



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



## 2020-2021 Canyon Cubs Preschool Registration Form

Please choose **one** preferred day/time for our combined 3 & 4 year old classes:

**MON/WED AM**

**MON/WED PM**

**TUE/THU AM - FULL**

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

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



(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 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: \_\_\_\_\_

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