



Rimbey Christian School
Fingerprints Discovery Preschool
Celebrating each child as a unique creation of God

2020-2021

APPLICATION

Note: All references to "Parents" and/or "Guardian" in this form refer to legal guardians. All information collected in this form will be used only in accordance with the Personal Information Protection Act accompanying this form.

STUDENT INFORMATION:

Registration Date: _____ *Alberta Student Number (ASN)* _____
(Office use)

Legal Full Name: _____
(LAST) *(FIRST)* *(MIDDLE)*

Nickname (if any): _____ **Other surname used (if any):** _____

Gender: _____ **Birthdate:** _____ **Age** _____ **(at registration)**
(Year / Month / Day)

Child's Home Address :(Mail) _____ **(Street or legal)** _____

Citizenship: (confirm if student is Canadian citizen) _____ **Other:** _____ *(if "other" please contact school office)*

Usual (first) Language of the Home *Standard English?* _____ *Specify Other/Additional Language:* _____

CHILD RESIDENCY/GUARDIANSHIP:

Child resides with: Both Parents Father Only Mother Only Shared Custody Guardian

(See bottom of page for additional parent/guardian contact information. Use below for "usual" residence)

(Note dates of shared custody arrangement, ONLY if applicable to school days): _____

Are the rights of either parent restricted by court order? No Yes *(Documentation will be required)*

PARENT (GUARDIAN) AND FAMILY INFORMATION:

Parents/Guardians *(if shared custody agreement – complete additional information at bottom of page)*

Name(s): _____

Address: *(both your mailing address and legal address/location are required)*

Mailing address *Street address or legal land description*

Parents/Guardians Contact information: (circle preferred for 1st person to contact & include area code):

MOTHER: _____ **House #:** _____ **Cell #:** _____ **Work #:** _____

Occupation: _____ **Hours of Work:** _____ **Email:** _____

FATHER: _____ **House #:** _____ **Cell #:** _____ **Work #:** _____

Occupation: _____ **Hours of Work:** _____ **Email:** _____

EMERGENCY CONTACTS: (emergency contacts are allowed to sign in/out a child from school);
(provide 2 if possible):

A) **Name:** _____ **Relationship to the child:** _____ **Home #** _____

Legal Address: _____ **Cell #:** _____ **work #:** _____

B) **Name:** _____ **Relationship to the child:** _____ **Home #** _____ :

Legal Address: _____ **Cell #:** _____ **work#** _____

ATTENDANCE SIGN IN/OUT: (additional person(s) authorized by guardian)

Name: _____ **Relationship to the child:** _____ **phone:** _____

Legal Address: _____

ADDITIONAL (SHARED CUSTODY) Information:

Name(s): _____ **Relationship to child:** _____

Address: *(both your mailing address and street address or legal land description are required)*

House #: _____ **Cell #:** _____ **Work #:** _____

Occupation: _____ **Hours of Work:** _____ **Email:** _____

OTHER FAMILY INFORMATION (OPTIONAL):

SIBLINGS:

Full Name: _____ **Age:** _____ **Current School:** _____

Full Name: _____ **Age:** _____ **Current School:** _____

Full Name: _____ **Age:** _____ **Current School:** _____

Full Name: _____ **Age:** _____ **Current School:** _____

MEDICATION INFORMATION;

Health Care No. _____ (Include Province if not Alberta)

Family Doctor Name: _____
Clinic: _____ Phone: _____ Other Special Practitioner: _____

HAS YOUR CHILD BEEN IMMUNIZED? (CIRCLE) YES NO

List any conditions which the school needs to know (for example: medical conditions, allergies, sensitivities, developmental delays or concerns):

IF MEDICATION REQUIRED:

Does your child require medication during school hours? No / Yes

If Yes: Medication Administration / Permission: I _____, give authorization to the staff of Fingerprints Discovery Preschool to administer medication to my child, _____. I agree to provide the original labeled container and the time at which medication is to be administered. I acknowledge that the medication can only be administered according to labeled directions. I am aware that only staff members will administer medications. I am aware that Fingerprints Discovery Preschool and/or Rimbey Christian School will not be held responsible for further illnesses, injuries or costs incurred as a result of administering medication to my child.

Name of Medication _____

Administration Instructions: (specific) _____

Signed: _____ Date: _____

CLASS SCHEDULE/FEES/ENROLLMENT

Class schedules will be announced each school year including added classes or cancelled classes due to enrolment.

