

★ Please send completed form to ★  
ahobbins@brsd.ab.ca

Hay Lakes ECS Use Only:		
Registration Fee Paid <input type="checkbox"/>	School Supply Fee Paid <input type="checkbox"/>	Citizenship Documentation <input type="checkbox"/>
Entry Date: _____	ASN# _____	Bus Driver: _____

## Hay Lakes ECS 2026-2027 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: \_\_\_\_\_

Physical Address (if different from above): \_\_\_\_\_

Bussing Requested: Yes  No

Please check off your preferred Kindergarten Days. We will do our best to accommodate everyone's schedule. If there is only one class (due to low enrollment/funding), then the day will be chosen by whichever has the most votes here:

Monday/ Wednesday & scheduled Fridays

Tuesday/Thursday & scheduled Fridays

No Preference

### PARENTS/ GUARDIANS INFORMATION

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

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

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

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

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

### CITIZENSHIP/ IMMIGRATION STATUS

**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.**

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 citizen; 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.

**ENGLISH AS A SECOND LANGUAGE (ESL)**

A student may be eligible for ESL support when the primary language spoke 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, METIS, AND INUIT ELIGIBILITY (FNMI)**

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

Status Indian/ First Nations  Non-Status /First Nations  Metis  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 following info:

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

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

**EMERGENCY CONTACTS**

In case of emergency or school closure, or if no one answers your phone number, please provide us with two emergency contacts that the Hay Lakes ECS could contact.

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Phone: \_\_\_\_\_ 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, that 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: \_\_\_\_\_

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.

Parent/ Guardian Signature: \_\_\_\_\_  
Date (Year/ month/ day): \_\_\_\_\_

**HAY LAKES ECS PARENT/ GUARDIAN CONSENT AND WAIVER OF LIABILITY**

This form must be completed in full and initialed where indicated before your child will be allowed to enroll with 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.

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

I, \_\_\_\_\_ (Name), parent/legal guardian of the child named, do hereby enroll my child in the Hay Lakes ECS program for the 2025/2026 school term.

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

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 to not 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 decision 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, and 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 circumstances.**

Initials: \_\_\_\_\_

**I give permission for the Hay Lakes ECS to discuss my child's educational needs with the Hay Lakes School grade 1 teacher and admin, for the purpose of transitioning to Grade 1.**

Initials: \_\_\_\_\_

**I have read this document and accept its terms and I agree that this agreement will constitute a complete release of liability for Hay Lakes ECS subject to the provision above.**

Printed Name of Parent/Guardian: \_\_\_\_\_

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

Date (year/month/day): \_\_\_\_\_

## **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/ Guardian Signature: \_\_\_\_\_

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

Hay Lakes ECS Registration Form 2026-2027. This registration form is a legal document. It must be accurate and complete. Information acquired through this form is kept secure and access is restricted.

**HAY LAKES ECS FEES**

Registration Fee (non-refundable)	\$25
School Supplies	\$175
<b>Total</b>	<b>\$200</b>

There is a possibility, if there is low enrollment or funding, that parents will be required to volunteer as parents of the day. This will be determined by the first meeting of the school year and announced to parents. If parents of the day are required, a POD deposit will be collected. This is a \$100 refundable deposit which will be returned if parents complete their parent of the day responsibilities.

**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. Should a school fee not be paid by September 30, 2025 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 the cost of mailing the registered letter).
  - d. A response regarding the letter must be given to the coordinator or the 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.
5. If the child is withdrawn from the Hay Lakes ECS program within thirty calendar days of the start of school, the supplies fee will be returned by school cheque.

**I have read and understand the Fee policy.**

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

Date (year/month/day): \_\_\_\_\_