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| <input type="checkbox"/> Birth Certificate                       | <input type="checkbox"/> Tuesday/Thursday        |
| <input type="checkbox"/> Proof of Age                            | <input type="checkbox"/> Monday/Wednesday/Friday |
| <input type="checkbox"/> Registration Fee Received (School Cash) |  |

**NOTE: Withdrawing from the program will require one month's notice. The deposit will be applied to June's fee. The fee is non-refundable if a student withdraws from the program mid-year.**

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

## STUDENT INFORMATION:

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

Birth date: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age as of September 2022: \_\_\_\_\_  
Year    Month    Day

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

## STUDENT CITIZENSHIP OR IMMIGRANT STATUS:

- Canadian Citizen
- Child of Canadian Citizen
- Child of Individual lawfully permitted of Canada or temporary residence
- Lawfully admitted to Canada for permanent residence
- International; Student (parent/guardian residing on another country)

## INDIGENOUS SELF-DECLARATION:

If you wish to identify that your child has first Nations, Métis or Inuit ancestry, please specific:

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

## PARENTS OR GUARDIANS:

Parent/Guardian 1: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

**SIBLINGS:**

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

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

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

**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 a 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, \_\_\_\_\_ (Printed Name of Parent or Guardian) have read and understand Oscar Adolphson's Junior Kindergarten Communicable Disease Policy.

\_\_\_\_\_

(Signature of Child's Parent or Guardian)

(Date)

**EMERGENCY CONTACTS (other than parents):**

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

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**MEDICAL INFORMATION:**

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

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

Does your child have a medical condition, allergies (food or environmental), emotional or developmental challenges?

Does your child take any medications?

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**TOILETING:**

Children must be toilet trained to participate in the Junior Kindergarten Program. If your child has special toileting needs, please discuss with Administration prior to registering.

**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/guardian. If I 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.

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

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(Printed Name of Child's Parent or Guardian)

**JUNIOR KINDERGARTEN DISCIPLINE POLICY:**

The goal of Junior Kindergarten is to teach the children to socialize in a positive manner. Fair and appropriate discipline will help them to learn self-control in expressing their emotions. Limits will be stated kindly, but firmly, and consequences for misbehavior will be fair, logical and realistic. Children will stay in the classroom where possible and inappropriate behavior will be redirected into more positive alternatives. Children who are unable to regulate will be removed from the situation and one on one attention will be provided until the child has gained control and can safely return to the classroom.

If, in the professional opinion of the teacher, a child's behavior disrupts the normal operation of the classroom, the teacher will contact the parents and may suggest that a childcare professional assess the child regarding suitability of that child to continue in the program.

Any disciplinary action will be reasonable in the circumstances. Staff will not deny or threaten to deny any basic necessity and will not use or permit the use of any form of physical restraint, confinement or isolation. Physical and verbal degradation or emotional deprivation will not be tolerated and will result in dismissal.

I, \_\_\_\_\_ (Printed Name of Parent or Guardian), have read and understand Oscar Adolphson Primary School's Junior Kindergarten discipline policy.

\_\_\_\_\_

\_\_\_\_\_

(Signature of Child's Parent or Guardian)

(Date)

## FOIP AND MEDIA CONSENT 2022-23

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 or for public events.** Northern Gateway Public Schools (NGPS) 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 publications
- 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 honor 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)

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. 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. Consent can be revoked at any time by written notification provided to the school.** 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.

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 NGPS 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 NGPS 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 640 – Digital Citizenship and the regulations identified in the NGPS 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:**

NGPS 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 564 - Freedom of Information and Privacy Protection. 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 \_\_\_\_\_

#### **FAMILY CIRCUMSTANCES**

Are there family circumstances you wish to share with the school: (For example, custody agreements, court orders, etc.)

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If **yes**, please make an appointment with the principal.

**CONSENT TO POST PERSONAL INFORMATION:**

NGPS 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 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 NGPS permission to photograph, video tape, audio tape, and/or interview my child while he/she is under the supervision of NGPS.

Initials \_\_\_\_\_

I hereby give NGPS 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 NGPS media, and advertising or promotional materials. I understand that NGPS may make minor edits as deemed appropriate.

Initials \_\_\_\_\_

I hereby give NGPS permission to permit outside organizations to photograph, video tape, audio tape, and/or interview my child while he/she is under the supervision of NGPS. 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 an outside organization.

Initials \_\_\_\_\_

## **J.K. KINDERGARTEN PICK UP LIST 2022-23**

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: \_\_\_\_\_

Email: \_\_\_\_\_ to communicate through Seesaw

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ to communicate through Seesaw

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ to communicate through Seesaw

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

Email: \_\_\_\_\_ to communicate through Seesaw