



## 2017-2018 KINDERGARTEN REGISTRATION FORM

**Address:** 333 Edgepark Blvd. NW, Calgary, AB T3A 4K4

**Phone:** (403) 547-2193

**Website:** [school.foothillsalliance.com](http://school.foothillsalliance.com)

**Email:** [sherrie@foothillsalliance.com](mailto:sherrie@foothillsalliance.com)

**NAME OF CHILD:** \_\_\_\_\_  Male  Female  
*First Middle Last*

**NAME THEY GO BY:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_  
*Month Day Year*

**ADDRESS:** \_\_\_\_\_

**POSTAL CODE:** \_\_\_\_\_

**PARENT'S EMAIL:** \_\_\_\_\_

---

### **CLASS PREFERENCE** (*475 hours of instruction*):

- Morning Classes (9:00 - 11:45am) - Ms. Nancy Dropko

### **SCHOOL FEE:** (*Please make cheques payable to Foothills Alliance Kindergarten*)

- \$100.00 Registration fee (*non-refundable*)

### **REGISTRATION CHECKLIST FOR PARENTS:**

Please ensure that the registration form is fully completed. Please attach to your **fully completed** application, the following documents:

- a government issued piece of identification for your child (i.e. birth certificate, passport)
- the registration fee

---

### **OFFICE USE ONLY:**

CHECK FOR COMPLETION (all blanks and lines should be filled in):

- Alberta Health Care Number
- Liability Statement signed
- Government ID attached
- Registration fee attached
- Police Information Check

RECEIPT OF APPLICATION FORM - Time: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**FAMILY CONTACT INFORMATION:**

<i>Circle One:</i> <b>Father</b> <b>Mother</b> <b>Guardian</b>	Legal First Name:	Last Name:	Email:
	Name You Go By:		
	Home: ( )	Home Address:	Cell: ( )
	Occupation <i>(for field trip ideas):</i>	Employer:	Work: ( )
<i>Circle One:</i> <b>Father</b> <b>Mother</b> <b>Guardian</b>	Legal First Name:	Last Name:	Email:
	Name You Go By:		
	Home: ( )	Home Address:	Cell: ( )
	Occupation <i>(for field trip ideas):</i>	Employer:	Work: ( )

**EMERGENCY CONTACT INFORMATION *(other than parents):***

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**AUTHORIZED PERSON(S) INFORMATION *(other than parents):***

*To whom your child may be released if parent(s) cannot be contacted*

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

**MEDICAL INFORMATION:**

**Alberta Health Care Number:	
-------------------------------	--

**FAMILY DOCTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

Does this child have any medical or emotional condition requiring or receiving treatment or supervision?  No  Yes *[If yes, please request additional medical information forms from school office.]*

**RELEASE OF LIABILITY:** *I hereby consent to the Foothills Alliance Preschool to have care and custody of my child during the times registered, and hereby recognize and acknowledge that Foothills Alliance Preschool will not be responsible for personal injury or loss. In the event that my child requires medical attention and I cannot be located, I hereby consent to Foothills Alliance Preschool contacting the above doctor or administering first aid and calling an ambulance if deemed necessary.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALUMNI STATUS** (families who are currently enrolled or have been previously enrolled in the school):

Do you qualify for alumni status?  Yes  No

(If yes, please list previously enrolled children below )

CHILD(REN)'S NAME(S):	SCHOOL YEAR OF ENROLLMENT:

**VACCINATION INFORMATION:** *\*\*Please check one\*\**

We have chosen not to disclose

We have chosen not to immunize

Name of Immunization Clinic: \_\_\_\_\_

*Please fill in dates of the following immunizations (or photocopy and attach records):*

Pertussis (Whooping Cough)	Diphtheria	Tetanus	Polio	Measles, Mumps, Rubella	Haemophilus Influenza – Type B	Chicken Pox	Meningitis

**CHILDHOOD ILLNESSES** (ie. measles, chicken pox, mumps, convulsions, whooping cough, head injury, accidental poisoning, bronchitis, ear infection, fractures, etc.)

