

# 2020-2021 Student Registration Form

## Junior Kindergarten Program

### How to Register

1. Please download and complete the attached form. The form may be printed and filled out manually or filled out in Adobe Reader and then printed.
2. Once the form has been completed, please sign and initial the form where indicated.
3. Proof of residence is required to register for school. Parents will be required to provide a copy of their resident legal land address to the school. Proof of residence can be verified with any bill or agreement that proves that this location is the student's legal home address.
4. Submit your registration form. You may mail or fax your signed application to the school, scan and email your signed application to the school or contact the school to make arrangements to drop off your form in person.

**Intake Appointments:**

**Please be advised that an intake appointment may be required for new students.**



Northern Gateway  
Public Schools

**Preschool Program**

**FOR OFFICE USE ONLY**

- Birth Certificate
- Proof of Age Provided

4 Year: Monday Wednesday Friday 8:45 AM - 3:00 PM

3 Year: Tuesday Thursday 8:45 AM - 3:00 PM

**NOTE: Withdrawing from the program will require one month's written notice.  
First month paid is non-refundable.**

**Initials:** \_\_\_\_\_

**STUDENT INFORMATION:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Birth date: \_\_\_\_\_ Year    Month    Day      Male  Female       Age as of September 2021: \_\_\_\_\_

**Whom child resides with:** \_\_\_\_\_ **Language(s) spoken at home:** \_\_\_\_\_

**PARENTS OR GUARDIANS:**

**Parent 1:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Email:** \_\_\_\_\_

Home Address: \_\_\_\_\_  
House / Street Number or Legal Land Description

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
If different from home address

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work phone: \_\_\_\_\_

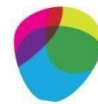
**Parent 2:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Email:** \_\_\_\_\_

Home Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
House / Street Number or Legal Land Description

Mailing Address: \_\_\_\_\_  
If different from home address



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phone: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Cell

Place of Work: \_\_\_\_\_

Work phone: \_\_\_\_\_

# 2021-2022 Junior Kindergarten Program



## SIBLINGS:

Does or did your child have an older sibling in the district? Yes  No

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

## EMERGENCY CONTACTS (other than parents):

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work or Cell phone: \_\_\_\_\_

Home Address or Legal Land Description: \_\_\_\_\_

Postal Code: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work or Cell phone: \_\_\_\_\_

Home Address or Legal Land Description: \_\_\_\_\_

Postal Code: \_\_\_\_\_

## MEDICAL INFORMATION:

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_

## CONSENT FOR EMERGENCY MEDICAL TREATMENT:

In an emergency, my child may need medical or surgical treatment. If an emergency occurs, every reasonable effort will be made to contact the parent. If you cannot be reached, I give permission for emergency medical treatment of my child. Any expenses incurred for emergency medical treatment under this section will be my responsibility.

\_\_\_\_\_  
(Signature of Child's Parent or Guardian)

\_\_\_\_\_  
Year                      Month                      Day

\_\_\_\_\_  
(Printed Name of Child's Parent or Guardian)

**PRESCHOOL HEALTH RECORD:**

The Alberta Daycare Regulations require Junior Kindergarten operators to maintain a health record for each child in attendance at their Junior Kindergarten. Some of this information is repeated from Page 2. This is because the health record is filed separately from the Teacher's Information sheet.

**CHILD'S INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Year                      Month                      Day

**PARENTS OR GUARDIANS:**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Home phone: \_\_\_\_\_ Day phone: \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Home phone: \_\_\_\_\_ Day phone: \_\_\_\_\_

**NUMBER OF SIBLINGS:** \_\_\_\_\_  
older                      younger

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_

My child's immunizations are up to date per my child's age: \_\_\_\_\_ Yes  No

If No, are you planning to have your child immunized or immunization updated? Yes  No

If No, please complete the Immunization Waiver Form.

Does your child have a medical condition, allergies, emotional or developmental challenges requiring or receiving treatment or supervision? If yes, please explain below. If your child is involved in the PUF or similar program, please include a separate sheet with details on areas of concern and program requirements.

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Does your child have food sensitivities, food allergies or a special diet? Please explain and meet with the teacher to discuss.

