

2021-22 Junior Kindergarten Program



Preschool Program

FOR OFFICE USE ONLY

- Birth Certificate
- Proof of Age Provided
- Registration Fee Received (School Cash Preferred)
- Parental Involvement Fee (School Cash Preferred)

- 3 Year: Monday/Wednesday am (5 hr)
- 3 Year: Tuesday/Thursday am (5 hr)
- 4 Year: Monday/Wednesday pm (5 hr)
- 4 Year: Tuesday/Thursday pm (5 hr)
- 4 Year: Monday-Thursday am (10 hr)
- 4 Year: Monday-Thursday pm (10 hr)

Receipt Number: _____ Received by _____ Date Received _____

NOTE: *Withdrawing from the program will require one month's written notice.*
First month paid is non-refundable.

Initials: _____

STUDENT INFORMATION:

Last Name: _____ First: _____ Middle: _____

Birth date: _____ Year _____ Month _____ Day _____ Male _____ Female _____ Age as of September 2020: _____

Whom child resides with: _____ Language(s) spoken at home: _____

PARENTS OR GUARDIANS:

Parent 1: Last Name: _____ First Name: _____

Relationship: _____

Email: _____

Home Address: _____
House / Street Number or Legal Land Description

Mailing Address: _____ Postal Code: _____
If different from home address

Home phone: _____ Cell phone: _____

Place of Work: _____ Work phone: _____

Parent 2: Last Name: _____ First Name: _____

Relationship: _____

Email: _____

Home Address: _____
House / Street Number or Legal Land Description

Mailing Address: _____ Postal Code: _____
If different from home address

Home phone: _____ Cell phone: _____

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Place of Work: _____ Work phone: _____

SIBLINGS:

Does or did your child have an older sibling attending a school? Yes _____ No _____

Name: _____ Grade: _____ School _____

Name: _____ Grade: _____ School _____

Name: _____ Grade: _____ School _____

EMERGENCY CONTACTS (other than parents):

1. Name: _____ Relationship to Child: _____

Home phone: _____ Work or Cell phone: _____

Home Address or Legal Land Description: _____

Postal Code: _____

2. Name: _____ Relationship to Child: _____

Home phone: _____ Work or Cell phone: _____

Home Address or Legal Land Description: _____

Postal Code: _____

MEDICAL INFORMATION:

Family Doctor: _____ Phone: _____

Alberta Health Care Number: _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT:

In an emergency, my child may need medical or surgical treatment. If an emergency occurs, every reasonable effort will be made to contact the parent. If you cannot be reached, I give permission for emergency medical treatment of my child. Any expenses incurred for emergency medical treatment under this section will be my responsibility.

(Signature of Child's Parent or Guardian)

Year Month Day

(Printed Name of Child's Parent or Guardian)

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PRESCHOOL HEALTH RECORD:

The Alberta Daycare Regulations require Junior Kindergarten operators to maintain a health record for each child in attendance at their Junior Kindergarten. Some of this information is repeated from Page 2. This is because the health record is filed separately from the Teacher's Information sheet.

CHILD'S INFORMATION:

Last Name: _____ First Name: _____
Middle Name: _____ Birth Date: _____
Year Month Day

PARENTS OR GUARDIANS:

Last Name: _____ **First Name:** _____
Relationship: _____ Place of Work: _____
Home phone: _____ Day phone: _____

Last Name: _____ **First Name:** _____
Relationship: _____ Place of Work: _____
Home phone: _____ Day phone: _____

Family Doctor: _____ Phone: _____

Alberta Health Care Number: _____

My child's immunizations are up to date per my child's age: Yes _____ No _____

If No, are you planning to have your child immunized or immunization updated? Yes _____ No _____

Does your child have a medical condition, allergies, emotional or developmental challenges requiring or receiving treatment or supervision? If yes, please explain below. If your child is involved in the PUF or similar program, please include a separate sheet with details on areas of concern and program requirements.

Does your child have food sensitivities, food allergies or a special diet? Please explain and meet with the teacher to discuss.

