



## Student Registration Package

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

Date of Birth: \_\_\_\_\_

MM-DD-YYYY

### I am registering my child for:

Preschool

5 Days (Mon-Fri)

AM (9-12)

4 Days (Mon-Thurs)

AM (9-12)  PM (1-4)

3 Days (Mon, Wed, Fri)

AM (9-12)

2 Days (Tue & Thurs)

AM (9-12)  PM (1-4)

Airdrie Daycare Program

Junior Kindergarten

(Mon-Thurs 9:00-4:00 & Fri 9:00-12:00)

Kindergarten

(Mon-Thurs 8:40-3:40 & Fri 8:40-11:45)

Before school care (Starts at 6:30)

After school care (Ends at 5:30)

Elementary (Grade 1-4)

(Mon-Thurs 8:45-3:35 & Fri 8:45-11:45)

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

Before school care (Starts at 6:30)

After school care (Ends at 5:30)

MPH (Maximum Performance Hockey) Program (Grade 4 only):

Yes  No

Middle School (Grade 5-8)

(Mon-Thurs 8:30-3:20 & Fri 8:30-12:00)

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

Before school care (Starts at 6:30)

After school care (Ends at 5:30)

MPH (Maximum Performance Hockey) Program:

Yes  No

### First Nations

If you wish to declare the student is Aboriginal, please select one:

First Nation (status)  First Nation (nonstatus)  Métis  Inuit

For further information, please refer to: [www.education.alberta.ca/system-supports/results-reporting](http://www.education.alberta.ca/system-supports/results-reporting) or contact Alberta Education at 780-427-8501.

If you have questions regarding the collection of student information by the school, please contact 403-912-1133.

# Emergency Contact and Medical Information for 2018-2019 School Year



**Child's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
First Middle Last

**Gender:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_  
MM-DD-YYYY

**Country of Birth:** \_\_\_\_\_ **Primary Language Spoken at Home:** \_\_\_\_\_

**Child's Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Postal** \_\_\_\_\_

## Parent/Guardian #1

**Name:** \_\_\_\_\_ **Postal** \_\_\_\_\_  
First Middle Last

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

## Parent/Guardian #2

**Name:** \_\_\_\_\_ **Postal** \_\_\_\_\_  
First Middle Last

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Step Parents (If Any):** \_\_\_\_\_

**Custody/Visiting Arrangements if divorced/separated:** \_\_\_\_\_

## Emergency Contact (Not Parents)

**Contact 1 Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_  
First Middle Last

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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

**Contact 2 Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_  
First Middle Last

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
MM-DD-YYYY

**Principal/Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
MM-DD-YYYY



### Medical Information

**Are Your Child's Immunizations up to date:** \_\_\_\_\_ **AHC#:** \_\_\_\_\_

**Allergies, food/medication restrictions:** \_\_\_\_\_

**Any on-going medications:** \_\_\_\_\_

**Any learning or behaviour problems:** \_\_\_\_\_

### Last School Attended/Educational History

**Name of School/Preschool attended:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Withdrawal Date:** \_\_\_\_\_

**Resident School Board:** \_\_\_\_\_

Has your child ever received special education programming: (Ex. IPP-Individual Program Plan or IEP-Individual Education Plan, Behavioural Plan)

Yes     No

**If Yes, please explain:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional comments about educational history:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Please include a copy of your child's Birth Certificate when you submit this registration package

## Emergency Release Consent Form



I, \_\_\_\_\_, give permission to the Atlas Learning Academy staff to seek any medical attention deemed necessary in the event of an emergency for my child, \_\_\_\_\_, while in their care at the school/facility. I will be contacted as soon as possible to meet them at the specified location. (All EMS costs/charges will be the responsibility of the parent/guardians.)

### Required Medical Information (\*Parent must fill-in all information below)

**Child's Name:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_

**Doctor's Address / Name of Clinic:** \_\_\_\_\_

**Doctor's Phone Number:** \_\_\_\_\_

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

### Administering First Aid Consent Form

I, \_\_\_\_\_, give Permission to qualified First Aid/CPR trained staff at Atlas Learning Academy that have a current First Aid/CPR certificate, to administer First Aid to my child, \_\_\_\_\_, if needed.

