



## 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

**MEDICAL INFORMATION**

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

Medical conditions (allergies, speech/language difficulty, other) Please provide details below:

<b>Allergies</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, specify: _____
<b>Language difficulties</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, specify: _____
<b>Epilepsy</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	
<b>Other</b>	<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 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)

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**OTHER EMERGENCY CONTACT(S)** Please identify at least one emergency contact:

\_\_\_\_\_  
Full Name of contact person Telephone: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
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 daycare service is \$950 per month. *However, the service is available to parents for \$500 per month through the Canada-Alberta Early Learning and Child Care Agreement.*

**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.
- Subsidized spaces are available for families who qualify.

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

**Preschool :** The preschool program at École Nouvelle Frontière is offered at no extra cost for children who are 3 yrs old. I would like my child to participate in the preschool program.

YES - If yes, please complete Annex D  
NO

*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

☐ 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

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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 Petits 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 petits boucs* » daycare and the CSNO to the following email address(es): (PLEASE PRINT EMAIL ADDRESS BELOW)

1. 

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2. 

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3. 

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**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)



## APPENDIX D - REGISTRATION FORM

(for children already enrolled in *Les petits boucs* Daycare)

### PRÉMATERNELLE – ÉCOLE NOUVELLE FRONTIÈRE

**Prématernelle les petits soleils** : 5 half-days per week.

The preschool program at École Nouvelle Frontière is offered at no cost to children enrolled in *Les petits boucs* Daycare.

#### ADDITIONAL INFORMATION AND ELIGIBILITY VERIFICATION

##### Age and capacity of the child

☐ Children who are at least 3 years of age and who can use the toilet unassisted.

#### BUS TRANSPORTATION \*

Need Bus Transportation?      No      Yes – See **Appendix E**

*\*For preschoolers, the service will only be available to children who are 3 years and 8 months old on September 1st.*

#### DECLARATION AND SIGNATURE

I hereby declare that I accept the philosophy policies, Annex E (Transportation) and by-laws of the Conseil scolaire du Nord-Ouest.

I hereby declare that the information provided above is true, accurate and complete.

\_\_\_\_\_  
**Signature of the parent/guardian**

\_\_\_\_\_  
**Date**

*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.*

## APPENDIX E

### BUS TRANSPORTATION – PRESCHOOL (ÉNF)

**Note:** Transportation is available free of charge to all students in kindergarten to Grade 12.

For **the preschool children**, the service will be available only to children who are 3 years and 8 months old on September<sup>1st</sup>. Transportation is offered in the morning only and parents are responsible for return transportation home. NB. The child must be able to understand and follow all safety rules (for example, the child must remain seated in ~~his or her seat~~ at all times.)

*If you require transportation\*, please read the following information.*

**École Nouvelle Frontière:** The Conseil scolaire du Nord-Ouest manages transportation services for École Nouvelle-Frontière. Transportation is provided by First Student Canada. First Student Canada ensures transportation safety by applying safety regulations with vigilance and professionalism. **Parents who require transportation are asked to fill out the form below.** A bus driver will contact you and inform you of your child's bus stop location, boarding time and drop off time.

**\*For more information on the CSNO's school transportation guidelines (i.e. costs, boarding times and locations, responsibilities, etc.) please consult the administrative directive 560, School Transportation, on the CSNO website at: [www.csno.ab.ca](http://www.csno.ab.ca).**

**Please complete this section if your child requires transportation.**

Student Name: \_\_\_\_\_ Level: \_\_\_\_\_

Student's address and legal description of residence:

Street number or legal description	City	Province	Postal code
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**Morning address (going to school):**

Address \_\_\_\_\_

Special needs, specify:

\_\_\_\_\_

**Emergency contact person(s):**

_____	_____	_____
Name	home / work phone	cell phone

_____	_____	_____
Name	home / work phone	cell phone

## CONSENT FOR THE USE AND DISCLOSURE OF PERSONAL INFORMATION FOR NON-EDUCATIONAL PURPOSES

(School/CSNO websites, social media, publications, media, etc.)

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

For the school year: \_\_\_\_\_

All school boards in Alberta are subject to the Freedom of Information and Protection of Privacy Act (FOIPPA Act). This Act sets out policies and regulations regarding the collection, use, protection and disclosure of information. A student's personal information is used to provide educational programs and ensure a healthy and safe school environment\*.

### Consent is not required:

- for use inside the school;
- for the delivery of educational programs or services;
- at an out-of-school activity attended by the public;
- during an activity in the school attended by parents and the public (ex. concert).

See **Appendix A** for examples of activities for which the CSNO may use the information.

*NB – Please contact the principal if you have any questions or concerns about the intended collection or use of this information or if you do not want your child's personal information to be used as part of normal educational activities.*

**Consent is required for the use of the student's personal information by the school or the CSNO for purposes other than educational programming and student safety. Please complete this consent form and send it back to school.**

**Please check the permission categories to indicate your consent:**

- ☐ I authorize the CSNO to take, use and publish photos, images, audio material or interview my child while under the supervision of the CSNO. I understand that photos, images, audio material may be used by CSNO at exhibitions, publications, websites, other electronic media, and advertising and promotional tools. I understand that personal information posted on these websites may be copied, modified or moved to another site by anyone who visits these sites.
- ☐ I authorize the CSNO to use, publish, show any work or literary/artistic work created by my child during school activities. I understand that works of art and literary works may be used by the CSNO in exhibitions, publications, websites, other electronic media, and advertising and promotional tools. I understand that the CSNO could make some slight changes to the works if necessary.
- ☐ I give permission to the CSNO to authorize an external organization (ex. Radio-Canada, Le Franco) to take photos, images, audio material and interview my child while under the

supervision of the CSNO. I understand that these photos, videos, audio materials and interviews of my child may be used and disseminated by this external organization. The CSNO is not responsible for the use of the materials by external organizations.

In addition, I agree to the use of my child's following personal information for purposes as set out above:

- ☐ Student's name
- ☐ School year
- ☐ School

By signing this form and returning it to the school, you consent to your child's information being used for these purposes. If the form is *not returned*, it means that consent has NOT been given.

I, \_\_\_\_\_, consent to my child's information being used for the purposes checked above.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the student (18 years and older / independent student)

*Consent is voluntary, and you may withdraw consent and request that your child's personal information be removed from CSNO administered sites by notifying the school principal in writing. Please note that once photos, student names and other identifying information are posted in a public forum, CSNO cannot control or prevent the further distribution or use of the material by those who have access to the information.*

## 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 the student's registration Student Registration Form is used to deliver educational 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.*