



Calgary Christian School

KINDERGARTEN CHECKLIST

Checklist for necessary documents for KINDERGARTEN registration:

- Palliser Student Registration Form (1 per student)
- Kindergarten Information Form
- Kindergarten Readiness Form
- Parent Perspective Form
- Immunization/Vaccine Records
- Severe Allergy/Medical Alert
- Partnership Agreement (1 per family)
- Society Membership Application (1 per family)
- Pastoral Reference (1 per family)
- Copy of Birth Certificate/Visa/Vital Stats
- Educational Accommodations
- Copy of Educational Testing (IPP) (*if applicable*)
- \$250 non-refundable Application Fee (per family)

Drop off your application package(s) at the front office of either campus.

THANK YOU!



PALLISER REGIONAL SCHOOLS Student Registration Form

FOR OFFICE USE ONLY

Local ID: _____

ASN: _____

ENTRY DATE: _____

STUDENT INFORMATION (Please Print Clearly)

School: _____ Resident school board: _____
(if other than Palliser)

Legal Name: _____
First Middle Last

AKA Surname: _____ AKA Given Name: _____
(Name by which the student is commonly known in the family and community)

Birthdate: _____ Home phone: _____
YYYY/MM/DD

Gender: M F

The student's Birth Certificate, Canadian Citizenship Certificate, Passport, Visa, Permanent Landed Immigrant document or other official document must be given along with this form in order to register. A photocopy will be placed in the Official Student Record.

Name of official document (please specify): _____

Mailing address: _____
(House and Street or Box Number) (City/Town) (Province) (Postal Code)

911 Emergency Services address (if different): _____

If no 911 address, provide Legal Land Description: _____
Qtr. Sect. Twnshp Range

Last school attended: _____ Location (City/Town/Province): _____

School jurisdiction: _____ Grade: _____ last completed or _____ current

PRIORITY CONTACT INFORMATION

Contact 1 (parent/guardian)

First & last names: _____

Relationship to student: _____

Address: _____

Home phone: _____

Cell phone: _____

Business phone: _____

To receive school newsletters and other school correspondence by email, please provide an address (optional)

Email address: _____

Contact 2 (parent/guardian)

First & last names: _____

Relationship to student: _____

Address: _____

Home phone: _____

Cell phone: _____

Business phone: _____

To receive school newsletters and other school correspondence by email, please provide an address (optional)

Email address: _____

Student is living with (check all that apply) Contact 1 Contact 2 Other _____

If school staff are required to enforce a custody or restraining order, a copy MUST be submitted to the school.

MEDICAL INFORMATION

Medical information (allergies, medical conditions, etc.): _____

If school staff will be required to administer medication, please request the appropriate form from the school office.

EMERGENCY CONTACT INFORMATION

First & last names: _____

Relationship to student: _____

Address: _____

Home phone: _____

Cell phone: _____

Business phone: _____

In the event the parents/guardians listed as Contact 1 and 2 are unavailable, please provide an emergency contact person. Please ensure the contact person you provide is advised that their name has been provided for this purpose.

CITIZENSHIP

Is the student 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 Refugee Claimant

Student Authorization - Study Permit Study Permit Expiry Date: _____

YYYY/MM/DD

FRANCOPHONE ELIGIBILITY

The exercise of Francophone eligibility rights refers to instruction in a Francophone school, NOT a French Immersion school. According to the School Act and Section 23 of the Canadian Charter of Rights and Freedoms, a student is eligible for instruction in a Francophone school if at least one parent is a Canadian citizen and one of the following three conditions exists:

- Either parent's first language learned and still understood is French, or
- Either parent has received their primary school instruction in Canada, in French, or
- One or more of the parent's children has received or is receiving primary or secondary instruction in French in Canada

Does your child have Francophone Eligibility? Yes No

In Alberta, parents can only exercise this right by enrolling their child in a French first language (Francophone) program, offered by a Francophone Regional authority. Contact the school office for a listing of Francophone authorities.

ABORIGINAL SELF-IDENTIFICATION

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

First Nation (Status)

First Nation (Non-Status)

Metis

Inuit

For further information, please refer to <https://education.alberta.ca/systeme-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 Palliser Regional Schools Superintendent at 403-328-4111.

ENGLISH AS A SECOND LANGUAGE (ESL) ELIGIBILITY

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

Do you think your child would benefit from ESL support? Yes No Do you need assistance with interpretation? Yes No

Language mainly spoken at home _____

SIBLING INFORMATION

If the student has siblings attending other schools in Palliser, please list name, birthdate (YYYY/MM/DD) and school:

NOTICE OF RELIGIOUS INSTRUCTION

Students attending this alternative school within Palliser Regional Schools will be receiving religious faith-based instruction, exercises and instructional materials which permeates the school program and culture. The Palliser Board of Trustees supports faith-based alternative programs within Palliser Regional Schools. Should you have questions, please discuss them with your school Principal.