**Parent/Guardian Signature:** \_\_\_\_\_

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

MM-DD-YYYY



## Permission to Take Photos Consent Form

I, \_\_\_\_\_, give permission to the Atlas Learning Academy staff to take photos of my child, \_\_\_\_\_, during field trips, in-center activities and special events. These photos may be used for wall displays in the center, and may be used on the parent website.

**Parent/Guardian Signature:** \_\_\_\_\_

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

MM-DD-YYYY

## Daily Outing Release Consent Form

I, \_\_\_\_\_, give permission to the Atlas Learning Academy staff to take my child, \_\_\_\_\_, on escorted neighbourhood walks and other appropriate off-site activities/locations, such as schools, library, playgrounds and parks. I will be informed ahead of time, by the staff, of any outings.

**Parent/Guardian Signature:** \_\_\_\_\_

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

MM-DD-YYYY

## Child Guidance Policy

We are aware that children at this early age are still developing socially, emotionally and cognitively. They may make inappropriate choices such as hitting, not co-operating, breaking the rules, or having temper tantrums. At our school, we believe in promoting positive behaviour and dealing with behavioural problems in an appropriate way. We believe if you model positive appropriate behavior, then children will learn and emulate this acceptable behaviour. Through the use of a patient and calm manner, we feel that it is necessary to explain to the children the reason why a particular behaviour is not acceptable. This allows the children to better understand the impact of such behaviour. We also believe in positive attention. Children need to be praised when they are playing well, sharing with others, including others in their activities, etc. If they receive attention while they are behaving well as opposed to simply when behaving 'badly', then children will be less likely to actively seek attention through 'bad' behaviour.

- Staff and children need to be treated with respect and courtesy. Yelling and shouting is unacceptable.
- There is no hitting allowed. Children are not allowed to hit or hurt each other or the staff. This type of behaviour is unacceptable and inexcusable.
- There will be age appropriate rules that children will need to follow that will result in logical and natural consequences, if not adhered to. For example, if a child is throwing toys at someone, then they will no longer be permitted to play with that toy. These consequences will enable them to make better choices in the future. We take our time and deal with each situation in a calm and reasonable manner. Each situation is dealt with on an individual basis.

## Child Care Licensing Regulations:

- Our staff, with respect to the child in the program, will not inflict or cause to be inflicted any form of physical punishment, verbal or physical degradation or emotional deprivation. Our staff will also not deny or threaten to deny any basic necessity, or use or permit the use of any form of physical restraint, confinement or isolation.

I, \_\_\_\_\_, have read and understand the Child Guidance Policy, and agree to this policy.

**Parent/Guardian Signature:** \_\_\_\_\_

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

MM-DD-YYYY



## **Bus Consent Form 2017-2018**

I \_\_\_\_\_, hereby give my child \_\_\_\_\_ permission to travel on the school bus with students and staff to local field trips and between school locations for the entire 2017-2018 school year.

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Parent Signature

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Date



## Tablet/Internet Consent Form 2018-2019

1. I will shut off the computer/tablet when I finished using it.
2. I will use the internet only for school purposes.
3. I will not check email during school hours.
4. I will not use any type of chat or instant messaging.
5. I will not download anything without permission.
6. I will only save school related work in my home directory.
7. I will not visit any website or create any file that is inappropriate for school.
8. I will not try to install any programs on any school computers.
9. I will only use a computer if I have permission from a teacher to use it.
10. I will not waste paper and ink by printing things I do not need for my schoolwork.
11. I will not change any setting on any school computer without permission.
- 12. I will not harm or destroy any equipment or information on purpose and I will be financially responsible for any damages.**

When students violate a point of this agreement they will be dealt with in the following manner:

1. A verbal/written warning plus a one day suspension.
2. A one week suspension of the student's access to the school's computers / tablets
3. Suspension of the student's rights for the remainder of the school year.

I have read this document and agree to adhere to these rules:

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Grade Level: \_\_\_\_\_ Date: \_\_\_\_\_