

REGISTRATION FORM - Garderie « LES PETITS BOUCS »

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 coordinator: petitsboucs@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 Request to administer medication or medical care Form. See Appendix B.

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 Act*, 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 daycare service offered by the Conseil scolaire du Nord-Ouest is a designated Early Learning and Child Care Center. This program receives funding that allows families to access quality child care services with maximum fees of \$25 per day.

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

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 *la garderie « Les petits boucs »*

Name of parent/guardian Name of daycare

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

Name of Student _____

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

REQUEST TO ADMINISTER MEDICATION OR MEDICAL CARE

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: _____

Designated medical establishment/hospital and/or name and phone number of physician: _____

PARENT/GUARDIAN CONTACT INFORMATION

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

Legal address: _____

Telephone : Home _____ Work (mother) _____
Cell _____ Work (father) _____

ALTERNATE CONTACT (IN CASE OF EMERGENCY)

Name : _____ Telephone : _____

Legal address : _____

PARENTAL REQUEST

I, _____, authorize the personnel of *la garderie « Les petits boucs »*
Name of parent/guardian Name of daycare

to administer medicine or medical care to: _____
Name of Child

_____	_____	_____
Name of medication	Dose	Frequency

A copy of pharmaceutical information (including a description of side effects) has been provided to the daycare.

_____	_____	_____
Name of medication	Dose	Frequency

A copy of pharmaceutical information (including a description of side effects) has been provided to the daycare.

Date

Signature of Parent/Guardian

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) and « *Les Petis Boucs* » 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 « *Les petis boucs* » daycare 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 from « *Les petits boucs* » daycare or the CSNO.

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