CERTIFICATION

I hereby certify that the information provided on this form is true, correct and complete to the best of my knowledge and belief. I also certify that I have received and read the brochure explaining the implications of the Freedom of Information and Protection of Privacy (FOIPP) Act, and I am aware of the uses that will be made of personal information collected herein:

Signature of Parent/Legal Guardian/Independent Student

Date

"Together we will ensure learning success for all students to develop their unique potential as caring citizens in a changing world."

PALLISER REGIONAL SCHOOLS MEDICAL ALERT FORM



Post on Staff Room Bulletin Board for All Staff

Student: _____ Grade _____

PHOTO OF STUDENT:

Teacher: _____

Medical Condition: _____

Symptoms of Reaction: _____

DO THIS IMMEDIATELY: _____

Staff Who Know How to Help Student: _____

Medical Treatment: _____

Name of Medication: _____

Dosage: _____ Method of Administration: _____

Location of Medication: _____

Administer within _____ minutes.

If no relief: _____

Possible side effects: _____

**N.B.: FOR LIFE-THREATENING REACTIONS,
CALL 911 FOR AMBULANCE**

PALLISER REGIONAL SCHOOLS PERMISSION TO POST STUDENT MEDICAL INFORMATION



The *Freedom of Information and Protection of Privacy Act* (FOIP) sets controls and standards on how school boards collect, use, disclose and dispose of the personal information in their custody or under their control.

Because it is important to quickly identify the type of medical attention required by a student in need of medical treatment, we are requesting your permission to post your child's information (student's name, picture and medical information) as listed on the Medical Alert Form in the staff room. We understand that the student's medical information is provided to us in confidence and it will be protected and used in compliance with the *FOIP Act*.

I, _____ (parent/guardian) hereby grant consent to Palliser Regional Schools to post my child's information as listed and described on the Medical Alert Form.

Full Name of Student

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

Questions or concerns regarding this information may be directed to:

Palliser Regional Schools

#101, 3305 – 18 Avenue North, Lethbridge, AB T1H 5S1

Phone: (403) 328-4111 (1-877-667-1234 toll-free)



Educational Accommodations

Please note: Alberta Education provides limited funding to accommodate additional needs.
Each case will be evaluated based on the specific needs of the student.

****This form must be completed for each student applying, regardless of their need for resource support and returned with your application.****

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____ GRADE ENTERING: _____

Please complete the following section as thoroughly as possible. The information you provide will better enable us to accommodate and/or determine if there is assistance available for your child. *Please be advised the assessment team may request to contact the last school your child attended to be better informed of your child's education needs.*

- 1) Has your child ever received:
- | | |
|---------------------------------------|----------|
| Speech Therapy? | YES / NO |
| Occupational Therapy? | YES / NO |
| Psycho Educational Assessment ? | YES / NO |
| Psychological Counseling? | YES / NO |
| Extra tutoring from Private Facility? | YES / NO |
| Behaviour Support? | YES / NO |
| Physio Therapy? | YES / NO |

**If YES, please send reports with application package.*

- 2) Has your child received additional assistance from a Learning Support Teacher or Learning Assistant? YES / NO
If YES, please describe level and types of support received:

| GRADE | SUPPORT |
|-------|---------|
| _____ | _____ |
| _____ | _____ |

- 3) Has your child ever been on an Individual Program Plan (IPP) in school? YES / NO

If YES, please include a copy of the most up-to-date program plan.

If YES, please note the grade level your child level was in when the IPP was introduced, as well as the grade level when the IPP was deemed no longer necessary. (An end date may not be applicable).

- 4) How was the need for support determined?

Personal evaluation Registered psychologist General practitioner Teacher/Learning Support Teacher Other

- 5) Has your child ever been coded for resource support? YES / NO

If YES, please include supporting documentation. What number (level)? _____

- 6) Is your child currently undergoing testing and/or evaluation with a psychologist or other support person? YES / NO

I acknowledge that the information I have given on this form is true and accurate to the best of my knowledge.

Parent/Guardian FULL NAME

SIGNATURE

DATE

Providing false or misleading information may be cause for revocation of admission.



For Office Use

Date and Time Rec'd: _____

Confirmed Program: _____

KINDERGARTEN CLASS INFORMATION FORM

Student's Name _____ Date _____

Mother's Name _____ Father's Name _____

Did Mother attend CCS? Year(s): _____ Did Father attend CCS? Year(s): _____

Entrance Age: Student must be 5 years old by December 31.

Class Times: Calgary Christian School offers a Kindergarten program from September to June. Four full-day classes are available (see times in chart below). Class lists will take into account several factors including complete registration packages, parental preference, class size, boy/girl ratio and individual circumstances.