*Please list specific conditions below:*

*Please list date for each condition:*


<b>**ALLERGIES</b> (please provide all specifics):	<input type="checkbox"/> No <input type="checkbox"/> Yes (Please List)
<b>PRESCRIBED MEDICATION</b> (ongoing):	<input type="checkbox"/> No <input type="checkbox"/> Yes (Please List)

**FAMILY BACKGROUND:**

Has your child attended preschool before?  Yes  No

If so, where? \_\_\_\_\_

What language(s) is/are spoken in your home? \_\_\_\_\_

Does your child understand and speak English? \_\_\_\_\_

Are parents living together?  Yes  No

If no, who has custody of child during Kindergarten hours?

\_\_\_\_\_  
(Please include both parents' home phone numbers if they are different)

Please list any additional information you feel would be helpful for the teacher in meeting your child's needs:

\_\_\_\_\_  
\_\_\_\_\_

## POLICE CLEARANCE

In order to ensure and maintain a safe and secure learning environment for our students, the Foothills Alliance Kindergarten requires all volunteers to complete a Criminal Record Check. All adult volunteers will require a valid security clearance **before** they can be utilized in the classroom. There will be no exceptions.

- Yes, I have a valid Police Clearance including **VULNERABLE SECTOR** (within the last five years) with the Foothills Alliance Preschool and Kindergarten, another organization or my employer.
- No, I need to complete an Application.

## FIELD TRIPS

Foothills Alliance Kindergarten will be periodically taking field trips in the City of Calgary and the vicinity thereof, when, in the opinion of the Kindergarten Executive, such tours have definite educational value and are an integral part of the school program. It is agreed that these educational field trips may take place anytime during the Foothills Alliance Kindergarten term. Before each field trip, a special notice will be provided with information naming the area to be visited and the time. This notice will require a parent or guardian's signature in order to grant permission for the student to participate.

## CONSENT TO PUBLISH STUDENT IMAGE

In order to comply with Alberta's Freedom of Information and Protection of Privacy Act and the Copyright Act, Foothills Alliance Preschool and Kindergarten is requesting the consent from parents to post and/or publish student's likeness and name on various public forums.

Child's Name \_\_\_\_\_

School Name: Foothills Alliance Preschool & Kindergarten

I, \_\_\_\_\_ (parent or guardian), residing at \_\_\_\_\_ (address)

consent to the use of my child's photograph, video, quote, statement and/or name by Foothills Alliance Preschool & Kindergarten for the purpose of highlighting the school, student and staff work and activities in a variety of public forums for non-profit purposes. Examples of communication vehicles where your child's likeness and name may be used include, but is not limited to: Memory Books, Class DVD, and Classroom Displays.

Please note: Once photographs, student names and other identifying information or student work are released in any public forum, Foothills Alliance Preschool & Kindergarten cannot control or prevent the further distribution or use of the material by those who access the information.

Print \_\_\_\_\_ Sign \_\_\_\_\_  
Name of Parent or Guardian

Signed at Calgary, Alberta, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**RELEASE OF LIABILITY COVERING EDUCATIONAL TOURS & ALL SCHOOL ACTIVITES:**

*I, the undersigned, being a parent or guardian of \_\_\_\_\_ (insert child's name), who is a pupil attending the Foothills Alliance Kindergarten, hereby approve of and grant permission of Foothills Alliance Kindergarten, its teachers, officials and volunteers, to take the said child on field trips and participate in all school activities. In case of accident to the said child during such outings or activities, we hereby covenant and agree that no action will be taken against the Foothills Alliance Kindergarten or any of its teachers, officials or volunteers.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**Which School Board do your taxes support? Please check one.**

*(information required by the Alberta Department of Education):*

- Public - Rockyview 1190
- Public - 3030 Calgary District #19
- Separate Board - 4010 RCSSD #1

---

**Is your child a Canadian Citizen?**  Yes  No

**\*Please attach a piece of government issued identification supporting the citizenship of your child. (ie. Birth certificate, passport)**

---

## OPTIONAL INFORMATION TO SHARE WITH THE TEACHER:

What are your child's favourite activities?
What are your child's fears?
Child's strengths:  Child's weaknesses:
Is your child left-handed or right-handed?      ⇨ Right-handed      ⇨ Left-handed
Does your family attend church?      ⇨ Yes      ⇨ No If so, where? Does your child attend Sunday School?      ⇨ Yes      ⇨ No If so, where?
How did you hear about our Kindergarten program? ⇨ Friend / relative <i>Please specify:</i> _____ ⇨ Website / Advertisement <i>Please specify:</i> _____ ⇨ Other <i>Please specify:</i> _____
Is there an important growth area for your child in this upcoming school year?
Additional information you would like to share: