

**HAY LAKES ECS USE ONLY:**

Registration Fee Paid  Citizenship Documentation  VS Check   
School Supply Fee Paid  Parent of Day Deposit   
Entry Date: \_\_\_\_\_ ASN # \_\_\_\_\_ Bus Driver: \_\_\_\_\_

# HAY LAKES ECS

## 2021-2022 Student Registration Form

### STUDENT INFORMATION (Please Print)

Student's Legal Name \_\_\_\_\_ SEX: M  F   
(Last) (First) (Middle)

Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Year Month Day

Mailing Address: \_\_\_\_\_ Town \_\_\_\_\_ Postal Code: \_\_\_\_\_

911 or Street Address (if different from above): \_\_\_\_\_

or Land Location: NE NW SE SW Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ W4

Preferred Kindergarten Days: (if 2 classes) No Preference

Tuesday/Thursday & scheduled Fridays

Monday/Wednesday & scheduled Fridays

Bussing Requested: Yes  No  Bus Driver (if known): \_\_\_\_\_

### PARENTS AND/OR GUARDIANS

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

Relationship to student: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_ Address (if different from student): \_\_\_\_\_

### CITIZENSHIP / IMMIGRATION STATUS

Canadian Citizen : Yes  No  (If no, check appropriate box below)

Temporary Resident (student has a study permit and living under the care of a legal guardian).

A child lawfully admitted to Canada for permanent residence must present a permanent residency card.

A child living in Canada, with a biological or adopted parent who is a Canadian Citizen.

A child living in Canada, with a biological or adopted parent who has Landed Immigrant Status or Study Permit or Work Visa. Proof of parent's documentation and a copy of child's passport required.

A step-child of a Canadian; student presents passport and study permit. Biological or adopted parent provides passport and proof of application for permanent residency and fee payment to Citizenship and Immigration Canada.

A step-child of a Temporary Foreign Worker; student presents passport and study permit. Biological or adopted parent provides passport; step-parent provides passport and work permit.

**\* A COPY OF THE STUDENT BIRTH CERTIFICATE OR VISA/IMMIGRATION DOCUMENTATION AND HEALTH CARD IS REQUIRED FOR ALL STUDENTS AS PARENTS ARE REQUIRED TO PRESENT LEGAL PROOF OF STUDENT'S NAME, CITIZENSHIP AND BIRTHDATE TO REGISTER WITH HAY LAKES ECS \* ALL SCHOOL FEES ARE DUE BY SEPTEMBER 30 2020**

## ENGLISH AS A SECOND LANGUAGE (ESL)

A student may be eligible for ESL support when the primary language spoken at home is a language other than English.

Is your child's primary language English? Yes  No

If No, my child's primary language is: \_\_\_\_\_

The language commonly spoken at home is: \_\_\_\_\_

## FIRST NATIONS, MÉTIS AND INUIT ELIGIBILITY (FNMI)

If you wish to declare that your child is an Aboriginal student, please specify:

Status Indian / First Nations  Non-Status / First Nations  Métis  Inuit

## GUARDIANSHIP RIGHTS, CUSTODY OR ACCESS RIGHTS

Guardians of the student must be identified to ensure the rights of each party are respected. A child may be designated as "Protected" if a court has issued a protection order under the Child Youth and Family Enhancement Act, the Family Law Act, the Protection Against Family Violence Act, the Drug Endangered Children's Act, the Divorce Act, or the Young Offenders Act or any Act that is a predecessor to or a substitute for any of the said Acts. If your child is subject to any such order or agreement, please indicate below and discuss this situation with Hay Lakes ECS.

If an order exists affecting guardianship rights or custody or access rights, a copy of the order or agreement will be required for the student's record. Does such an order exist?

Yes  No

If this order affects communication regarding the student to anyone other than the first parent/guardian listed, please explain \_\_\_\_\_

Will there be people aside from parents/guardians authorized to pick up the student?

Yes  No

If yes, please provide the person(s) name and relationship to the child & telephone number

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## EMERGENCY CONTACTS:

In case of emergency or school closure, or if no one answers your home/cell telephone numbers, please provide us with names, addresses, and phone numbers of two emergency contacts not residing at the child's residence if Hay Lakes ECS cannot contact you.

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone \_\_\_\_\_

## STUDENT MEDICAL INFORMATION:

Alberta Health Care number: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

If you do not have a family physician, please provide details of the clinic regularly used by your family

Does your child have any allergies or pre-existing conditions? Yes  No

If yes, please provide details

Is your child on any ongoing medications? Yes  No

If yes, please provide details

Are your child's immunizations up to date?

