

## 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](mailto: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



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

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**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.)

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**COST**

The cost of the the daycare service is \$500 per month.

*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.*

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**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
<input type="checkbox"/> A copy of pharmaceutical information (including a description of side effects) has been provided to the daycare.		

Name of medication	Dose	Frequency
<input type="checkbox"/> A copy of pharmaceutical information (including a description of side effects) has been provided to the daycare.		

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature of Parent/Guardian**

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## AUTHORIZATION TO USE ELECTRONIC COMMUNICATIONS

The new Canadian Anti-Spam Legislation \* (CASL) came into force on July 1<sup>st</sup>, 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>)

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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.**

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PLEASE COMPLETE AND INCLUDE THIS FORM WITH REGISTRATION FORM

### REQUEST FOR CONSENT

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

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**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.

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Signature

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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](http://www.csno.ab.ca)