



# Kindergarten Registration

2017-2018 School Year

School: Blessed Sacrament School

Date of Registration: \_\_\_\_\_  
Month / Day / Year

ASN: \_\_\_\_\_

Home Room: \_\_\_\_\_

**For Office Use Only**

**Notice to Parent or Guardian of Religious Permeation:**

The *Alberta Human Rights Act* requires East Central AB Catholic Schools 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.

The essential purpose of our schools 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 education program, all institutional materials, instruction and exercises will at all times include subject matter that deals primarily and explicitly with religion.

**Student Information:**

ECS <input type="checkbox"/> Monday/Wednesday <input type="checkbox"/> Tuesday/Thursday (Each program also runs every other Friday)	AB ED Student ID: _____ Home Room: _____
---	---

**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"/>	Grade: _____	Birth Date: _____ Month/Day/Year
		Student's Birth Country: _____
<b>Birth Certificate Enclosed:</b> <input type="checkbox"/>		
Home Address: _____		Mailing Address: _____
City: _____	Province: _____	Postal Code: _____
Legal Land Description (Rural students): _____ ¼ Sec. Twp. Rge. W M		
Home Phone: _____	Unlisted: _____	Student's Cell Phone: _____
Student Email (optional): _____		
Also known as (A.K.A) last name: _____		Also known as (A.K.A) first name: _____
Religion: _____		Parish: _____

**Information for Sacramental Preparation:** Is your child a baptized Catholic?  Yes  No

Has your child been confirmed?  Yes  No      Has your child received First Communion?  Yes  No

To assist our Catholic parish with sacramental preparation, do you consent to the district sharing your child's sacramental preparation information with the school's local Catholic Parish?  Yes  No

**If Religion is other than Catholic faith, please sign the following acknowledgment:**

I hereby acknowledge and accept the values and philosophy of a Catholic school and that my child will participate in the prayer life, church and church related activities, religious courses, instruction and exercises in which Catholic ethical and moral standards are taught. Additionally, I am aware that my child is being admitted to this school as a non-resident student, and because of this, the District accepts the responsibility of my child's education until such time as my child finishes his or her program in this school, voluntarily withdraws, or is expelled from the district.

**Parent/Guardian Signature:** \_\_\_\_\_

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

### School History

Please indicate if the student has ever been registered in Alberta Schools:

Yes – Name of the last school attended: \_\_\_\_\_

No – Name, address, city and country of the last school attended: \_\_\_\_\_

### 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:

- 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.

With respect to each parent/guardian, please indicate whether the parent/guardian is Catholic. Residency of a student in the District is, in certain circumstances, based upon the faith of the parent/guardian.

<b>Parent 1 Information</b>	<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: _____			
Religious Declaration:	<input type="checkbox"/> Catholic	<input type="checkbox"/> Other		

**Parent 2 Information**     Parent     Guardian     Child resides with this person     Parent is responsible for student

Relationship to Student:     Father     Mother     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: \_\_\_\_\_

Religious Declaration:     Catholic     Other

**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

**Independent Student Status**

The *School Act* defines an independent student as someone who is: **(i)** 18 years of age or older, or **(ii)** 16 years of age or older, **and (a)** who is living independently, or, **(b)** who is a party to an agreement under 57.2 of the *Child, Youth and Family Enhancement Act*.

Are you claiming status as an "Independent Student" under the definition of the School Act?     Yes     No

**Francophone Education Eligibility Declaration**

Pursuant to Section 23 of the *Canadian Charter of Rights and Freedoms*:

Citizens of Canada

- Whose first language learned and still understood is French; or
- Who have received their primary school instruction in Canada in French have the right to have their children receive primary and secondary instruction in French; or

- Of whom any child has received or is receiving primary or secondary school instruction in French in Canada, have the right to have all their children receive primary and secondary school instruction in the same language.

In Alberta, parents can only exercise this right by enrolling their child in a French first language (Francophone) program offered by a Francophone Regional authority.

A. According to the criteria above, are you eligible to have your child receive a French first language (Francophone) education? Please place an X in the appropriate box.)

Yes       No       Do not Know

B. If yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education?

Yes       No

If you claim an entitlement to a Francophone education under these terms East Central AB Catholic Schools may be required to release personal information provided on this form to the local Francophone Education Board upon written request of that jurisdiction.

**Aboriginal Self-identification:**

First Nation (status)       First Nation (non—status)       Métis       Inuit

For further information, please refer to <https://education.alberta.ca/system-supports/results-report> or contact Alberta Education at 780-427-8501.

If you have questions regarding the collection of student information by the school board, please contact the School Board Superintendent at 780-842-3992.

**Student Responsible Use Agreement**

As a condition of the East Central Alberta Catholic Schools Network resources, I understand that access to district information resources including access to the internet is a privilege and agree to abide by the policies and regulations identified in the [Information Technology Acceptable Use Agreement](#).\*

I have read and understood the policies and regulations identified in the Information Technology Acceptable Use Agreement.

**Freedom of Information and Protection of Privacy Act**

I have read and understood the [Freedom of Information and Protection of Privacy \(FOIP\) Act – Parent/Guardian Consent Form \(107-1\)](#)\*

I hereby consent to the use and disclosure of the personal information as listed in the [Freedom of Information and Protection of Privacy \(FOIP\) Act – Parent/Guardian Consent Form \(107-1\)](#).\*

\*All documents referenced above were made available at the time of registration and are available on our public website [www.ecacs16.ab.ca](http://www.ecacs16.ab.ca).

**Media Participant Consent**

Please check all that you agree to:

I hereby give East Central AB Catholic Schools permission to photograph, video tape, audio tape and/or interview my child while he/she is under the supervision of East Central AB Catholic Separate Schools.

I hereby give East Central AB Catholic Separate Schools permission to use, publish, display and copyright any work, written material or creative work created or authored by my child through school activities. I understand that the artwork, written materials or creative work may be used by East Central AB Catholic schools in district or school displays, publications, websites, other electronic media and advertising or promotional materials. I understand that East Central AB Catholic Separate Schools may make minor edits as deemed appropriate.

I hereby give East Central AB Catholic Schools permission to permit outside organizations to photograph, video tape, audio tape and/or interview my child while he/she is under the supervision of East Central AB Catholic Schools. I understand that this means that a photograph(s), video(s), audio tape(s), interview(s), or likeness of my child may be collected, used, reproduced and broadcast by the outside organization.

**Consent to Release of Information to School Council**

The school has a School Council which represents the parents and engages in activities of the school. The school will normally make the parent/guardian name, phone number and mailing address as well as the students name grade level available to the School Council for contract purposes. I give permission for the release of the above information to the School Council.

Date: \_\_\_\_\_

Yes       No

\_\_\_\_\_  
*Signature of Parent/Guardian/Independent Student*

\_\_\_\_\_  
*Parent/Legal Guardian*

## 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](http://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.