



**OAPIE'S JUNIOR KINDERGARTEN
REGISTRATION PACKAGE 2020-2021**

If you as a parent or guardian have any further questions about our program that are not answered within the registration package, please consult our program plan in the Junior Kindergarten room or ask any staff or executive member.

JR. KINDERGARTEN PICKUP

Your child will be released only to the persons you list below. Other than yourself, who is permitted to pick up your child from school? If someone other than those listed below is going to pick up your child, please call the school ahead of time to let the teacher know.

- 1. Name: _____
Phone: _____
- 2. Name: _____
Phone: _____
- 3. Name: _____
Phone: _____

MEDICAL INFORMATION

Alberta Health Care Number: _____ Name of Family Doctor: _____
Phone: _____

Are there any particular medical problems your child may be experiencing or which his/her teacher should be aware of?

Physical Disabilities: _____

Allergies: _____

Serious Illness: _____

Speech concerns: _____

Diet Restrictions: _____

Special Health Needs: _____

List of previous illnesses of note: _____

Fears and/or phobias: _____

Any toilet issues, such as small bladder or weak bowels: _____



Medications: Junior Kindergarten staff is only allowed to administer medication to your child if the following conditions are met:

1. Written consent of parent has been given (see Northern Gateway Request for Administration of Medication Permission form and Northern Gateway Instructions for Administration of Medication form)
2. Medication is in the original labelled container
3. Medication is given according to labelled directions

Please list any medications your child takes regularly below:

Are your child's immunizations up to date? (Please circle) YES NO

PROGRAM INFORMATION

Oapie's Junior Kindergarten Programs. Please circle the program you would prefer.

3 Year Old Tuesday/Thursday -- Full Days

4 Year Old Monday Wednesday Friday -- Full Days

FEES

Fees are set at the following for the 2020-2021 school year. Your first fee for September will be due August 14, 2020 using the SchoolCash link on the OAPSchool.ca website. All fees will be due on the first day of each month using Schoolcash online. If you are not able to pay your fee on time each month please call the school to make arrangements or your registration will be cancelled and the next student on the waiting list will be registered.

Each full day will be \$30/day.

FIELD TRIPS

Throughout the year the Jr. Kindergarten may be going on various field trips. Information will be sent to notify you, the parent/guardian of the dates, times and places of these trips. Please check your monthly newsletter and your child's lunch kit or backpack for information.

By signing the form below, your consent will be given in allowing your child to participate in all of the field trips through the year.

My child, _____, has my permission to participate in all the field trips offered by the Jr. Kindergarten program during this school year.

Parent/Guardian Signature

Date



STUDENT REGISTRATION 2020 – 2021

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM

This registration form is a legal document. Before a student can be registered by a school, a student registration form must be completed in its entirety and signed by the parent/legal guardian or by the student (if living independently). The student registration form is used to enroll a student who is new to Northern Gateway Public Schools, who is returning to the division, or who is transferring to a school within the division. The registration form is also used annually to record important changes, such as student legal name, citizenship, residency information, legal relationship of parent/guardian to student, health information disclosure, Francophone Education rights, independent student status, or self-declaration of Aboriginal ancestry. A student cannot be registered without a copy of a legal document (birth certificate, permanent residency document, Canadian citizenship document, or passport) that provides proof of legal name and age.

OFFICE USE ONLY

Student ID # ASN # (9 digits)

School Grade Room Date of Registration (MM/DD/YYYY)

A copy of the following is attached: Birth Certificate Residency Document Canadian Citizenship Document Passport

If applicable, a copy of the legal guardianship/custody order is attached: Yes No