Yes  No  We are a non-immunizing family

Does your child require Special Needs Services? Yes  No

If yes, please specify:

---

---

---

Is there any additional important information, medical or otherwise you would like us to know?

---

---

---

**NOTE:** Please inform the teacher of any situations that may affect your child during the school year such as births, deaths, separations, hospitalizations etc. Also please inform the teacher if any change of medication occurs during the school year.

## PREVIOUS SCHOOL ATTENDED:

Name of School/Program: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**I hereby declare** that I have read and understood the information contained on this form. **I certify** that the information I have provided is true and accurate to the best of my knowledge. If any of the information changes, I will notify the school immediately

x \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature

M/D/Y

## Hay Lakes ECS Parent/Guardian Consent and Waiver of Liability

This form (page 4 & 5) must be completed in full and initialed where designated before your child will be allowed to enroll with Hay Lakes Early Childhood Services (Hay Lakes ECS). By signing this form you agree to all of the provisions that follow and acknowledge that these provisions constitute a waiver of liability from Hay Lakes ECS.

For: \_\_\_\_\_ (Child's name)

I, \_\_\_\_\_ (Name), parent/legal guardian of the child named do hereby apply to enroll my child in the Hay Lakes ECS program for the 2021-2022 school term.

**I give permission** for Hay Lakes ECS to contact previous schools or playschools about my child.

Initials \_\_\_\_\_

**I will obtain and provide a vulnerable sector (VS) check** from the RCMP before my child is considered registered at Hay Lakes ECS. Anyone volunteering on my behalf will provide a vulnerable sector check (kept on file by Hay Lakes ECS) **prior** to volunteering in the classroom or on field trips.

Initials \_\_\_\_\_

**I agree to work as Parent of the Day (POD) as assigned in a work schedule, if Covid restrictions allow.** I agree to cover the cost of hiring a substitute (who has a vulnerable sector check on file with Hay Lakes ECS) in the event that I am unable to work on my assigned days. I agree to pay the substitute POD (if arranged by me) \$50 unless a higher amount is voted on at the beginning of the school term by the parents in attendance at a Hay Lakes ECS general meeting. I further agree to pay a refundable fee of \$100 (unless a higher amount is voted on at the beginning of the school term) to cover the costs of an emergency substitute with a VS check arranged by Hay Lakes ECS if I do not show up for an assigned POD day. I understand the \$100 refundable substitute POD fee will be returned to me at the end of the school year if I work my assigned POD days (or if I arrange for my own substitutes). If my \$100 refundable substitute POD fee is used, I understand I must replace it.

Initials \_\_\_\_\_

**I hereby grant permission for the child named above:**

- a) to participate in all of the activities organized by the Hay Lakes ECS; and
- b) to leave the school premises under the supervision of the Hay Lakes ECS teacher for activities in the town of Hay Lakes; and
- c) to participate in field trips or activities involving bus transportation under the supervision of the Hay Lakes ECS teacher

Initials \_\_\_\_\_

**I agree not to hold the Hay Lakes ECS, the Hay Lakes ECS teacher, the Board members, their officers, employees or agents responsible for accidents.** When a child participates in an activity organized for kindergarten aged children there is always a risk of personal injury or death, and property damage or loss. I acknowledge that the teacher or other volunteers will not be able to fully supervise or control the participants involved in kindergarten activities. If anything happens to my child or my child's property in kindergarten activities, I agree not to hold those supervising the activity, Hay Lakes ECS, the Hay Lakes ECS teacher, the Board Members, and their officers, employees or agents responsible unless they have been grossly negligent. I realize that I am responsible for insuring my child and my child's property for any loss.

Initials \_\_\_\_\_

**I consent to emergency medical treatment for my child.** In an emergency, my child may need medical or surgical treatment. If an emergency occurs, every reasonable effort must first be made to contact me. If I cannot be reached, I give permission to the emergency medical treatment of my child. Any expense incurred for emergency medical treatment will be my responsibility. The teacher may also make any other decisions that are necessary for the care and protection of my child during any activity of the Hay Lakes ECS.

Initials \_\_\_\_\_

**SPECIAL NOTICE:** The Hay Lakes ECS operates a website (haylakesecs.ca) on the internet. Photos of groups of children and events may be periodically used in advertising and on the website. I hereby give permission to allow Hay Lakes ECS to photograph, videotape, or audio tape my child for advertising or use on the Hay Lakes ECS website. I give permission to allow my child's artwork to be used on the website. I also give permission for my first name and my child's first name to be published on a calendar on the website.