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Is your child on any ongoing medications? If your child needs medications during school hours please go to the office and make sure the appropriate forms are filled out. If yes, please explain:

COMMUNICABLE DISEASE POLICY:

The following criteria should be used to decide when a child is too ill to attend Junior Kindergarten. Your child should not attend if he/she has any of the following symptoms:

- Diarrhea
- Vomiting
- Cold
- Fever
- Rash
- Pink Eye (Conjunctivitis)
- Ear Infection, Sore Throat, Cough

If a child develops any of the above symptoms while at Junior Kindergarten, you or your emergency contact person will be notified to take the child home.

In the case of a communicable disease (measles, mumps, rubella etc.), or parasitic infestation, those infected may not attend Junior Kindergarten until a clearance from the Doctor or Health Unit is obtained. A child must be on antibiotics for at least 24 hours, and feeling well, to be able to attend Junior Kindergarten.

I, _____ have read and understand Pat Hardy's Junior Kindergarten Communicable Disease Policy.

(Signature of Child's Parent or Guardian)

Year

Month

Day

(Printed Name of Child's Parent or Guardian)

TOILETING:

Children must be fully toilet trained to participate in the Junior Kindergarten Program

- **This does not apply to students registered for PUF (Program Unit Funding)**

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Volunteer Code of Conduct

Volunteers have a special place in schools and assist in many ways. This may include interaction with individuals, small groups of students in a range of different activities. To assist schools in providing a safe environment and a positive educational climate, volunteers are asked to comply with the code of conduct that is expected of volunteers when participating in programs and activities in our schools.

As a Volunteer, I will:

- Treat everyone with respect, loyalty, patience, courtesy, dignity and consideration;
- Be flexible in responding to the needs of students;
- Be prompt, dependable, and contact the school if I am unable to attend at the scheduled time;
- Be friendly to students, staff and other volunteers;
- Be supportive of administration and teaching staff;
- Be willing to discover the interests and strengths of each student and is able to generate enthusiasm about each student;
- Recognize the student's need to improve self-image and independent learning habits;
- Be willing to communicate regularly with the staff, expressing concerns and questions with the teacher or supervisor;
- Keep all students information confidential. Any information that indicates that a student may harm her/himself or another person must be reported to the teacher or school counselor. If the student reports that he/she has been abused, that information must be reported to the teacher or school counselor. This information should not be repeated to friends, relatives, coworkers or other acquaintances;
- Refer all potential disciplinary problems to the classroom teacher or appropriate staff member;
- Obey all laws and regulations, including traffic laws;
- Obey all school policies and regulations:

As a Volunteer, I will NOT:

- Use, possess, or be under the influence of alcohol or illegal drugs at any time while volunteering;
- Pose any health risk to students, staff or other volunteers (i.e. no fevers or other contagious situations);
- Strike, spank, shake or slap students, staff or other volunteers;
- Humiliate, ridicule, threaten, or degrade students, staff or other volunteers;
- Touch a student, staff or other volunteer in a sexual or other inappropriate manner;
- Use profanity in the presence of a student, staff or other volunteer;
- Drive any student without prior approval by the principal in accordance with Northern Gateway Public Schools procedures.

I, _____ have read, fully understand and accept the terms and conditions of volunteering as set out in the volunteer Code of Conduct. I agree to abide by Northern Gateway Regional School Division Policies and procedures.

School: _____

Volunteer Signature: _____

Date: _____

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PARENTAL INVOLVEMENT IN THE CLASSROOM:

The Junior Kindergarten license requires a specific number of adults to be present in the classroom during operation: the licensed instructors and one parent volunteer. This means that parents must volunteer 5-9 times depending on the program.

By registering your child in the Junior Kindergarten, you are agreeing to be involved in the classroom. We require a refundable \$50.00 fee that will be held on file. In the event you are unable to attend your scheduled volunteer time or make alternate arrangements, the \$50.00 will be used to pay a substitute. If this happens more than once, you will be charged \$50 per day to pay a substitute. If not used the \$50.00 fee will be refunded at the end of the school year.

Initials: _____

RELEASE AUTHORIZATION:

Please indicate authorized person(s) (other than yourself) to whom the child may be released:

a) _____ b) _____

Person(s) to whom the child is **NOT** to be released:

a) _____ b) _____

The above information will be kept in strict confidence and will only be presented to public health officials should they require such information for any reason.