STUDENT INFORMATION		Print the student's legal surname (last name) and given name(s) below. These are the names on the student's birth certificate or adoption papers. If the student uses a different first name, there is a space at the end of this section for <i>preferred name</i> .					
Student's Legal Last Name				Date of Birth (MM/DD/YYYY)			
Student's Legal First Name				Grade Level			
Student's Legal Middle Name(s)				Language Spoken at Home (if other than English)			
Student's Preferred First Name				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified			
Student Citizenship or Immigrant Status							
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Child of Canadian Citizen <input type="checkbox"/> Child of individual lawfully permitted to Canada for permanent or temporary residence <input type="checkbox"/> Lawfully admitted to Canada for permanent residence <input type="checkbox"/> International student (parent/guardian residing in another country)							
Phone Numbers (with area code)							
Home Phone				Cell Phone			
Siblings							
Last Name		First Name		School			
Last Name		First Name		School			
Last Name		First Name		School			
Town Residence Address							
Unit Number	House Number	Street Name	Street Type	Town	Province	Postal Code	
Rural Legal Land Description							
<input type="checkbox"/> NE <input type="checkbox"/> SE	<input type="checkbox"/> NW <input type="checkbox"/> SW	Section	Township	Range	W5		
Subdivision			Lot	Block	Plan		
Rural Address Sign Number							
Mailing Address (if different than student's residence)							
Address or P.O. Box			Town	Province	Postal Code		
School History							
Has the student ever registered with NGPS? <input type="checkbox"/> Yes <input type="checkbox"/> No				Previous NGPS School			
Previous Non-NGPS School Attended		Previous School Phone Number		Previous School District		Previous School Province or Country	
Medical Information (This information could be crucial to the well-being of the student, although we understand this information is optional)							
Are there any serious medical conditions about which you wish the school to be aware? Please indicate below. <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Allergies (please specify) <input type="checkbox"/> Hemophilia <input type="checkbox"/> Heart Condition <input type="checkbox"/> Asthma <input type="checkbox"/> Other (please specify)							AHC Number
Medical Notes (If more space is required, please attach additional notes)							

Bus Transportation

Will the student require transportation on a Northern Gateway Public Schools' bus? Yes No

Information from this form will be forwarded to the Transportation Department. The Transportation Department will contact the driver, who will call you.

For more information regarding transportation, please visit the NGPS website at <http://www.ngps.ca/about-us/transportation-services/>

Proof of address is required i.e. Utility bill. Please attach a copy with your registration form

PARENT/GUARDIAN INFORMATION

Please identify each of the legal guardian(s) for the child being enrolled. The legal guardian is the parent or person legally appointed as guardian as defined in the Family Law Act, Corrections Act, Corrections and Conditional Release Act, Young Offenders Act, or Child, Youth, and Family Enhancement Act.

FIRST LEGAL PARENT/GUARDIAN	Relationship to Student				
	Last Name				
	First Name			Mr., Mrs., Ms., Dr., etc.	
	Phone Numbers (with area code)				
	Home Phone		Business Phone		
	Cell Phone		Email Address		
	Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If address is different than the student's, please complete the section below				
	Town Residence Address				
	Street Address		Town	Province	Postal Code
	Rural Legal Land Description				
<input type="checkbox"/> NE	<input type="checkbox"/> NW	Section	Township	Range	W5
<input type="checkbox"/> SE	<input type="checkbox"/> SW				
Subdivision		Lot	Block	Plan	
Rural Address Sign Number					
Mailing Address (if different than student's residence)					
Address or P.O. Box		Town	Province	Postal Code	

SECOND LEGAL PARENT/GUARDIAN	Relationship to Student				
	Last Name				
	First Name			Mr., Mrs., Ms., Dr., etc.	
	Phone Numbers (with area code)				
	Home Phone		Business Phone		
	Cell Phone		Email Address		
	Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If address is different than the student's, please complete the section below				
	Town Residence Address				
	Street Address		Town	Province	Postal Code
	Rural Legal Land Description				
<input type="checkbox"/> NE	<input type="checkbox"/> NW	Section	Township	Range	W5
<input type="checkbox"/> SE	<input type="checkbox"/> SW				
Subdivision		Lot	Block	Plan	
Rural Address Sign Number					
Mailing Address (if different than student's residence)					
Address or P.O. Box		Town	Province	Postal Code	

EMERGENCY CONTACTS

An **emergency contact person** is someone who resides in the vicinity of the school, other than the student's parent or guardian, who can be called upon to quickly respond to an emergency situation if the parent or guardian is unavailable.