Initials \_\_\_\_\_

**I understand and acknowledge that the *Remind* App is used by Hay Lakes ECS** as a way of communicating with parents with text message reminders. I give permission for the Hay Lakes ECS teacher to use the *Remind* App in order for me/us to receive text messages regarding Kindergarten class updates and information. I understand my cell number will never be visible to anyone else.

Initials \_\_\_\_\_

**I understand and acknowledge that minutes of Hay Lakes ECS meetings** are published on the Hay Lakes ECS website.

Initials \_\_\_\_\_

**I hereby give permission to Hay Lakes ECS to publish my name and my child's full name, & phone numbers** for the purpose of providing class lists to currently enrolled families.

Initials \_\_\_\_\_

**I understand and agree that the registration fee will not be refunded under any circumstance.**

Initials \_\_\_\_\_

**I have read this document and accept its terms and I agree that this agreement (page 4 & 5) will constitute a complete release of liability for Hay Lakes ECS subject to the provisions above.**

Printed name of Child's Parent / Guardian \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_M\_\_\_\_D\_\_\_\_y

# NOTICE OF ACTIVITIES

## PARENTS - PLEASE READ CAREFULLY

The purpose of this notice is to inform you about the collection and use of student information by Hay Lakes ECS and Battle River School Division #31 as part of kindergarten and school wide activities.

In many cases the information is specifically mandated under the School Act, such as the information provided when a student is registered. For example, Hay Lakes ECS must provide Alberta Education with specific information on each student. Certain information may also be required by Alberta Health Services or other Ministries. In other instances, personal information is collected and used for authorized programs and activities that are a normal part of school life. These uses are a vital part of a healthy and functioning ECS program and participation of all students is very important. We realize, however, that there may be occasions where you, as parents or guardians, have concerns relating to the safety of your child with any of these uses of information; if this is the case, contact Hay Lakes ECS.

Types of activities where information may be collected or used include:

- Student name, birthdate and photos for use in classroom
- Student name and/or photos for use in the ECS calendar, Hay Lakes School yearbook, Kindergarten Memory books or other ECS school publications
- Taking of individual photos, class photos and the use of student photos for purposes of identification by Hay Lakes ECS and/or Hay Lakes School
- Student name and artwork or other material displayed at school
- Taking of photos or videos, of classroom or other school activities by Hay Lakes School or Hay Lakes ECS, where students are not interviewed or identified by name where the material will be used within the classroom, school or school division. Note that photos/videos of school activities that are open to the general public may be taken and used for purposes within and outside of the school. The school may not be able to restrict such activity at public events
- Circulation of "need-to-know" information re: students who have severe or life-threatening medical conditions
- Parent/guardian name, student name and phone numbers made available to other parents for the purpose of providing class lists to currently enrolled families

I hereby **give permission** for Hay Lakes ECS, the Hay Lakes School and the Battle River School Division to use information/photos of my child for all purposes specified above.

Student's Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

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

# Hay Lakes ECS Fees

Registration Fee (non-refundable)	\$25
School Supplies	\$150
POD Deposit (refundable if policy complied with and also dependent on whether Covid restrictions allow for parent volunteers)	\$100
<b>Total Hay Lakes ECS Kindergarten Fees</b>	<b>\$275</b>

## FEE POLICY

1. A non-refundable fee in the amount of \$25.00 must be provided upon registration of a student in kindergarten. A child is not considered registered and may not attend kindergarten until this fee is received.
2. School Fee increases may be voted on at first general meeting of school year.
3. Special arrangements for payment of school fees may be approved by the executive.
4. **As part of registering a child in the Hay Lakes ECS, parents agree to work as parents of the day (POD).** Thus, at the beginning of the school term a deposit will be required to ensure participation in the parent of the day (POD) policy. Parents are required to pay a \$100 refundable deposit which will be returned at the end of the school year if POD policy is complied with. Parents are required to replace the \$100 deposit if it is used up.
5. Should a school fee or POD deposit not be paid by September 30, 2020 or payment arrangements not made with the Society's executive, and kept current, the following procedures will be applied by the Society's executive:
  - a) a phone call and/or note will be sent to parent
  - b) the Coordinator and/or the President of the Society shall inform the parent that the child may not attend field trips or special class days until payment is received.
  - c) If fees continue to not be paid, a letter regarding the past due account shall be drafted by the Society's coordinator and forwarded by registered mail to the respective parent (parent will be billed cost of mailing the registered letter).
  - d) a response regarding the letter must be given to the coordinator or President of the Society within ten days after the letter has been sent. If a response is not received, the child may not attend field trips or special class days
  - e) If fees, including any costs, continue to not be paid, the ECS executive may make the decision to remove the child from the ECS program.

I have read and understand the fee policy

Signature: \_\_\_\_\_ Date: \_\_\_\_\_