



Phone #: (780)849-5244

Fax#: (780)849-1919

stmaryofthelake.ca

PRESCHOOL REGISTRATION

The information requested on this form is being collected pursuant to the Student Record Regulation, A.R 213/89 (School Act, s. 23) and the FOIP Act. Sections 33 © and 34. Information acquired through this form is kept secure and access is restricted.

CLASS PREFERENCE (please circle one)

Mon/Wed <i>Mornings</i>	Mon/Wed <i>Afternoons</i>
Tues/Thurs <i>Mornings</i>	Tues/Thurs <i>Afternoons</i>

STUDENT GENERAL INFORMATION

Student's Legal Name	Gender	
Student's Preferred Name <i>(If different from legal)</i>	Birthdate <i>(Must be 4 as of December 31)</i>	
Mailing Address	Home #	
Street Address <i>(If different from mailing)</i>	Citizenship <i>(Please circle below)</i>	
	Canadian	Other <i>(please specify)</i>
Siblings attending this school <i>(name and grade)</i>	What is your goal for your child in Preschool?	
Are you planning to enroll your child at St. Mary of the Lake School for Kindergarten?	Are you available to volunteer?	

STUDENT MEDICAL INFORMATION *(This information is voluntary)*

Health Care #	Doctor's Name & Number
Please explain any medical problems the teacher should be aware of <i>(Physical disabilities, Allergies, Serious Illness, etc...)</i>	
Has your child been immunized? ____ Yes ____ No (If yes please provide a copy of the immunization records)	

CUSTODY

In rare instances a child may be designated as “PROTECTED” if a court has issued a restraining order under the Child Welfare Act, the Domestic Relations Act, the Divorce Act, or the Young Offenders Act. *If your child is protected under any of the above Court Orders please make arrangements to discuss this situation with the school administration. Legal documentation will be required.*

Please indicate if the school administration should be aware of any such Court Order for the protection of your child. Yes___ No___

PARENT / GUARDIAN INFORMATION **Anyone other than a parent registering a child must have a legal court order and must provide this documentation to administration at the time of registration.*

Mother/*Legal Guardian/Guardian Name (<i>circle one</i>)	Home#	Cell#	Email
Mailing Address(<i>If different from child's</i>)	Street Address (<i>If different from mailing</i>)		
Place of Work:	Work #		

Father/*Legal Guardian/Guardian Name (<i>circle one</i>)	Home#	Cell#	Email
Mailing Address(<i>If different from child's</i>)	Street Address (<i>If different from mailing</i>)		
Place of Work:	Work #		

If the student does not live with a legal guardian please identify the name of the individual with whom the student lives.

Name		Relationship to Student	
Cell #	Email	Place of Work	Work #

EMERGENCY CONTACT INFORMATION (Someone other than a parent)

Emergency Contact #1	Home Address(<i>Box # not acceptable</i>)	Home #	Cell #
Emergency Contact #2	Home Address(<i>Box # not acceptable</i>)	Home #	Cell #

FAITH

<p>All of the schools in this district are Catholic Separate Schools, the essential purpose of which is to fully permeate Catholic theology, philosophy, practices and beliefs, the principals of the Gospel and teachings of the Catholic Church, in all aspects of school life, including 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.</p>
<p>Has your child been Baptized Catholic? Yes___ No___ <i>(if yes, please provide a copy of Certificate of Baptism)</i></p>
<p>Are you practicing the Catholic Faith? Yes___ No___</p>

SPECIAL EDUCATION INFORMATION

<p>Please explain any specialized learning needs your child may have (<i>Include Learning Disabilities, Giftedness, Emotional/Behavioral Needs, Physical/Medical Needs, Reading Mathematics Difficulties, etc.</i>)</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

ENGLISH AS A SECOND LANGUAGE INFORMATION

<p>Which language is primarily spoken and understood at home?</p> <p>English___ Other (please specify)_____</p>	<p><i>If English is not the primary language, will your child require extra help with the English language?</i></p> <p>Yes___ No___</p>
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In an emergency, I hereby give the school permission to provide emergency medical treatment as they see appropriate. I realize that I may incur costs associated with this treatment such as ambulance costs.