Emergency Contact #1		Relationship to Student	
Home Phone	Business Phone	Cell Phone	
Emergency Contact #2		Relationship to Student	
Home Phone	Business Phone	Cell Phone	

Guardianship Rights and Student Protection

Guardians of the student must be identified to ensure each party's rights are respected. If an order does exist affecting guardianship rights or custody or access rights, a copy of the order will be required to be placed in the student record. The court seal must be evident on the order. In rare instances, a child may be designated as "protected" if a court issues a restraining order under the Child Welfare Act, the Divorce Act, the Young Offenders Act or similar legislation.

Does a legal document exist? Yes No

Document Expiry Date (MM/DD/YYYY, if applicable)

Type of Legal Document Access and/or Custody Parenting Guardianship Protection

Where a person claims to be a parent or guardian, or claims the existence of any limitation on the authority of a parent or guardian, the onus is on the person to provide proof of the claim. Please ensure that the Division has copies of all current orders or agreements addressing guardianship rights, responsibilities, and entitlements or otherwise affecting the custody of or access to your child.

Family Circumstances

Are there family circumstances you wish to share with the school? Yes No If yes, please make an appointment with the principal.

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 party to an agreement under Section 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 Rights

According to Section 10 of the **School Act** and Section 23 of the **Canadian Charter of Rights and Freedoms**, a parent or legal guardian who is a Canadian citizen has the right to have his/her children receive school instruction in French. This applies if the parent/guardian is a resident of Alberta and French was the first language learned, and is still understood, by at least one parent or one or more of the parents or one or more of their children have received/are receiving instruction in a French First Language Program or school in Canada (this does not include a French Immersion program).

Do you claim entitlement to a **Francophone Education** under the terms of the **School Act**? Yes No

If you have answered yes, the Student Record Regulation requires Northern Gateway Public Schools to release demographic information about the student and parent to the local Francophone Education Board upon written request from the school jurisdiction.

If **yes**, do you wish to exercise your right to have your child educated in French? Yes No

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.

Aboriginal Self-Declaration

If you wish to identify that your child has an Aboriginal ancestry, please specify:

Status Indian/First Nations Non-Status Indian/First Nations Métis Inuit

For further information, please refer to www.education.alberta.ca/system-supports/results-reporting 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 780-778-2800 or 800-262-8674.

Student Treaty Status and Residency

Does this student have treaty status? Yes No Does this student reside on reserve? Yes No

Indian Registry Number (IRN – ten digit number)

Name of Reserve

Complete Address on Reserve

Digital Citizenship and Technology Use

As a condition of using Northern Gateway Public Schools network resources, I understand that access to division information resources, including access to internet and cloud-based resources, is a privilege and agree to abide by [Administrative Procedure 140 - Digital Citizenship](#) and the regulations identified in the [Northern Gateway Digital Citizenship - Technology Use Agreement](#).

Please initial to indicate that you have read and understood the policies and regulations identified above.

Initials

Using and Disclosing Personal Information

Northern Gateway Public Schools recognizes that all procedures for the collection and storing of information by Division staff in the course of affairs and procedures regulating the release of information to other parties must follow provisions of the Freedom of Information and Protection of Privacy Act (FOIP). Access to information is guided by [Administrative Procedure 180 - Freedom of Information and Protection of Privacy](#). Further details can be found in our [FOIP and Media Consent](#) document.

Please initial to indicate that you have read and understood the policies and regulations identified above.

Initials

Media Participation

While under the supervision of Northern Gateway Public Schools, I hereby give Northern Gateway Public Schools and outside organizations permission to photograph, video tape, audio tape, and/or interview my child. 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 within NGPS and by the outside organization for displays, publications (including yearbooks), websites, social media, other electronic media, and advertising or promotional materials.

