Conseil scolaire du NORD-OUEST

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REGISTRATION FORM - Garderie LES PETITS BOURDONS

VERIFICATION OF ADMISSIBILITY FOR FRANCOPHONE DAYCARE AT ÉCOLE HÉRITAGE (FALHER)

WHO CAN ATTEND FRANCOPHONE DAYCARE?

Children who are at least 3 years of age and potty trained.

ELIGIBILITY

The Conseil scolaire du Nord-Ouest offers a francophone daycare service. A child is eligible to enroll in the francophone daycare if one of his or her parents meets at least one of the following criteria.

Please check *Yes* or *No* for **each** statement.

1. One of the parent's first language learned and still understood is French; ❑ Yes ❑ No
2. One of the parent's primary education was in a French First Language school in Canada; ❑ Yes ❑ No
3. One of the parents has a child who has received or is receiving primary or secondary instruction in a French First Language school in Canada. ❑ Yes ❑ No

If none of the above criteria is met, please contact the daycare : petitsourdons@csno.ab.ca.

LANGUAGES SPOKEN

Language(s) spoken by the mother: ❑ French ❑ English ❑ Other(s), specify: _____
Language(s) spoken by the father: ❑ French ❑ English ❑ Other(s), specify: _____
Language(s) spoken by the child: ❑ French ❑ English ❑ Other(s), specify: _____
Language(s) spoken in the home: ❑ French ❑ English ❑ Other(s), specify: _____

STUDENT INFORMATION (Please print)

Child's Last Name: _____ Child's Other Family Name: _____

Child's First Name: _____ Child's Middle Name or Initial: _____

Date of Birth (day/month/year) _____/_____/_____ ❑ Copy of Birth Certificate (Required)

Gender: ❑ M ❑ F

Citizenship: ❑ Canadian ❑ Other _____ ❑ Visa or other documentation: _____ (Please attach a copy)

Student Address and Legal Description or residence:

_____

Street # or legal description | City or Town | Province | Postal Code

MEDICAL INFORMATION

Alberta Health Care Number: _____

Medical conditions (allergies, speech/language difficulty, other) Please provide details below:

Allergies	❑ **yes**	❑ **no**	**If yes, specify:**_____
Language difficulties	❑ **yes**	❑ **no**	**If yes, specify:**_____
Epilepsy	❑ **yes**	❑ **no**	
Other	❑ **yes**	❑ **no**	**If yes, specify:**_____

Please indicate if your child needs a:

ASTHMA / INHALER: ❑ **Yes** ❑ **No** **EPIPEN:** ❑ **Yes** ❑ **No** **MEDICATION:** ❑ **Yes** ❑ **No**

If yes, you must complete and sign the **Form DA 313 D.** **NB - The daycare will send it to you.**

Is the vaccination program up to date? ❑ Yes ❑ No

Please provide any other information regarding the health and safety of your child:

_____

❑ I have completed and joined the Request to Administer Medical Care In Case Of Emergency Form. See **Appendix A.** (**REQUIRED**)

PARENT(S)/GUARDIAN(S)

The student resides with: ❑ Mother and Father ❑ Mother ❑ Father ❑ Guardian ❑Other

MOTHER/LEGAL GUARDIAN

_____ **Telephone**: _____/_____/_____
FULL NAME home work cell

❑ **Same address as child**
or
Mailing Address of Mother/Legal Guardian: _____
Street # or PO Box City or Town Province Postal Code

Legal description of residence: _____ **Email***: _____
(*See Appendix C)

FATHER/LEGAL GUARDIAN

_____ **Telephone**: _____/_____/_____
FULL NAME home work cell

❑ **Same address as child**
or
Mailing Address of Father/Legal Guardian: _____
Street # or PO Box City or Town Province Postal Code

Legal description of residence: _____ **Email***: _____
(*See Appendix C)

OTHER EMERGENCY CONTACT(S) Please identify at least one emergency contact:

_____ **Telephone**: _____/_____/_____

Full Name of contact person home work cell

RELATIONSHIP TO STUDENT: _____

PHYSICAL ADDRESS, INCLUDING LEGAL DESCRIPTION OF RESIDENCE: _____

GUARDIANSHIP, CUSTODY, ACCESS

If an order exists affecting guardianship, custody or access under the *Child Welfare Ac*t, the *Domestic Relations Act*, the *Divorce Act* or the *Young Offenders Act,* please indicate whether the daycare coordinator should be informed.