JUNIOR KINDERGARTEN DISCIPLINE POLICY:

The goal of the Junior Kindergarten is to teach the children to socialize in a positive manner. Self-control in expressing Their emotions are not always a smooth road, but fair and appropriate discipline will help them to this end. Limits will be stated kindly, but firmly, and consequences for misbehavior will be fair, logical and realistic. Children will be kept in the mainstream where possible and any inappropriate behavior will be redirected into more positive alternatives to the situation. Children who are out of control will be removed from the situation and one on one attention will be provided until the child has gained control. The child will then be invited to join the group again.

If, in the opinion of the teacher, a child's behavior in the classroom disrupts the normal operation of the classroom or the children, the teacher will contact the parents and may suggest that a childcare professional assess the child regarding suitability of that child to continue in the program.

Any child disciplinary action will be reasonable in the circumstances. Staff will not deny or threaten to deny any basic necessity and will not use or permit the use of any form of physical restraint, confinement or isolation. Physical and verbal degradation or emotional deprivation will not be tolerated from the instructor, parent helper, or children and will result in dismissal.

I, _____, have read and understand Pat Hardy's Junior Kindergarten discipline policy.

(Signature of Child's Parent or Guardian)

Year

Month

Day

(Printed Name of Child's Parent or Guardian)

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FOIP AND MEDIA CONSENT 2021-22

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM

PARENT/GUARDIAN CONSENT IS NOT REQUIRED FOR COLLECTION AND USE OF PERSONAL INFORMATION FOR EDUCATIONAL PROGRAMMING PURPOSES

Northern Gateway Public Schools is collecting personal information about your son or daughter with the registration form. This personal information supports an educational program for your child and ensures a safe school environment for all students and staff.

Some of the ways the school or the division may use personal information are listed below. The Information and Privacy Commissioner's Office states that the division does NOT require written consent from you for situations including but not limited to:

- sharing information with Alberta Education
- using a student's name, related contact information, and telephone numbers to check on a student who is absent
- using a student's name and/or photos/videos in the school calendar, newsletter, yearbook, or other internal publication
- taking and using individual, class, team, club, or school photos/videos within the school community (e.g. school bulletin boards, newsletter, etc.) for internal school purposes (not for external purposes such as websites or brochures)
- using a student's name on artwork or material to be displayed at the school or other division sites
- using a student's name on lists such as honour roll, scholarship, or other awards within the school or division
- using a student's name and academic information when the school wishes to apply for provincial and federal awards/scholarships on behalf of the student
- providing student information, including photos, for the issuance of transit/bus transportation passes and for other identification purposes (student phone numbers will be provided to bus drivers for transportation purposes)

PARENT/GUARDIAN CONSENT IS NOT REQUIRED FOR PUBLIC EVENTS

Classrooms are not public places, and the school controls who has access to school property and students on school property. When schools invite spectators, family, friends, media, and the general public into the school, the event becomes a public event (e.g. school concert, cultural program, assembly, sporting competition, graduation, etc.). Anyone may take photographs/videos at public events and the school has no control over how these images may be used. The media are expected to proceed responsibly and cooperate with schools that have invited them to participate in school events. Pictures taken by school staff, at public events, may be used for school purposes (however, these photographs may be used for promotion of the school as part of the signed parental consent on the student registration form).

PARENTAL/GUARDIAN CONSENT IS REQUIRED FOR POSTING PERSONAL INFORMATION TO EXTERNAL WEBSITES, ACCESS BY MEDIA AND INCLUSION IN PROMOTIONAL MATERIALS

Your informed consent is required to use or collect personal information for any purpose other than educational programming and the safety of students and staff. Consent for the use of this personal information (e.g. name, photo, images, artwork, etc.) that is accessible to the general public is signed off on the student registration form. This consent is requested on a yearly basis.

(PLEASE NOTE: consent can be revoked at any time by written notification provided to your child'

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Written consent is required to:

- use a student's name, photo, or video in external publications (e.g. website, social media, promotional brochure, etc.)
- use class, team, club, or school photos/videos that are taken within the school community on the school website or for promotional purposes (e.g. brochure, division newsletter, etc.)
- use a student's name on artwork/material to be displayed in the community
- allow a student to participate in media interviews

During the year, schools may request that parents sign specific consent forms not covered by the student registration form. If asked to sign a consent form, the form will indicate the following:

- the purpose of collection or use
- the consent is voluntary
- the consent may be revoked at any time
- the person to contact if you wish to revoke consent
- the period of time during which the consent remains valid

This record of consent must be retained for the period of time for which the consent is valid.