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Is your child on any ongoing medications? If your child needs medications during school hours please go the office and make sure the appropriate forms are filled out. If yes, please explain:

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**COMMUNICABLE DISEASE POLICY:**

The following criteria should be used to decide when a child is too ill to attend Junior Kindergarten. Your child should not attend if he/she has any of the following symptoms:

- Diarrhea
- Vomiting
- Cold
- Fever
- Rash
- Pink Eye (Conjunctivitis)
- Ear Infection, Sore Throat, Cough

If a child develops any of the above symptoms while at Junior Kindergarten, you or your emergency contact person will be notified to take the child home.

In the case of a communicable disease (measles, mumps, rubella etc.), or parasitic infestation, those infected may not attend Junior Kindergarten until a clearance from the Doctor or Health Unit is obtained. A child must be on antibiotics for at least 24 hours, and feeling well, to be able to attend Junior Kindergarten.

I, \_\_\_\_\_ have read and understand O.A.P.' S Junior Kindergarten Communicable Disease Policy.

\_\_\_\_\_  
(Signature of Child's Parent or Guardian)

\_\_\_\_\_  
Year

\_\_\_\_\_  
Month

\_\_\_\_\_  
Day

\_\_\_\_\_  
(Printed Name of Child's Parent or Guardian)

**TOILETING:**

Children must be fully toilet trained to participate in the Junior Kindergarten Program

- **This does not apply to students registered for PUF (Program Unit Funding)**

## FOIP AND MEDIA CONSENT 2020 -2021

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM

### PARENT /GUARDIAN CONSENT IS NOT REQUIRED FOR COLLECTION AND USE OF PERSONAL INFORMATION FOR EDUCATIONAL PROGRAMMING PURPOSES

Northern Gateway Public Schools is collecting personal information about your son or daughter with the registration form. This personal information supports an educational program for your child and ensures a safe school environment for all students and staff.

Some of the ways the school or the division may use personal information are listed below. The Information and Privacy Commissioner's Office states that the division does NOT require written consent from you for situations including but not limited to:

- sharing information with Alberta Education
- using a student's name, related contact information, and telephone numbers to check on a student who is absent
- using a student's name and/or photos/videos in the school calendar, newsletter, yearbook, or other internal publication
- taking and using individual, class, team, club, or school photos/videos within the school community (e.g. school bulletin boards, newsletter, etc.) for internal school purposes (not for external purposes such as websites or brochures)
- using a student's name on artwork or material to be displayed at the school or other division sites
- using a student's name on lists such as honour roll, scholarship, or other awards within the school or division
- using a student's name and academic information when the school wishes to apply for provincial and federal awards/scholarships on behalf of the student
- providing student information, including photos, for the issuance of transit/bus transportation passes and for other identification purposes (student phone numbers will be provided to bus drivers for transportation purposes)

### PARENT/GUARDIAN CONSENT IS NOT REQUIRED FOR PUBLIC EVENTS

Classrooms are not public places, and the school controls who has access to school property and students on school property. When schools invite spectators, family, friends, media, and the general public into the school, the event becomes a public event (e.g. school concert, cultural program, assembly, sporting competition, graduation, etc.). Anyone may take photographs/videos at public events and the school has no control over how these images may be used. The media are expected to proceed responsibly and cooperate with schools that have invited them to participate in school events. Pictures taken by school staff, at public events, may be used for school purposes (however, these photographs may be used for promotion of the school as part of the signed parental consent on the student registration form).

### PARENTAL /GUARDIAN CONSENT IS REQUIRED FOR POSTING PERSONAL INFORMATION TO EXTERNAL WEBSITES ACCESS BY MEDIA AND INCLUSION IN PROMOTIONAL MATERIALS

Your informed consent is required to use or collect personal information for any purpose other than educational programming and the safety of students and staff. Consent for the use of this personal information (e.g. name, photo, images, artwork, etc.) that is accessible to the general public is signed off on the student registration form. This consent is requested on a yearly basis.