❑ No ❑ Yes (If yes, please discuss the details with the daycare coordinator and provide a legal copy of the Order to the daycare.)

COST

The cost of the daycare service is $1,039 per month. *However*, **the service is available to parents for $326.25 per month** through the Canada-Alberta Early Learning and Child Care Agreement.

Please note:

- The parent must give 30 days written notice to withdraw their child from the program. A full month's fee will be charged from the date of notification.

☐ I have read and understand the above information regarding registration fees.

Personal information is collected under the authority of Sections 22, 23 and 24 of the Alberta Child Care Licensing Regulation and pursuant to Article 33c of the Freedom of Information and Protection of Privacy Act (FOIPP). For more information, please contact the CSNO Corporate Secretary at (780) 624-8855 or 1-866-624-8855.

DECLARATION & SIGNATURE

I hereby declare the above information to be true, correct, and complete.

_____ _____

Signature (parent/guardian) **Date**

Conseil scolaire du NORD-OUEST

APPENDIX A - REQUIRED

DA 313C – ANG

REQUEST TO ADMINISTER MEDICAL CARE IN CASE OF EMERGENCY

The personal information on this form is collected under the terms of section 33 c) of the Freedom of Information and Protection of Privacy Act (FOIPP). This information will be used only for the administration of medical care as described below. If you have any questions concerning the collection or use of this information, please contact the Treasurer of the Conseil scolaire du Nord Ouest at 780-624-8855.

INFORMATION

Child's Name: _____ Date of Birth: _____

Health Insurance Number: _____

Family Doctor: _____ Telephone: _____

PARENT/GUARDIAN CONTACT INFORMATION

Name of legal parent(s)/tutor(s) : _____

Legal address: _____

Telephone : Home _____

Cell (mother) _____ Work (mother) _____

Cell (father) _____ Work (father) _____

ALTERNATE CONTACT (IN CASE OF EMERGENCY)

Name: _____ Telephone : _____

Legal address: _____

PARENTAL REQUEST

I, _____ , authorize the personnel of ***Les petits bourdons daycare***

Name of parent/guardian — Name of daycare

to administer emergency medical care or to call emergency medical services (ambulance) for:

_____

Name of child

In case of emergency:

1. Administer first aid
2. Call emergency medical service (911)
3. Contact parent or emergency contact

_____ _____

Date **Signature of Parent/Guardian**

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APPENDIX B

F-DA 143 A

AUTHORIZATION TO USE ELECTRONIC COMMUNICATIONS

The new Canadian Anti-Spam Legislation * (CASL) came into force on July 1st, 2014. Since then, we can no longer send electronic communications that might contain "commercial" content without your permission. (*For more information visit the website: http://fightspam.gc.ca)

In order to facilitate communication, the Conseil scolaire du Nord-Ouest (CSNO), the school and the daycare wish to contact you by email. Messages will be sent by the daycare (occasionally by the daycare or the School Board) and may include: announcements, calendars, invitations, important messages, forms, etc. This information will also be available on the daycare's webpage. **Since these electronic messages may contain various offers, fees, sales or events *of financial nature*, we need your consent to contact you by email.**

PLEASE COMPLETE AND INCLUDE THIS FORM WITH REGISTRATION FORM

REQUEST FOR CONSENT

Name of parent(s) / Tutor(s):

_____

_____

Please check one of the following options:

☐ **I agree to receive electronic communications, which include news, updates and important messages concerning the activities of the daycare, the school and the CSNO to the following email address(es): (PLEASE PRINT EMAIL ADDRESS BELOW)**

1. _____
2. _____
3. _____

N.B. ***It will be possible to withdraw your consent at any time.***

☐ **I do not agree to receive email communications**.

