



**Rimbey Christian School**  
**Fingerprints Early Childhood Services**  
*Celebrating each child as a unique creation of God*



2018-2019

**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 1<sup>st</sup> person to contact & include area code):

**MOTHER:** \_\_\_\_\_ House #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hours of Work: \_\_\_\_\_ Email: \_\_\_\_\_

**FATHER:** \_\_\_\_\_ House #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hours of Work: \_\_\_\_\_ Email: \_\_\_\_\_

**ALTERNATE EMERGENCY CONTACTS:** (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# \_\_\_\_\_

**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: \_\_\_\_\_

**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 E.C.S. 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 E.C.S. 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Medication \_\_\_\_\_

Administration Instructions: (specific) \_\_\_\_\_

**MEDICAL 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):

Professional Assessments completed by: \_\_\_\_\_ Results: \_\_\_\_\_

**ATTENDANCE (SIGN IN/OUT):**

List any other person(s) you authorize besides this child's parents and emergency contacts that you authorize to sign your child IN and OUT of playschool care:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**FIELD TRIP EXCURSIONS:**

From time to time the E.C.S. plans events/fieldtrips which occur off-site (Rimbey or area). A specific field trip authorization form will be used for consent, for excursions involving transportation. Walking tours may occur without consent.

**CHILD DISCIPLINE POLICY:**

Fingerprints E.C.S. seeks to create a positive atmosphere in the classroom. Children's behaviour will be guided to encourage self-respect, respect for others, respect for property, and safety. Staff will use appropriate classroom behaviour strategies. Physical punishment is strictly prohibited. Ongoing behavioural concerns will be discussed with parents. If behaviour is deemed by staff to be hurtful to other children, solutions will be sought out however, parent(s) may be asked to remove their child from the program.

**OTHER FAMILY INFORMATION (OPTIONAL):**

**SIBLINGS:**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current School: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current School: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current School: \_\_\_\_\_

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**VOLUNTEERING / BOND FEE:**

Parent volunteers are critical to the successful operation of the E.C.S. program. Examples of volunteer activities are: classroom cleaning, or tidy up, fundraising activities, field trips, committee designations, activity prep, etc. A fee of \$75 will be held in the form of a bond cheque, which shall remain on file at the school and will be negotiated if you are unable to fulfil your volunteer commitment. The playschool needs up to 10 hours of volunteer time from each family. Speak with the teacher if you anticipate any problems so that reviews can be done case by case.

**CHANGES TO REGISTRATION INFORMATION MUST BE PROVIDED TO SCHOOL ASAP:**

(Information such as: phone numbers, emergency contact information, medications, address, request to change enrolment, etc.)

(office Use) Information Update as of Date: \_\_\_\_\_

Information: \_\_\_\_\_

**SCHEDULING:**

E.C.S. operates on Tuesday and Thursday mornings-

Please enrol my child into the following program:

Playschool: 9:30 a.m. – 12:30 p.m. (3 years of age by Sept 1) \_\_\_\_\_

Pre- K : 8:30 a.m. -12:30 p.m. (4.5 years of age by Sept 1) \_\_\_\_\_

NOTE: Minimum/maximum class sizes will be determined by RCS each school year.

**FEES:** Fees are due on the first class day of the month

Registration Fee:	\$25 per child	non-refundable	enclosed: _____ (method & date)
Bond Fee	\$75.00		enclosed: _____ post dated for June 2019
Monthly fee Playschool:	\$100.00		enclosed: _____ post dated cheques-other
Monthly fee Pre-K	\$110.00		enclosed: _____ post dated cheques -other
Drop In fee	\$20.00 per day		Pay as you go

**N.S.F. CHARGES/LATE FEES:** will be applied to your account with Rimbeby Christian School for any returned items. Unpaid fees could result in your child losing their registered spot. Subsidies are available, see below; otherwise contact the school office if you require payment arrangements.

**Stay at home parent subsidy:**

AB Government stay-at-home parent subsidy is available through Fingerprints E.C.S. This subsidy can provide financial assistance for above fees if applicant qualifies. Application can be made online at [www.child.alberta.ca](http://www.child.alberta.ca). Please talk to the E.C.S. Teacher if you have any questions.

I have received/or applied for subsidy \_\_\_\_\_ (yes/no)

**It is the parent’s responsibility to pay all portions of fees to the school until subsidy payments commence. Speak to teacher if you anticipate any problems.**

**PLEASE NOTE:**

Notice to the school is requested 1 month prior to withdrawal from program.

There will be NO refunds for unexpected school closures, absent days, statutory holidays, or child illness. (Absent days also refer to family travel/vacation).

Fees will be prorated for new registrations occurring mid month at \$12.50 per class day.

However, there will be no refund for withdrawals after May 1<sup>st</sup> without adequate notice.

**SECURITY REQUIREMENTS FOR ALL VOLUNTEERS / CLASSROOM HELPERS:**

I agree to provide a full criminal record check, including vulnerable sector search to the School Office ASAP. 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, neither health nor security; that would prevent me from providing safe and secure assistance to the children, along-side playschool staff. (This record is obtained in person from the local RCMP detachment)

Acknowledge: \_\_\_\_\_ (Initial)

## 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 E.C.S.. I realize I am responsible to be familiar with the Fingerprints E.C.S. Program Plan, including the Child Discipline Policy. I consent to my child participating in walking tours. 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.*

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**

Child Name	Parent/Guardian Name

*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.

**Fingerprints E.C.S.**  
**Parent/Guardian Information**  
**For your records**

**Cell Phone/Electronics Policy - Teachers, EAs, and Volunteers**

1. In order to respect the important work of the classroom, the teaching, and learning environment, this document is to clarify the cell phone/electronic devices policy for the school. The policy is:

- no cell phones are to be used when working with children, ie, NO cell phones during class time.
- if you need to contact someone, breaks are the time to do this - and do not use your cell phone in front of the students. Go to the staff room, or use a room where you can use your phone in private.
- parents who are accompanying a field trip, please do not use your cell phone. One valuable purpose of field trips is to build community, and this is best done through engaging with the students. Should you need to contact someone, please do so discreetly, and keep it to an absolute minimum. Remember- the students are looking to you to be a role model, and the message we want to send our students is that they are worth our undivided attention and we want to focus on them, not our cell phones. Understandably, you use your cell phone to take pictures. DO NOT post these pictures to Facebook/Social Media etc., unless you have the parents' permission of the child(ren) that are in the picture.

2. Thank you for your cooperation - we are trying to make RimbeY Christian School the best it can be!

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