____ Postal Code: _____
Home Phone: _____ Day Phone: _____
Other Phone: _____ Email: _____

Emergency Contacts

An "emergency contact person" is someone other than the student's parent(s) or guardian(s).

Name of Emergency Contact #1: _____	Relationship: _____
Day Telephone: _____	Address: _____
Name of Emergency Contact #2: _____	Relationship: _____
Day Telephone: _____	Address: _____
**Please note if Babysitter or Daycare is different than Emergency Contact # please provide it below:	
Name: _____	Telephone: _____

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 *Family Law Act*, the *Young Offenders Act* or similar legislation.

Please indicate if any such document(s) exists No Yes → A copy is in the student's file and is the following type of legal documentation:
 Access and/or Custody Parenting Guardianship Protection

Sibling Information (optional)

Note: The provision of sibling information is optional and is collected for communication and planning purposes.

Do you have other children attending or will be attending this school District? Yes (please list) No

Name	Age	Name:	Age:
_____	_____	_____	_____

Program

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

Consent to Communicate Through Electronic Means

Under *Canadian Anti-Spam Legislation*, we need to establish consent to use your email address provided below for the purposes of communicating with you. We use email addresses to contact you regarding your child's attendance and progress. We will also send your email address an invitation to subscribe to school announcements. For more information about the Canadian Anti-Spam Legislation please visit www.fightspam.gc.ca.

Do you provide consent for us to contact you for the purposes listed above?

Parent/Guardian 1 Yes No Parent/Guardian 2 Yes No

Email Address (please print)

Email Address (please print)

I hereby certify the above information to be true, correct, and complete. I have also identified all guardians for this student.

Signature: _____

Date: _____

(This registration document must be dated and signed by the parent, guardian or independent student)

Collection and Use of Personal Information Disclaimer

The information collected on this form is required to allow ECACS to fulfill its obligations under the *School Act*, the Regulations, and through the *Charter of Rights and Freedoms*. These obligations are to provide a safe and secure environment, protect the student's rights and determine eligibility for particular programs and funding. The information will be made available to employees of East Central Alberta Catholic Separate Schools Regional Div #16, its authorized agents, and the Board of Trustees, within the scope of their roles and responsibilities, and to individuals working with the students in schools and to Alberta Education on a need to know basis. Please read the information contained on the NOTICE OF ACTIVITIES in the FOIP Parent/Guardian Form, which describes particular uses for which personal information may be accessed. The information will be used for authorized programs and activities that are a part of normal school life.

If you have any questions or concerns regarding the collection or intended uses of this information please contact the school principal.