

Name	days/time	appointment date/time
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2022-2023 Early Learning Registration Form

Designated School: _____ Preferred Days: _____

Requirements of the program:

- ☐ Your child is a minimum of **3 years of age on or before September 1st**. Date of birth: _____
- ☐ Your child is toilet trained before entering the program.
Exceptions will be considered for children who have identified delays.
- ☐ Your registration form is complete and includes:
your child's birth certificate or legal documentation of citizenship & Alberta Health number

Children who have difficulty with speech, language, hearing, vision, behaviour, motor skills, or are learning English, and meet Alberta Education requirements, *may* access early intervention programming and funding.

Do you have any concerns regarding your child's development in any of the areas list above? ☐ **yes** ☐ **no**

Has your child received support in these areas? ☐ **yes** ☐ **no**

If you answered yes to one or both, please list the areas of your concerns or how your child has received support.

Parent portion - tear off before submitting

If your child has an identified delay or you are concerned about their development, please contact:

Coral James, Coordinator of Learner Services

Phone: 403-223-3547 ext. 10132

Email: coral.james@horizon.ab.ca

PAYMENT OPTIONS

Payment by Cash

- A lump sum payment or monthly payments are accepted

Waiver of Fees

- Application for the Waiver of Fees are accepted starting June 1st for the 2022-23 school year. The application can be found on Horizon's website at www.horizon.ab.ca.

Payment by Cheque

- Payable to the school
- A lump sum payment or monthly cheques dated for the 1st.
- Please print your child's name on the cheque memo

Payment by School Cash Online

- A lump sum or monthly payments can be made on SchoolCash Online.

Developmental Checkup Appointment

School Secretary will contact to schedule

Location: _____

Date: _____ Time: _____

Please Note: All parents registering a student will be required to show an original (not photocopied) birth certificate or legal documentation to verify the information contained in this form.

Student Information

Registration Date: _____

Primary language spoken at home: _____

Student Legal Name (as on birth certificate): _____

Student Also Known As Name: _____

Birth Date: _____ Grade: _____

Gender: ☐ M- Male ☐ F- Female ☐ X- Unspecified

Home Phone: _____ Student Cell Phone: _____

Mailing Address: Box No: _____ Apt. No: _____

Street: _____

City/Town: _____ Postal Code: _____

Land Location: _____ Blue Sign: _____

Eg: NW-22-12-17

Eg: 101021 Highway 36

Residence Address (if different than mailing) Box No: _____ Apt. No: _____

Street: _____

City/Town: _____ Postal Code: _____

Bus Student: ☐ Yes ☐ No Student E-mail Address: _____**Citizenship:** (Please check ONE)☐ Canadian Citizen☐ Permanent Resident/Landed Immigrant☐ Child of a Canadian Citizen (student not Canadian Citizen)☐ Child of a citizen lawfully admitted to Canada for permanent or temporary residence☐ International Student Program – Temporary Resident- Visiting Student☐ Other: _____

Complete the next two questions if NOT Canadian Citizen:

Date of Entry into Canada: _____ Student Visa Expiry Date: _____

School History

School Last Attended: _____ Phone: _____ Fax: _____

Box No/Street: _____

City or Town: _____ Postal Code: _____

Parent/Guardian Information

Student lives with:

☐ Both Parents ☐ Father ☐ Mother ☐ Guardian ☐ Other _____

Mother's Name: _____
Home Phone: _____ Cell Phone: _____
Employer: _____ Business Phone: _____
E-mail Address: _____

Father's Name: _____
Home Phone: _____ Cell Phone: _____
Employer: _____ Business Phone: _____
E-mail Address: _____

Guardian's Name: _____
Home Phone: _____ Cell Phone: _____
Employer: _____ Business Phone: _____
E-mail Address: _____

Parent or Guardian Address (if different from student): ☐ Father ☐ Mother ☐ Guardian

Box No: _____ Apt. No: _____

Street: _____

City/Town: _____ Postal Code: _____

Land Location: _____ Blue Sign: _____

Eg: NW-22-12-17

Eg: 101021 Highway 36

Mailing

Mail from school should be addressed to:

☐ Both Parents ☐ Father ☐ Mother ☐ Guardian ☐ Other _____

(Complete this address only if OTHER is checked.)

