



# Student Registration Form

*Little Lamb Playschool Ltd.*

Phone: 236-8292 Fax: 279-0431 6615-19th Street, SE

Email: littlelambplayschool@shaw.ca

Birth Cert: \_\_\_\_\_ Immunization: \_\_\_\_\_ AHC# \_\_\_\_\_

Payments:  
Admin. Fee: \_\_\_\_\_ 1st mo: \_\_\_\_\_  
Last mo: \_\_\_\_\_

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

## Student Information

**NOTE:** *The student's Birth Certificate, Canadian Citizenship Certificate, Passport, Visa or Permanent Landed Immigrant document must be given along with this form in order to register. A photocopy will be placed in the Student Record.*

Name of Official Document (specify): \_\_\_\_\_

Student's Legal Last Name		Student's Legal First Name		Student's Legal Middle Name		
Student's Also-Known-As Last Name		Student's Also-Known-As (AKA) First Name		Date of Birth		
				MM	DD	YY
Address			City		Postal Code	
Phone Number		Residential District (community)		Quadrant of City (please circle)		Gender
<input type="checkbox"/> Listed						<input type="checkbox"/> Male
( ) _____ <input type="checkbox"/> Unlisted		How did you hear about Little Lamb Playschool?		NW NE		<input type="checkbox"/>
		Internet _____ / Com. News _____ / Friend _____		SW SE		<input type="checkbox"/> Female
		Word of mouth _____ / Other _____				

## Citizenship Information

**Citizenship:** Canadian?  Yes  No Birth Country, *if not* Canada: \_\_\_\_\_

Citizenship, *if not* Canadian \_\_\_\_\_

Permanent Resident/Landed Immigrant

Child of a Canadian Citizen

Child of a lawfully admitted permanent or temporary resident

Language spoken at home

English  Other: \_\_\_\_\_

## School Information

Program the student is registering for			Payment		Start Date		
AM <input type="checkbox"/>	<input type="checkbox"/>	PM <input type="checkbox"/>	*Cheque <input type="checkbox"/>	Cash <input type="checkbox"/>	MM	DD	YY
<input type="checkbox"/> 2-Day (Tuesday/Thursday)			*There is a \$30.00 fee for NSF cheques				
<input type="checkbox"/> 3-Day (Monday/Wednesday/Friday)			Visa <input type="checkbox"/> *Visa Option not available at this time.		Expiry Date: _____ / _____ MM/YY		



## Medical Information

**NOTE:** *If the student's attendance at the school depends on the need to take medication at the school, it is your responsibility to complete the Medication Application and Release Form available at the school. If the student has a severe or life-threatening allergy, it is your responsibility to complete the Severe Allergy Alert Form available at the school.*

Does your child have any medical conditions or allergies the school should be aware of?  Yes  No

Does your child need to take any medication at the school?  Yes  No

If "yes" to either or both of the above, please explain:

---



---

**Alberta Health Care Number** (this information is not optional and will only be used for obtaining emergency medical care. The number may be requested by a Health Services Provider as a pre-condition to providing medical service):

---

**Physician/Doctor's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Are the student's vaccinations up to date?**  Yes  No **Address:** \_\_\_\_\_

**Photocopy of Vaccination records received?**  Yes  No

## Parent/Guardian Authorization for Child Pickup

**1:**  Ms.  Mr.  Miss  Mrs.  Dr.

<b>Last Name</b>	<b>First Name</b>
<b>Address</b>	
<b>Home Phone Number</b> (    )	<b>Cellular Phone Number</b> (    )
<b>Relationship to child</b>	

**2:**  Ms.  Mr.  Miss  Mrs.  Dr.

<b>Last Name</b>	<b>First Name</b>
<b>Address</b>	
<b>Home Phone Number</b> (    )	<b>Cellular Phone Number</b> (    )
<b>Relationship to child</b>	

**Fathers work address:** \_\_\_\_\_

**Mothers Work address:** \_\_\_\_\_

## Declaration

I declare the information that I have provided on this form is complete and accurate. I will notify the school of any changes to the information on this form. I have also read and understand the "School District Use of Personal Information" section on the reverse of this form under "Important Information for Parents." A **copy** of "Important Information for Parents" may be obtained from the school for future reference.

<b>Signature of Parent/Legal Guardian</b>	<b>Start Date</b>		
	MM	DD	YY

On September 1, 1998, Alberta's *Freedom of Information and Protection of Privacy (FOIP) Act* came into effect. The *FOIP Act* sets controls and standards on how personal information is collected, used and disclosed.

The following are **examples** of how personal information may be used for school related activities and are not intended as an all-inclusive list. These activities form a vital part of a health and functioning school and the participation of all students in these activities is viewed as an important part of every student's education.

1. The use of a student's name and grade for the identification of assigned classroom or teacher in a school.
2. The use of a student's name, address, birth date, school, grade and photo for student Identification purposes for school related activities.
3. The use of a student's name, address and related contact information for the provision of transportation services.
4. The use of a student's name, telephone number, grade and related contact information for absenteeism verification, emergency fan-outs, field trips and other school sponsored activities.
5. The use of a student's name, school and grade on artwork, written work or other creative material for display at school or school district sites.
6. The use of a student's name, school, grade, photo, academic information or written material (i.e., biographical, creative writing) for the school newsletter, yearbook or other school district publications.
7. The use of a student's name, school, grade or photo for athletic events, fine arts productions, presentations, fairs, celebrations and other school sponsored activities.
8. The use of a student's name, school, grade or academic information for determining eligibility or suitability for an honour, award, scholarship, athletic program or other school sponsored event.
9. The use of a student's name, school, grade, photo or academic information for recognizing the recipient of an honour, award or scholarship granted by or through the school district and for other recognition purposes.
10. The use of individual, class, club, team or group photos taken at school sponsored activities for display in school or school district sites.
11. The Use of photos/videos, taken by the school district personnel of classroom or other school sponsored activities held within the school or school district sites, for educational purposes at the school.
12. The use of a student's name and any health and/or related personal information to assist authorized individuals in responding to emergency situations and to assist students who have severe or life-threatening medical or other condi-

***Please note: Photos, videos or images of students attending or participating in school activities (eg. Sporting events, concerts, cultural programs, clubs, field trips, graduation or other ceremonies) that are open to the general public may be taken by the general public and used for purposes within and outside the school.***

Written consent for your child to participate in these activities is **not** being requested. The school will contact parents/guardians on the occasions when consent is appropriate. If you have any concerns with the issues of personal information for school activities, please contact the school principal at (403) 236-8292.