

& Bragg Creek Education Services Association

## 2024/2025 Registration Form

Kindergarten Program (Tues/Thurs 8:45am-3:15pm)

	Prescho	ol Morning Program (M	1on/Wed/Fri	8:45am-11:45am)	
	Prescho	ol Afternoon Program(	(Mon & Wed	12:15-3:15pm)	
	Please note all cl	hildren must be FULLY indep	endent in the wa	ashroom to enrol	
Child's Legal Name	9				
_		First:		Preferred:	
Mailing Address:		City:		Postal code:	
Physical Address:		City:		Postal code:	-
Home Phone:					
Alberta Health Care	#:	Copy of Bir	th Certificate or	Canadian Documentation:	
#1 Parent / Guardia	an Information				
Full Name:			Relationshi	p to Child:	-
Phone: (Home)	Home) (Work)		_(Cell)		-
E-mail:					_
Address (If different	than child):				_
#2 Parent / Guardia	an Information				
Full Name:			Relationshi	p to Child:	_
Phone: (Home)		(Work)		(Cell)	
E-mail:					
	than child):				_
Contact In Case Of	Emergency (Not res	iding at child's residence)			
Contact Name	Phone	Physical Address		Relationship to Child	
	<u> </u>				

### **Student Medical Information** Child's Physician: Phone: Clinic & Address: 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? No If yes, please provide details: Is your child on any ongoing medications? Yes No If yes, please explain: Are your child's immunizations up to date? Yes Choose not to disclose No Does your child require Special Needs Services? Yes No If yes, please specify: Is there any other relevant health information (past and/or present) that we should know? Is there any If yes, please explain: **Citizenship / Immigration Status** Canadian Citizen: Yes No (If no, please 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; 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.

# 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 spoken at home is a language other than English.

A step-child of a Temporary Foreign Worker; student presents passport and study permit. Biological

Is your child's primary language English? Yes	No
If NO, my child's primary language is:	_The language commonly spoken at home is:

lease specify:
ns Métis Inuit
s of each party are respected. A child may be the <i>Child welfare Act</i> , the <i>Domestic Relations</i> , or <i>Child Youth, and Family Enhancement Act</i> . If you child is subject to any such order or h the school administration. If an order exists of the order or agreement will be required for
anyone other than the first parent / guardian
ect your child during the school year, such as he Teacher if any change of medication occurs
e to the best of my knowledge. If any of the
Date
Date

#### **The Little Schoolhouse**

## **Parent Consent and Waiver of Liability**

Form must be completed in full and initialled where designated before your child will be allowed to enrol. By signing this form you agree to all of the provisions that follow and acknowledge that these provisions constitute a waiver of liability from The Little Schoolhouse and it's School Authority Bragg Creek Education Services Association ("BCESA").

For:( Child's name)	
	Yes, I Agree
I,, parent/legal guardian of the child named above, hereby acknowledge that I have enrolled my child in the appropriate program for their age & that my child is independent in the washroom.	(initials)
I hereby grant permission for the child named above: a) to participate in all of the activities organized by The Little Schoolhouse/BCESA; and b) to use all the play equipment owned or used by The Little Schoolhouse/BCESA and Bragg Creek Community Association; and	
c) to leave the school premises under the supervision of a staff member of The Little Schoolhouse/BCESA for activities in the Bragg Creek neighbourhood; and	
d) to participate in activities involving bus transportation under the supervision of a staff member of The Little Schoolhouse/BCESA.	(initials)
Cancellation / Withdrawal from the activities of The Little Schoolhouse/BCESA  I understand and agree that the registration fee will not be refunded under any circumstance. I also understand and agree that should I wish to withdraw my child from Preschool and Kindergarten activities after Preschool and Kindergarten commences, I am required to give 30 days' written notice to The Little Schoolhouse/BCESA in order to avoid a month payment penalty.	(initials)
I agree not to hold the Bragg Creek Education Services Association, the Board members, their officers, employees or agents responsible for accidents.  When a child participates in an activity organized for Preschool or Kindergarten aged children there is always a risk of personal injury or death, and property damage or loss. I acknowledge that the organizers will not be able to fully supervise, care for, or control the participants involved in Preschool and Kindergarten activities. If anything happens to my child or my child's property in Preschool or Kindergarten activities, I agree not to hold those supervising the activity, The Little Schoolhouse/BCESA, 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)
Language to Emparage Madical treatment for my skild	(
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 under this section will be my responsibility. The organizers may also make any other decisions that are necessary for the care and protection of my child during any activity of The Little Schoolhouse/BCESA.	(initials)
SPECIAL NOTICE: The Little Schoolhouse/BCESA operates a website, www.thelittleschoolhouse.ca.  I hereby give permission to allow The Little Schoolhouse/BCESA to photograph, videotape, or audio tape my child for advertising or use on the website.	(initials)
I hereby give permission to The Little Schoolhouse/BCESA to <b>publish my child's full name, address &amp; phone number</b> for the purpose of providing class lists to currently enrolled families.	(initials)
I have read this document and accept its terms and I agree that this agreement will constitute a comple for The Little Schoolhouse/BCESA subject to the provisions above.	
Printed name of Child's Parent / Guardian	
Parent/Guardian Signature Date	



er to enroll your child at The Little Schoolhouse the items listed below must be presented at ration:
Copy of Birth Certificate (if not Canadian–copy of passport and visa/immigration document)
Registration fee: Non-Refundable (online payment through TUIO*) -Preschool: \$45 -Kindergarten: \$25
Preschool Tuition fees:  -Program fee: MORNINGS = \$250 per month; AFTERNOONS = \$175 per month.  -Set up TUIO monthly payments on the first of each month, Sep-June for automatic withdrawals (Preschool Monthly Tuition) or pay the entire year all at once (Preschool Full Year Tuition).  *TUIO portal can be found at https://app.tuiopay.com//registration/235acc6