Box No: _____ Apt. No: _____

Street: _____

City/Town: _____ Postal Code: _____

Billet Information

Please provide a billet(s) for your child in case of inclement weather and buses are unable to run.

Name: _____

Home Phone: _____ Cell Phone: _____

Apt. No: _____

Street: _____

City/Town: _____ Postal Code: _____

Custody

In rare instances a student may be designated as "Protected" if a court issued a restraining order under the Child Welfare Act, The Domestic Relations Act, The Divorce Act, or The Young Offenders Act. Please indicate if the school administration should be aware of any such court order for the protection of the student. ☐ Yes ☐ No (Note: If yes, please make an appointment to discuss this situation with administration. You will need to supply legal documentation.)

Emergencies

Health Care Number: _____

Doctor: _____ Phone: _____

Please comment on any health problems the school should be aware of. (E.g. needs epi-pen, asthma, allergies, hearing, medications, eyesight, etc.)

In case the student's parent or guardian is not available, please indicate an emergency contact **other** than a parent or guardian.

Emergency Contact's Name: _____

Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Business Phone: _____

Section 23

French instruction or instruction in French means instruction in a Francophone environment, not French Immersion or French courses in junior high or senior high.

To be eligible for French Instruction, one of the following three conditions must exist:

1. Either parent's mother tongue is French. (French was the first language and is still understood by one of the parents.)
2. Either parent was educated in French in Canada.
3. One or more children in the family have received primary or secondary school instruction in French.

Do you claim entitlement to a Francophone education under the terms of the School Act?

☐ Yes ☐ No

Do you wish to exercise these rights? ☐ Yes ☐ No

Aboriginal Self-identification

If you wish to declare the student is Aboriginal, please select one:			
<i>First Nation (status)</i>	<i>First Nation (non-status)</i>	<i>Metis</i>	<i>Inuit</i>
For further information, please refer to https://education.alberta.ca/system-supports/results-reporting/ or contact Alberta Education at 780-427-8501			
If you have questions regarding the collection of student information by the school board, please contact the School Board Superintendent at: wilco.tymensen@horizon.ab.ca or by calling 403-223-3547.			

Disclosure of Student Name/Photograph/Video

With the implementation of the Freedom of Information and Privacy Protection Act, it is necessary to receive your consent for the publication of your child's name and/or photograph/video in school-related

activities and operations while a student in the Horizon School Division No.67. (Note: this does not apply to events open to the public.)

Examples of where your child's name or picture may appear include the following:

Coat Pegs	Art Displays	Concert Programs
Newspaper Articles	Class pictures	Emergency fan-out lists
Award announcements/lists	Yearbooks	Website (no names)
Honor Roll Lists	Club Activities	
Health organizations (e.g. Barons-Eureka-Warner)		

This consent form will be updated annually.

As the parent or legal guardian of _____ at the _____
(Child/Student Name) (School)

Check one: ☐ I give my consent
☐ I do NOT give my consent

Signature of Parent or Guardian

Date

Receive Important Updates, Newsletters

New federal legislation regarding electronic communications comes into effect on July 1, 2014, which will affect how you receive e-mail updates from the Horizon School Division, its Schools, and School Councils.

In order to continue to send you e-mails about our school services, events, newsletters, and publications containing offers to purchase goods, products, and services such as apparel, yearbooks, school photos, travel opportunities, lunch programs, electronic communication recruiting individuals in connections with school programs, fundraising activities, and advertisements for school activities, events, and programs for which there is a fee, we need your expressed consent.

Check one: ☐ I give my consent
☐ I do NOT give my consent

Signature of Parent or Guardian

Date

Declaration of Parent, Legal Guardian, or Student (if living independently)

I hereby declare the foregoing information to be true, correct, and complete.

Signature of Parent or Guardian

Date