

Registration Form

Please ensure the following is included:

Cochrane Valley Montessori School

- ___ a copy of your child's birth certificate
- ___ immunization record
- ___ \$100.00 application fee for new applicants
- ___ immigration permits if not a Cdn. citizen
(permanent resident, visa etc.)

School Year: 2019-2020

Student Details

First Name _____ Middle Name _____ Last Name _____ M F

Primary Residence: _____ Postal Code: _____

City: _____ Province: _____

Phone Number: _____

Birth Date: _____ Birth Year _____ {Age: ___yrs ___mnths (Sept./2019)}office only}

Start date: _____

Most Recent School _____

Teacher: _____ Phone: _____

Years Attended: _____

Other Montessori Schools attended _____ Years attended: _____

Resident School Board: _____

Does this child have any learning difficulties/differences/disabilities, speech/hearing problems, behavioural issues? If yes, please specify. Is the child receiving external /professional support for this? Are there any professional assessments this child has received which the previous school has reports for? Is your child currently on an IPP (Individual Program Plan) with his/her other school?

If the student's attendance at school may be affected by an existing medical or physical condition, it is your responsibility to complete and submit the Student Medical Condition form that is available from the school and will be completed in September. Does your child have any medical or physical conditions that may affect his/her attendance at school? Yes No If Yes, please give a brief description

Student Medical or Physical Condition form completed? Yes No

Does your child have allergies or dietary restrictions? Yes No

If yes, allergy form completed Yes No

Alberta Health Care Number (This information will only be used for obtaining emergency medical care.

The number may be requested by a Health Services Provider as a pre-condition to providing medical service)

Family Details

Mother/Guardian

Father/Guardian

Full Name: _____

Address: _____

____ as above _____

____ as above _____

Postal Code : _____

Home phone _____

Work ph/cell phone _____

Email address: _____

Occupation: _____

Sibling names and ages

____ Is another child in your family applying? ____ Will you attend a parent information session in August?

Student lives with: Both parents Mother Father Legal Guardian Other (specify) _____

Custody

NOTE: If a custody order or any other legal document governing the custody or guardianship of your child exists, a copy or the most recent custody document must be placed in the student record.

Name of Legal Document _____ Attach copy

Emergency Contacts

It is essential that you provide the names and phone numbers of individuals who have given their permission to be contacted in the case of emergency if the school cannot reach the parent or guardian listed above.

1 Name _____ 2 Name _____ 3 Child Care Provider _____

Address _____ Address _____ Address _____

Postal Code _____ Postal Code _____ Postal Code _____

Phone Number(s) _____ Phone Number(s) _____ Phone Number(s) _____

Home () _____ Home () _____ Home () _____

Business () _____ Business () _____ Business () _____

Cell () _____ Cell () _____ Cell () _____

Relationship to Student

Relationship to Student

Name

Preschool children: ages 3, 4 and 5 Circle Day schedule you are choosing:

3 year olds: - 3, 4 or 5 half days mornings, 4 year olds: - 4 or 5 half days, 5 year olds: - 4 or 5 half days or 5 full days.

Keep in mind holidays usually land on a Monday or a Friday, other days can be chosen that week if a holiday does arise! **Circle choices!**

Monday Tuesday Wednesday Thursday Friday

For Age 3 and 4 year olds, Child and Family Services stipulate that the children can attend for up to 4 hours as a preschool.

(We cannot guarantee your choice but we will do the best we can to accommodate your preference)

When your child reaches 4 yrs 6months they can come full days : Y N

Before school care: Y N (8-9:00am) After school care: Y N (3:30-6:00pm)

Citizenship: Please include a copy of your child's birth certificate

The named student is a Canadian Citizen? Yes No Birth Country, if not Canada: _____

Citizenship, if not Canadian _____

Permanent Resident _____ Landed Immigrant _____ Child of a Canadian Citizen _____

Child of a lawfully admitted permanent or temporary resident _____

Aboriginal Eligibility

If you wish to declare that you are an Aboriginal person, please specify:

Status Indian/First Nations Non-Status Indian/First Nations Métis Inuit

Alberta Education is collecting this personal information pursuant to section 33(c) of the FOIP Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success.

English as a Second Language Eligibility (ELL) (English Language Learner)

A student may be eligible for ELL support when the primary language spoken at home is a language other than English. ELL students can be Canadian born or foreign born.

Do you think your child qualifies for ELL? Yes No Do you need assistance with interpretation? Yes No

Language mainly spoken at home: _____

Date

Signature