Check Choice Below:	Class choices:	Two days per week: Tuesday/Thursday
	Morning class (3.5 hours of 8:30 am to 12 noon)	\$120.00/ per month
	Day Time class (6 hours of 8:30 am to 2:30 pm)	\$210.00/ per month
X	One Time Registration Fee	\$25.00

DECLARATION / CONSENT:

In making this application, I affirm that I am the legal (custodial) parent or guardian of the child applicant; I understand and hereby consent to all of the information within this application; and I agree to policies of the Fingerprints Discovery Preschool. I realize I am responsible to be familiar with the Fingerprints Discovery Preschool Program Plan, including the Child Discipline Policy. From time to time the Fingerprints Discovery Preschool plans events/fieldtrips which occur off-site (Rimbey or area). A specific field trip authorization form will be issued for consent, for excursions involving transportation. Walking tours may occur without consent or prior notice.

I understand I will be contacted using the phone numbers I provide in case of medical emergency; however I also authorize the school to take my child to the nearest medical facility, or call for emergency services to attend to my child in the case of a severe medical emergency.

I understand that the preschool is a Christian faith based program. Fingerprints Discovery Preschool seeks to create a positive atmosphere in the classroom and support child development. Children’s behaviour will be guided to encourage self-respect, respect for others, respect for property, and safety. Preschool staff will use behaviour strategies as explained in the program plan and as staff deem fit to each situation. Physical punishment is strictly forbidden. Ongoing behavioural concerns will be discussed with parents. If behaviour is deemed by staff to pose danger to the child, other children, or any person(s); RCS may refer guardian(s) to professional services.

I understand that fees are payable on the first of each month. No refunds for absent days (illness, holidays, etc) or for school closures. Applications for parent subsidies are my responsibility and fees remain due to school until an application is approved by the Government of Alberta.

Enrolment to the preschool program may be cancelled at the discretion of RCS due to unresolved children's behaviour issues posing danger, failure to pay fees for programming, or non-compliance to appropriate and respectful communication to school staff.

I agree to provide a full criminal record check, including vulnerable sector search to the School Office. I understand that according to privacy legislation, all of the information I provide in this regard, shall be held as confidential by the School. I declare that there is no other reason on file, neither health nor security, that would prevent me from providing safe and secure assistance to the children, along-side playschool staff. The record check is free of charge for volunteering purposes and is obtained in person from the local RCMP detachment where you live.

Parent/Guardian Signature: _____ **Date:** _____

Personal Information Protection Act (PIPA) CONSENT TO DISCLOSE PERSONAL INFORMATION

Bill 44, the *Personal Information Protection Act*, came into effect for independent school boards on January 1, 2004. In brief, PIPA requires independent schools to protect and manage all the personal information that they hold according to standards that protect individual privacy. Personal information is any information about an identifiable person. For our purposes, it includes information about a person's home location, contact numbers, family, education, finances, and health only to the extent that this is relevant to the operation of the school, the Board and its Committees.

Rimbey Christian School, as part of its registration process, will collect personal information from parents and guardians who are enrolling their children in the school. Some of this information may be compiled and used as follows:

- to create class lists, family directories, telephone lists, and committee lists for internal use and to distribute among school families;
- to verify absenteeism, using related contact information;
- to promote the school within the context of the school, on the website and through submissions to the media, using school photos, including individuals, class, team, and club photos;
- to promote the school using students' work, including displays on the website;
- to make a donator contact list which will be used by our school treasurer, bookkeeper, finance committee and board; but will not be shared outside the context of the school;
- to promote student health and as required by statute (For example, health alert lists will be distributed to teachers, and students' names, grade levels, parents or guardian names must be given to the Rimbey Public Health Nurse of the David Thompson Health Region.);
- For other purposes related the operation of the school.

For more information or clarification, please contact the Principal at 843-4790.

CONSENT TO DISCLOSE PERSONAL INFORMATION

I/We give permission for the release of information as outlined above for my/our family members:

PRINT FAMILY NAME (last name): _____

LIST EACH CHILD YOU ARE CONSENTING FOR AND YOUR NAME(S) AS PARENT/GUARDIAN

If there are areas of concern (ie: photographs, or publication thereof), please contact the office and/or note your specific exclusions or concerns below and specify which family member(s).

Exceptions or concerns (if any): _____

AUTHORIZATION SIGNATURE(S):

Parent/Legal Guardian

PRINT NAME

SIGNATURE

DATE

The Rimbey Christian School may take photos at school functions and events that include your family members, including guests of your family, such as grandparents, aunts, uncles, etc. that might be posted on our website or offered for publication the local paper, etc. If you have any concerns with this occurring, regarding any of your family or extended family, please ensure you indicate this on the PIPA form above, and also please notify the school.

Rimbey Christian School Registration Declarations:

If you wish to declare the student is Aboriginal, please select one:

First Nation (status)	First Nation (non-status)	Métis	Inuit
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For further information, please refer to: www.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 403-843-4790. Principal@rimbeychristianschool.com.