I hereby declare I have read and understood the information contained on this form and the information I have provided is correct.

Parent/Legal Guardian Name(*Please print*): _____

Parent/Legal Guardian Signature: _____

Date: _____

If you have any questions regarding this request for individual student information and about our use or disclosure of student information, please contact:

Living Waters Catholic Regional Division No. 42 FOIP Coordinator – Mrs. Jo-Anne Lanctot

Box 1949

Whitecourt, AB T7S 1P6

Phone: (780) 778-5666 Fax: (780)-778-2727

Email: jo-anne.lanctot@livingwaters.ab.ca

**Revised March 27,
2017**

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY PROVISIONS-SCHOOL ACTIVITIES CONSENT FORM

This personal information is collected pursuant to the provisions of the School Act and its regulations, and pursuant to Section 32 © of the FOIP Act as the collection is related directly to and is necessary to a school board's obligation to provide students with an education program that meets their needs and to provide a safe and secure school environment. The FOIP Act requires that parents/guardians be advised of the collection and use of personal information that is not authorized under the School Act. Living Waters Catholic Regional Division No. 42 believes that the activities listed below are part of the normal operation of a school. The following items describe activities where student information may be used. Please read this list of activities carefully and complete the consent by signing in SECTION A or SECTION B.

1. Individual photos that are taken;
2. Photos and/or videos of classroom, school, and team activities that are taken and used in the school calendar, school yearbook or for other purposes within the school, as well as video monitoring used in schools and buses;
3. Student name, photograph, and write-up that are included in school yearbook (if one is produced);
4. Student name and description of activities that are used in the school newsletter and other school communications;
5. Student names that are included in an honor roll listing, birthday recognition listing (including announcement on PA system), student achievement awards, and graduation roll, within the school;
6. Media photographs or videos of classroom, school, and team activities, where individual students cannot be identified, may be taken and used by the media. (Before an individual student is identified by the media, a media consent form will be completed by the parent/guardian).
7. Photographs or videos taken by the media, the division, or any other organization where individual students are identified or instances where students are interviewed. NOTE: Photos and/or videos of school activities that are open to the general public may be taken and used for purposes within and outside of the school. The school may not restrict such activity at public events.
8. Student names that are used on artwork, written material, or other items to be displayed in the school;
9. The use of student names, related contact information and phone numbers for classroom reps;
10. The use of student names and academic information necessary for determining eligibility or suitability for provincial, federal or other types of awards, grants, or scholarships, in the event the board applies on a student's behalf;
11. Student art and/or literary works displayed on the school or division website. NOTE: The full name, address, phone number, or email of the student will never be provided on a school or division website. Students will only be identified by their initials and class.
12. Individual student photographs displayed on the school or division website. NOTE: The full name, address, phone number, or email of the student will never be provided on a school or division website. Students will only be identified by their initials and class.
13. Copyright for artwork or creative writing which will be reproduced for use outside of the school;
14. The circulation of information on a "need to know" basis regarding students who have severe or life threatening medical conditions, and those requiring immunization, communicable disease control, and speech services. (You may be contacted by Alberta Health Services for these);
15. And, other similar activities within the school community.

SECTION A-I have read and understand the uses that will be made of ALL of the personal information as listed and described in the School Activities Consent List and hereby consent to the collection and use of this information as they relate to my child

Signature of Parent/Guardian: _____ Date: _____

---OR---

SECTION B-I have read and understand the uses that will be made of the personal information as listed and described in the School Activities Consent List and I hereby consent to the collection and use of this information EXCEPT for the following activities:

Number: _____ Specify concern: _____

Number: _____ Specify concern: _____

Number: _____ Specify concern: _____

Number: _____ Specify concern: _____

Signature of Parent/Guardian: _____ Date: _____