**(PLEASE NOTE: consent can be revoked at any time by written notification provided to your child'**

Written consent is required to:

- use a student's name, photo, or video in external publications (e.g. website, social media, promotional brochure, etc.)
- use class, team, club, or school photos/videos that are taken within the school community on the school website or for promotional purposes (e.g. brochure, division newsletter, etc.)
- use a student's name on artwork/material to be displayed in the community
- allow a student to participate in media interviews

During the year, schools may request that parents sign specific consent forms not covered by the student registration form. If asked to sign a consent form, the form will indicate the following:

- the purpose of collection or use
- the consent is voluntary
- the consent may be revoked at any time
- the person to contact if you wish to revoke consent
- the period of time during which the consent remains valid

This record of consent must be retained for the period of time for which the consent is valid.

Schools may be contacted by the Communications Officer of Northern Gateway Public Schools or external media agencies (newspaper, radio, television) for access to students for quotes, photos, or interviews. These audio, visual, and/or video images may be published or aired in a variety of locations, including television, radio, newspapers, websites, social media, or division publications.

#### **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 the FOIP and Media Consent document.

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

Initials \_\_\_\_\_



**CONSENT TO POST PERSONAL INFORMATION:**

Northern Gateway Public Schools requests consent to post personal information to external websites, social media, media publications, and promotional materials. Information regarding consent to post personal information can be found in the FOIP and Media Consent document. Please check all of the following that you agree to and initial below. Consent can be revoked at any time by written notification provided to your child's school.

- Last Name**     
  **First Name**     
  **Grade**     
  **Photograph**     
  **Video**     
  **Audio**  
 **Award Recognition**   
  **School Related Activities**

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

Initials \_\_\_\_\_

**MEDIA PARTICIPANT CONSENT**

Information regarding media participation can be found in the FOIP and Media Consent document. Please initial each of the following that you agree to. Consent can be revoked at any time by written notification provided to your child's school.

I hereby give Northern Gateway Public Schools permission to photograph, video tape, audio tape, and/or interview my child while he/she is under the supervision of Northern Gateway Public Schools

Initials \_\_\_\_\_

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, websites, social media, and other electronic media, and advertising or promotional materials. I understand that Northern Gateway Public Schools may make minor edits as deemed appropriate.

Initials \_\_\_\_\_

I hereby give Northern Gateway Public 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 Northern Gateway Public 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.

Initials \_\_\_\_\_

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

Initials \_\_\_\_\_

**Reset Form**

**Save**

**Print**

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: \_\_\_\_\_
4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Daily, routine health screening for all staff and students**

Before coming to school each day, all students must use Alberta Health's Daily Checklist to decide whether they can attend school or must stay home.

Families are not required to manually fill out the form or to submit the form to their school. The questionnaire is a tool to assess wellness before coming to school. Students who have any symptoms noted on the questionnaire cannot attend school.

### **Strict Illness Protocols - showing signs of illness while at school**

Parents and guardians can attend their child's school if they are required – to pick up a sick child, to sign Instructional Support Plans, to discuss a matter pertaining to your child and so on - provided established protocols are met: not ill, wearing a mask, completing the COVID-19 Information Screening Questionnaire, completing and signing the Visitor Log upon entry, and awaiting for the attending staff member to take you to the designated physically-spaced meeting area.

NGPS also recognizes that parents/guardians sometimes wish to meet with school staff regarding their child. In such circumstances, we ask that parents make an appointment with the staff member so that all established protocols can be arranged in advance for the parent/guardian meeting.

# COVID-19 ALBERTA HEALTH DAILY CHECKLIST (FOR CHILDREN UNDER 18)

## Overview

This checklist applies for all children, as well as all students who attend kindergarten through Grade 12, including high school students over 18. Children should be screened every day by completing this checklist before going to school, child care or other activities. Children may need a parent or guardian to assist them to complete this screening tool.