_____ _____

Signature Date

For more information :

Conseil scolaire du Nord-Ouest
CP 1220 Saint-Isidore (Alberta) T0H 3B0
Telephone : 780 624-8855 / Toll free: 1 866 624-8855
www.csno.ab.ca

CONSENT FOR THE USE AND DISCLOSURE OF PERSONAL INFORMATION FOR NON-EDUCATIONAL PURPOSES

Student Name: _____

School: _____ **Grade:** _____

For the school year: _____

All school boards in Alberta are subject to the Freedom of Information and Protection of Privacy Act (FOIPP Act). This Act sets out policies and regulations regarding the collection, use, protection and disclosure of information. A student's personal information is used to provide educational programs and ensure a healthy and safe school environment. (See **Appendix** for examples of activities for which the CSNO may use the information.)

NB – Please contact the principal if you have any questions or concerns about the intended collection or use of this information or if you do not want your child's personal information to be used as part of normal educational activities.

Consent is required for the use of the student's personal information by the school or the CSNO for purposes other than educational programming and student safety.

Please check the permission categories to indicate your consent:

- ❑ I authorize the CSNO to take, use and publish photos, images, audio material or interview my child while under the supervision of the CSNO. I understand that photos, images, audio material may be used by CSNO at exhibitions, publications, websites, other electronic media, and advertising and promotional tools
- ❑ I authorize the CSNO to use, publish, show any work or literary/artistic work created by my child during school activities. I understand that works of art and literary works may be used by the CSNO in exhibitions, publications, websites, other electronic media, and advertising and promotional tools

By signing this form and returning it to the school, you consent to your child's information being used for these purposes. If the form is *not returned*, it means that consent has NOT been given.

I, _____, consent to my child's information being used for the purposes checked above.

_____
Signature of parent or legal guardian

_____
Date

Consent is voluntary, and you may withdraw consent and request that your child's personal information be removed from CSNO administered sites by notifying the school principal in writing. Please note that once photos, student names and other identifying information are posted in a public forum, CSNO cannot control or prevent the further distribution or use of the material by those who have access to the information.

APPENDIX A

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPP ACT)

All school boards in Alberta are subject to the Freedom of Information and Protection of Privacy Act (FOIPP Act). This Act sets out policies and regulations regarding the collection, use, protection and disclosure of personal information.

The personal information collected on the student's registration Student Registration Form is used to deliver educational services and programs and to ensure a safe and secure school environment. The information may be used in the following circumstances:

- The use of the name, photo and comments of a student in the school newsletter, the yearbook, or any other publication of the school or the schoolboard.
- The use of video footage, individual photos, class photos, team photos or club photos for school purposes.
- The use of photos or videos of school or class activities taken by the media where the students are not easily identifiable.
- The use of the name, grade and photo of a student in school activities such as athletics, art displays or celebrations.
- The use of the name and date of birth of a student to recognize a birthday.
- The use of the name of a student on a poster or other work displayed at a school or the schoolboard or another location as designated by the school or school board.
- The disclosure of information to local Regional Health Authorities for vaccination and health purposes.
- The use of the name of a student for honor roll, during the graduation ceremonies, for scholarships or other acknowledgements from the schoolboard.
- The use of the name of a student and educational information necessary to determine his/her eligibility for scholarships, provincial or federal awards or other awards for which the school or school board applies on behalf of the student.
- The use of the name of a student, those responsible for the student and their phone numbers to verify a student's absence.
- The use of the name of a student, thoseresponsible for the student and their phone numbers for transportation and emergency purposes.
- The disclosure of the medical information of a student with serious or life-threatening medical conditions.
- The disclosure of the name of a student, those responsible for the student, telephone numbers and addresses to the School Council for communication purposes.

In the case of an activity that is not included in this list and where personal information is used by the school or the CSNO for purposes other than educational programming and student safety, Form 170 A, Consent for the Use and Disclosure of Personal Information for Non-Educational Purposes, must be signed and returned to the school.

** Section 56 of the Alberta Education Act and section 33c of the Freedom of Information and Protection of Privacy Act, R.S.A. 2000, cF-25 and its provisions apply. For more information, please contact the Executive Secretary at the CSNO School Board office at 780-624-8855 or 1-866-624-8855.*