I hereby give Northern Gateway Public 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 artwork, written material, or creative work may be used by Northern Gateway Public Schools in division or school displays, publications (including yearbooks), websites, social media, other electronic media, and advertising or promotional materials. I understand that Northern Gateway Public Schools may make minor edits as deemed appropriate.

I understand that consent can be revoked at any time by written notification provided to my child's school. Further details can be found in our [FOIP and Media Consent](#) document.

Please initial to indicate that you have read and understood the guidelines explained above.

Initials

Consent to Post Personal Information

Northern Gateway Public Schools requests consent to post personal information (including but not limited to first name, last name, grade, photographs, video, audio, award recognition, and school related activities) to external websites, social media, media publications (including yearbooks), and promotional materials. I understand that my signature below indicates my consent.

I understand that once provided, consent, in whole or in part (e.g. last name or photo, etc.), can be revoked at any time by written notification provided to my child's school, acknowledging that although photos/videos will be removed from websites and social media accounts, it may not be possible to remove all traces of personal information from the Internet.

Further details can be found in our [FOIP and Media Consent](#) document.

Policies and Regulations

If the hyperlinked documents are unavailable for any reason, information related to the sections above is available at your school in paper format. Please ask your school secretary or principal.

Collection and Use of Personal Information Disclaimer

The information requested on this form is being collected pursuant to the **School Act**, Section 23, A.R. 71/99 and the **FOIPP Act**, Sections 33(c), 39(1)(b) and 40(1)(c). Information acquired through this form is kept secure and access is restricted. In accordance with the Student Record Regulation, this form will be placed in the student's record file.

If you have any questions regarding this request for individual student information and about our use or disclosure of student information, please contact the school or the Northern Gateway Public Schools FOIPP Coordinator at Box 840, 4816 - 49 Avenue, Whitecourt AB T7S 1N9, 780-778-2800 or 1-800-262-8674, fax 780-778-6719.

DECLARATION		
I am the legal guardian or the independent student referred to in this registration form. I have read and understand the information regarding guardianship and I have identified all guardians for this student. I hereby certify the foregoing information to be true, correct, and complete.		
First Parent/Guardian Print Name	Signature	Date
Second Parent/Guardian Print Name	Signature	Date



Oscar Adolphson Primary School



Oapie's Junior Kindergarten at Oscar Adolphson Primary School – The Centre for Early Learners and the BEARY Best Place to Be!!

We offer endless opportunities for your Early Learner.

- **We only have little people in our building – all of our students are between 3 and 9 years old.**
- **Our playground for Junior Kindergarten is specifically designed for 3 to 5 year olds and is fenced for safety.**
- **Our program offers flexible days, regardless of age, let us know what works for you and we will make it work for us.**
- **The Junior Kindergarten program was designed by a certified teacher, ensuring our curriculum is age appropriate and progressive.**
- **Junior Kindergarten is a safe and caring, creative, indoor space designed for imagination, learning and play.**
- **Students have access to all school resources such as library, gym, music room with instruments and our new sensory room.**
- **We have a wide variety of age appropriate equipment and resources designed for learning through play.**
- **All Educational Assistants at OAP are trained by Speech Language Pathologists and our Language and Literacy teacher to support students needing Speech/Language services.**
- **OAP offers Inclusive Programs designed for every child's individual and specific needs.**
- **Oapie's Junior Kindergarten students will be invited to participate in all events happening within the School.**
- **Opportunities exist for Junior Kindergarten students to share their learning with OAP Leaders from other classes and ages within the school.**



Welcome!

I am so excited about the new school year and having your child in my classroom. To help me get to know your child before the year begins, please fill out the information below.

Child's Name: _____ **Nicknames:** _____

Hobbies/Interests: _____

What is he/she best at? _____

Siblings: _____

Pets: _____

3 words to describe your child: _____

Allergies: _____

Any special information I should know (new baby, new job, new house, etc.): _____

What is the best way to communicate with you (e-mail, notes, call, in person, etc.)? _____

Please include any additional helpful information below.