## Screening Questions

### 1. Has the child:

*(Choose any/all possible exposures)*

<b>Traveled outside Canada in the last 14 days?</b> When entering or returning to Alberta from outside Canada, individuals are legally required to quarantine for 14 days (see note below)	YES	NO
<b>Had close contact with a case<sup>1</sup> of COVID-19 in the last 14 days?</b> Face-to-face contact within 2 metres for 15 minutes or longer, or direct physical contact such as hugging	YES	NO
<b>If the child answered “YES” to any of the above:</b> <ul style="list-style-type: none"> <li>The child is required to quarantine for 14 days from the last day of exposure.                      Note: If the child is participating in the Alberta COVID-19 International Border Pilot Project, they must comply with the program restrictions at all times.</li> <li>If the child develops any symptoms, use the <a href="#">AHS Online Assessment Tool</a> or call Health Link 811 to determine if testing is recommended.</li> </ul> <b>If the child/youth answered “NO” to both of the above:</b> <ul style="list-style-type: none"> <li>Proceed to question 2.</li> </ul>		

### 2. Does the child have any new onset (or worsening) of the following core symptoms:

<b>Fever</b> Temperature of 38 degrees Celsius or higher	YES	NO
<b>Cough</b> Continuous, more than usual, not related to other known causes or conditions such as asthma	YES	NO
<b>Shortness of breath</b> Continuous, out of breath, unable to breathe deeply, not related to other known causes or conditions such as asthma	YES	NO
<b>Loss of sense of smell or taste</b> Not related to other known causes or conditions like allergies or neurological disorders	YES	NO
<b>If the child answered “YES” to any symptom in question 2:</b> <ul style="list-style-type: none"> <li>The child is to isolate for 10 days from onset of symptoms.</li> <li>Use the <a href="#">AHS Online Assessment Tool</a> or call Health Link 811 to arrange for testing and to receive additional information on isolation.</li> </ul> <b>If the child answered “NO” to all of the symptoms in question 2:</b> <ul style="list-style-type: none"> <li>Proceed to question 3.</li> </ul>		

<sup>1</sup>A lab-confirmed case OR a probable case as defined in the [Alberta COVID-19 Notifiable Disease Guideline](#).

**3. Does the child have any new onset (or worsening) of the following other symptoms:**

<b>Chills</b> Without fever, not related to being outside in cold weather	YES	NO
<b>Sore throat/painful swallowing</b> Not related to other known causes/conditions, such as seasonal allergies or reflux	YES	NO
<b>Runny nose/congestion</b> Not related to other known causes/conditions, such as seasonal allergies or being outside in cold weather	YES	NO
<b>Feeling unwell/fatigued</b> Lack of energy, poor feeding in infants, not related to other known causes or conditions, such as depression, insomnia, thyroid dysfunction or sudden injury	YES	NO
<b>Nausea, vomiting and/or diarrhea</b> Not related to other known causes or conditions, such as anxiety, medication or irritable bowel syndrome	YES	NO
<b>Unexplained loss of appetite</b> Not related to other known causes or conditions, such as anxiety or medication	YES	NO
<b>Muscle/joint aches</b> Not related to other known causes or conditions, such as arthritis or injury	YES	NO
<b>Headache</b> Not related to other known causes or conditions, such as tension-type headaches or chronic migraines	YES	NO
<b>Conjunctivitis</b> (commonly known as pink eye)	YES	NO
<p><b>If the child answered “YES” to ONE symptom in question 3:</b></p> <ul style="list-style-type: none"> <li>• Keep your child home and monitor for 24 hours.</li> <li>• If their symptom is <b>improving</b> after 24 hours, they can return to school and activities when they feel well enough to go. Testing is not necessary.</li> <li>• If the symptom <b>does not improve or worsens</b> after 24 hours (or if additional symptoms emerge), use the <a href="#">AHS Online Assessment Tool</a> or call Health Link 811 to check if testing is recommended.</li> </ul> <p><b>If the child answered “YES” to TWO OR MORE symptoms in question 3:</b></p> <ul style="list-style-type: none"> <li>• Keep your child home.</li> <li>• Use the <a href="#">AHS Online Assessment Tool</a> or call Health Link 811 to determine if testing is recommended.</li> <li>• Your child can return to school and activities once their symptoms go away as long as it has been at least 24 hours since their symptoms started.</li> </ul> <p><b>If the child answered “NO” to all questions:</b></p> <ul style="list-style-type: none"> <li>• Your child may attend school, child care and/or other activities.</li> </ul>		

**Please note:** If your child is experiencing any symptoms from the lists above, do not bring them to visit a continuing care or acute care facility for 10 days from when symptoms started/until symptoms resolve (whichever is longer), unless they receive a negative COVID-19 test result and feel better.