

**2021-2022 Canyon Cubs Preschool Registration Form**

Date Received: _____

Please rank **#1-4** in order of preference for day/time for our combined 3 & 4 year old classes:**MON/WED AM** - ____ **MON/WED PM** - ____ **TUE/THU AM** - ____ **TUE/THU PM** - ____

Student Information: (NOTE: A Vital Statistics Document must be presented to the school to verify legal name, citizenship and birth date. Acceptable vital statistics documents are: birth certificate, Canadian citizen papers, adoption certificate, passport, visa or a permanent landed immigration/residence document, a copy of which will be retained on file.)

Student's Legal Last Name: _____ Given Name(s): _____

Date of Birth: _____ Gender: (please circle) M F

Street Address or Legal Land Description: _____ Mailing Address: _____

Town: _____ Postal Code: _____ Phone No.: _____

Email Address: _____

Did this student have an Individual Program Plan (IPP) at a previous school? Y N

Vital Statistics Document Verification - Document Copy to File: (please circle)Birth Certificate Passport Adoption Certificate Canadian Citizenship Papers—if yes:
Visa Expiry Date: _____ Temp. Permit Expiry Date: _____**Parent(s)/Legal Guardian(s) Information:**

Mother/Legal Guardian 1 Information: (*Complete address information ONLY if different from students)

Last Name: _____ Given Names: _____

Relationship to Student: _____

Does the student reside with Mother/Legal Guardian 1? (Please circle) Y N

If "No", please identify the individual with whom the student lives: _____

*Street Address or Legal Land Description: _____

*Mailing Address: _____

Place of Employment: _____ Cell No.: _____ Bus. No.: _____

Father/Legal Guardian 2 Information: (*Complete address information ONLY if different from students)

Last Name: _____ Given Names: _____

Relationship to Student: _____

Does the student reside with Father/Legal Guardian 2? (Please circle) Y N

If "No", please identify the individual with whom the student lives: _____

(Father/Legal Guardian 2 Information Continued :)

*Street Address or Legal Land Description: _____

*Mailing Address: _____

Place of Employment: _____ Cell No.: _____ Bus. No.: _____

Custody Information: Where a person claims to be the parent or guardian, or claims the existence of any limitation on the authority of a parent or guardian, the onus is on the person to provide proof of the claim. Please ensure that the Division has copies of all current orders or agreements addressing guardianship rights, responsibilities, entitlements, or otherwise affecting the custody of or access to your child.

Custody of the student is held by: _____ Legal access to student is held by: _____

School Mail should be sent to: _____

In some instances, a child may be the subject of a protective court order (i.e. a restraining order). In other instances, an order or agreement made pursuant to legislation affecting guardianship rights, custody or access rights to the student may be issued. If any such orders or agreements exist, a copy is required to be placed in the student's record to ensure that each party's rights can be properly respected.

Please indicate if any such orders or agreements exist: Y N

If "Yes", legal documentation has been provided to the school: Y N

Student's Emergency Information in the Event a Parent or Guardian cannot be contacted:

1. Emergency Contact Name: _____

Street (Physical) Address: _____ Town _____

Phone No.: _____ Cell No.: _____

Student's Medical and Family Information:

AB Health Care No.: _____ Doctor's Name: _____

Does the student have any serious medical conditions or allergies the school should be aware of? Y N

Please Specify: _____

Please note any family circumstances about which you wish the school to be aware of: _____

Will your child be attending daycare? Y N

If yes, what days/times: _____

By signing this registration, the signer agrees to abide by the rules and policies as described in the Canyon Cubs Parent Handbook.

Signature of Parent/Legal Guardian: _____ Date: _____