Oscar Adolphson Primary School and Alberta Health Services are pleased to partner to offer speech and language screening to all children attending the Junior Kindergarten and Kindergarten Programs for the 2018-2019 school year. This screen will look at how well your child understands concepts and sentences, follows directions, answers questions, pronounces sounds, and speaks in sentences.

Who does the health screening?

An Alberta Health Services (AHS) Speech-Language Pathologist (SLP) and/or Educational Assistant from OAP under the supervision of the SLP will do the screening.

What are the benefits of health screenings?

The screening finds health and/or developmental concerns early so that further health assessments and/or the right supports can be offered to promote your child's health and development.

What are the risks of health screenings?

The screenings have little risk. In a speech and language screening, your child will follow directions, label pictures, and answer questions.

How will I know if there is a concern?

The health care provider will contact you if your child needs further health assessment or supports. The teacher may also ask for your permission to make a referral for additional health services.

Where is the health screening done?

You will be contacted over the summer months to bring your child to the Public Health Centre in Valleyview for a short test. If we are not able to arrange this over the summer, the screening will be completed at the school in September.

What do I need to do so that my child can take part in the health screening?

- Read all of the information you are given.
- Sign the attached consent form.
- Put your initials beside the health screening services you consent to.
- Return the consent form to your school.

What if I don't want my child to have health screening?

The screening is not done without your consent. If you do not wish any screening services – write refused across the form and return the consent form to your school/site/program or health care provider. Remember, if you choose not to have the health screening done, it may mean that your child will not benefit from additional services that he/she may need.

Are there other options?

Yes, you may look for other information sources related to healthy development and health screening or talk to your child's teacher or family doctor about whether they have concerns.

Who do I call if I have questions or concerns about the health screening?

If you have questions or concerns please contact:

Name	Phone Number
Theresa Thompson, Speech-Language Pathologist, AHS	780-524-3338
Teresa Cardinal, Preschool Teacher	780-524-3144
Bonnie Steinke, Kindergarten Teacher	

Health Screening is a process used to identify children who may need further assessment and/or interventions. The attached information sheet describes the Health Screening that will be offered within your child's program. Health Screening will not occur without your consent. You must sign this form for your child to have the screening.

Demographics		
Child's Legal Name (Last, First)		Date of Birth (yyyy-mon-dd)
Personal Health Number		<input type="checkbox"/> Male <input type="checkbox"/> Female
Program/Site/School	Teacher/Class	Grade

Type of Screening		Initials
I give consent for my child to having the health screening I have put my initials beside. My child will only receive the services that I have initialed. If you do not wish any screening services, write <i>refused</i> across this area and return to the school.		
Speech Language Pathology		
Hearing		

Declaration of Consent	
By signing this consent, I am giving consent for my child to have Health Screening done. I confirm that: <ul style="list-style-type: none"> - I have read the attached information sheet regarding the nature, risks, and benefits associated with the health screening. - I am aware that I must contact the Alberta Health Services (AHS) staff listed on the information sheet if I have any questions about health screening or if I have any concerns about my child receiving the health screening service. - I am satisfied with and understand the information I have been given in the information sheet and to any questions or concerns I have discussed with AHS staff listed on the information sheet. - I understand that I may, at any time, withdraw this consent to the service(s) initiated above by calling the AHS staff listed on the information sheet. - I confirm that I have legal authority to provide consent. 	
Name of Person(s) Giving Consent (<i>print</i>)	Relationship to Child <input type="checkbox"/> Parent (<i>with authority to provide consent</i>) <input type="checkbox"/> Guardian <input type="checkbox"/> Other (<i>specify</i>) _____
Daytime Phone Number	Alternate Phone Number
Signature or Person(s) Giving Consent	Date (yyyy-Mon-dd)

Alberta Health Services collects health information in accordance with Section 20 of the *Health Information Act* (HIA) for the purpose of providing health services, determining eligibility for health services, or to carry out any other purpose authorized by the HIA. If you have any questions about this collection, please ask your health care provider or contact the Chief Privacy Officer at 1-877-476-9874