

REGISTRATION FORM - SERVICE DE GARDE FRANCOFUN

École Nouvelle Frontière: morning or/and afternoon

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

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 | <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, specify: _____ |
| Language difficulties | <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, specify: _____ |
| Epilepsy | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Other | <input type="checkbox"/> yes <input type="checkbox"/> 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 B. (REQUIRED)**

PARENT(S)/GUARDIAN(S)

The student resides with: Mother and Father Mother Father Guardian Other

MOTHER/LEGAL GUARDIAN

FULL NAME Telephone: ____/____/____
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 before and after school care program is offered by École Nouvelle-Frontière at a cost parents can afford. The cost is \$80 for mornings, \$145 for afternoons and \$215 for both. Payment must be made by the 5th of each month. Cheques should be made payable to École Nouvelle Frontière.

Please note: The parent must give 30 days written notice to withdraw their child from the program. A full month's fee will be charged from the date of notification.

I have read and understand the above information regarding registration fees.

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

APPENDIX A

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPP ACT)

All school boards in Alberta are subject to the Freedom of Information and Protection of Privacy Act (FOIPP Act). This Act sets out policies and regulations regarding the collection, use, protection and disclosure of personal information.

The personal information collected on Registration Form is used to deliver services and programs and to ensure a safe and secure school environment. The information may be used in the following circumstances:

- The use of the name, photo and comments of a student in the school newsletter, the yearbook, or any other publication of the school or the schoolboard.
- The use of video footage, individual photos, class photos, team photos or club photos for school purposes.
- The use of photos or videos of school or class activities taken by the media where the students are not easily identifiable.
- The use of the name, grade and photo of a student in school activities such as athletics, art displays or celebrations.
- The use of the name and date of birth of a student to recognize a birthday.
- The use of the name of a student on a poster or other work displayed at a school or the schoolboard or another location as designated by the school or school board.
- The disclosure of information to local Regional Health Authorities for vaccination and health purposes.
- The use of the name of a student for honor roll, during the graduation ceremonies, for scholarships or other acknowledgements from the schoolboard.
- The use of the name of a student and educational information necessary to determine his/her eligibility for scholarships, provincial or federal awards or other awards for which the school or school board applies on behalf of the student.
- The use of the name of a student, those responsible for the student and their phone numbers to verify a student's absence.
- The use of the name of a student, those responsible for the student and their phone numbers for transportation and emergency purposes.
- The disclosure of the medical information of a student with serious or life-threatening medical conditions.
- The disclosure of the name of a student, those responsible for the student, telephone numbers and addresses to the School Council for communication purposes.

In the case of an activity that is not included in this list and where personal information is used by the school or the CSNO for purposes other than educational programming and student safety, Form 170 A, Consent for the Use and Disclosure of Personal Information for Non-Educational Purposes, must be signed and returned to the school.

** Section 56 of the Alberta Education Act and section 33c of the Freedom of Information and Protection of Privacy Act, R.S.A. 2000, cF-25 and its provisions apply. For more information, please contact the Executive Secretary at the CSNO School Board office at 780-624-8855 or 1-866-624-8855.*

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 _____
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

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

| | | |
|---|---------------------|--------------------------|
| <small>Name of medication</small> | <small>Dose</small> | <small>Frequency</small> |
| <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