Schools may be contacted by the Communications Officer of Northern Gateway Public Schools or external media agencies (newspaper, radio, television) for access to students for quotes, photos, or interviews. These audio, visual, and/or video images may be published or aired in a variety of locations, including television, radio, newspapers, websites, social media, or division publications.

DIGITAL CITIZENSHIP AND TECHNOLOGY USE:

As a condition of using Northern Gateway Public Schools network resources, I understand that access to division information resources, including access to internet and cloud-based resources, is a privilege and agree to abide by Administrative Procedure 140 – Digital Citizenship and the regulations identified in the Northern Gateway Digital Citizenship - Technology Use Agreement.

Please initial to indicate that you have read and understood the policies and regulations identified above.

Initials _____

USING AND DISCLOSING PERSONAL INFORMATION:

Northern Gateway Public Schools recognizes that all procedures for the collection and storing of information by Division staff in the course of affairs and procedures regulating the release of information to other parties must follow provisions of the Freedom of Information and Protection of Privacy Act (FOIP). Access to information is guided by Administrative Procedure 180 - Freedom of Information and Protection of Privacy. Further details can be found in the FOIP and Media Consent document.

Please initial to indicate that you have read and understood the policies and regulations identified above.

Initials_____

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CONSENT TO POST PERSONAL INFORMATION:

Northern Gateway Public Schools requests consent to post personal information to external websites, social media, media publications, and promotional materials. Information regarding consent to post personal information can be found in the FOIP and Media Consent document. Please check all of the following that you agree to and initial below. Consent can be revoked at any time by written notification provided to your child's school.

- Last Name First Name Grade Photograph Video Audio
- Award Recognition School Related Activities

Please initial to indicate that you have read and understood the policies and regulations identified above.

Initials _____

MEDIA PARTICIPANT CONSENT

Information regarding media participation can be found in the FOIP and Media Consent document. Please initial each of the following that you agree to. Consent can be revoked at any time by written notification provided to your child's school.

I hereby give Northern Gateway Public Schools permission to photograph, video tape, audio tape, and/or interview my child while he/she is under the supervision of Northern Gateway Public Schools

Initials _____

I hereby give Northern Gateway Public Schools permission to use, publish, display, and copyright any work, written material, or creative work created or authored by my child through school activities. I understand that artwork, written material, or creative work may be used by Northern Gateway Public Schools in division or school displays, publications, websites, social media, and other electronic media, and advertising or promotional materials. I understand that Northern Gateway Public Schools may make minor edits as deemed appropriate.

Initials _____

I hereby give Northern Gateway Public Schools permission to permit outside organizations to photograph, video tape, audio tape, and/or interview my child while he/she is under the supervision of Northern Gateway Public Schools. I understand that this means that a photograph(s), video(s), audio tape(s), interview(s), or likeness of my child may be collected, used, reproduced, and broadcast by the outside organization.

Initials _____

Please initial to indicate that you have read and understood the policies and regulations identified above.

Initials _____

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Requirements needed for a spot in the Jr Kindergarten Program:

- Copy of child's birth certificate
- Non-refundable registration deposit: 2 Day Program - \$150.00
4 Day Program - \$200.00

Payment Options:

Parents may choose to:

1. Pay the full annual fee upon registration
2. Have the payment equalized over eight separate cheques.
 - o A series of eight cheques for \$100 or \$150 (depending on program choice) is provided upon registration.
 - o Cheques should be dated the 1st of each month for September, October, November, December, January, February, March, & April.
3. Create an account through School Cash Online in order to use your debit or credit card. Monthly reminders will be sent via email to complete your payment.



2021-22 Junior Kindergarten Class Preference

Date: _____

Child's Last Name: _____

Child's First Name: _____

Please number your class preferences from:

- 3 year old - Monday and Wednesday morning class
- 3 year old - Tuesday and Thursday morning class
- 4 year old - Monday and Wednesday afternoon class
- 4 year old - Tuesday and Thursday afternoon class
- 4 year old - Monday thru Thursday morning class
- 4 year old - Monday thru Thursday afternoon class

Completed registration forms can be emailed to deanne.fell@ngps.ca