Class Size: Minimum class size is 12 students per class; maximum class size is 20 students per class. (Changes to class sizes are subject to approval by administration).

Please indicate your class preference in the chart below and return this form with your registration package.

| Available Classes | 1st Choice | 2nd Choice |
|---|------------|------------|
| <p>Tuesday, Thursday & scheduled Fridays 8:30 am - 3:30 pm (Friday dismissal 1:45 pm)</p> | | |
| | | |
| <p>Monday, Wednesday & scheduled Fridays 8:30 am - 3:30 pm (Friday dismissal 1:45 pm)</p> | | |

Please state below any reasons that a particular class choice would **NOT** be an option for you.

Is your child currently attending a Preschool or Kindergarten program? _____

If so, where? _____

KINDERGARTEN READINESS CHECKLIST

Student's Name: _____

Birthdate: _____

This checklist has been designed for two reasons: 1) It will give us detailed information about your child, and 2) it will help you prepare your child for school. Before you begin, remember that you are your child's first and most important teacher. Every day, your child is learning as you talk, play and work together. Your child will develop at his/her own rate; however, a stimulating environment filled with peer and family activities, books, games, etc., will promote readiness. Your child will learn by doing, so remember that play is an essential part of learning. Your child learns best when he/she is involved in activities that are interesting and fun.

Readiness is a combination of age, individual growth and experience. Children mature at and reach readiness levels at different rates. Therefore, each child must be examined as a unique case. We must then look at the individual readiness of the child in terms of specific skills achieved. *Remember, entering students may not demonstrate competency in all skill areas. **Please complete this checklist carefully (make a copy for yourself) and return it with your registration information.**

My child is able to:

Behavioral Skills

- _____ Be away from parents for a few hours without obvious fear
- _____ Enter a new activity without fear
- _____ Sit quietly while attending to a short story
- _____ Start own play activity
- _____ Play cooperatively with others
- _____ Participate in clean-up activities
- _____ Use please, thank-you, excuse me, etc.
- _____ Listen and follow/obey simple directions including two steps (" first do _____, then _____")

Self-Help Skills

- _____ Take care of toilet needs without help (wipe him/herself, flush toilet, wash hands, etc.)
- _____ Avoid toilet accidents
- _____ Hang up sweater, coat, or jacket without help
- _____ Take responsibility for own belongings
- _____ Zip zipper on jacket (after it is started)
- _____ Put on own shoes (not laces)

Language and Listening

- _____ Be understood by strangers
- _____ Show familiarity with some nursery rhymes or stories
- _____ Sing the ABC Song with few mistakes
- _____ State his/her own age verbally
- _____ Talk in sentences of more than three words
- _____ Handle books right side up, turning one page at a time
- _____ Practice accepted patterns of speech (irregular verbs, however, are still emerging)
- _____ Remember and retell facts of a simple story
- _____ Complete a two-step simple direction
- _____ Match rhyming sounds like: sat and hat*
- _____ Recognize some (10 or so) letters of the alphabet
- _____ Tell his/her phone number*
- _____ Read a simple sentence*
- _____ Tell birthdate (month/date)*
- _____ Tell last name

Writing and Spelling

- _____ Copy, draw and reasonably trace a line and a circle
- _____ Print his/her first name using a capital and lowercase letters
- _____ Recognize his/her first name
- _____ Write numbers to 10*

Small Muscle Skills

- _____ Put together a simple nine-piece puzzle
- _____ Button buttons in correct holes
- _____ Use scissors effectively (with scissor thumb oriented up)
- _____ Hold a pencil correctly
- _____ Colour and stay within the lines*
- _____ Tie a knot
- _____ Tie shoes*

Math Skills

- _____ Count from 1 to 6
- _____ Show understanding of up, down, back, front, high, low, over and under
- _____ Demonstrate one-to-one correspondence with concrete objects (counting)
- _____ Recognize similarities such as color, size and shape

Large Muscle Skills

- _____ Identify general body parts (back, stomach, head, legs, etc.)
- _____ Walk downstairs placing one foot on each stair
- _____ Bounce a ball five times
- _____ Catch a ball when bounced
- _____ Hop on either foot
- _____ Skip
- _____ Build with blocks
- _____ Paint at an easel

Other

- _____ Sing some songs
- _____ Identify and name the eight basic colors
- _____ Indicate which is the left or right hand*
- _____ Tell the left and right sides of an object*

The above items are to be used only as a guideline. There are some skills (marked with *) that only a very few children will come into Kindergarten knowing. Each child is a special person, created by God, who will unfold according to His plan.

Thank you for your support in filling out this checklist and parent viewpoint and returning it to the school with your registration information.

In Christ's Service,

Kindergarten (ES) Teachers

Parent/Guardian Signature _____ Date _____

References:

Keep, Linda J. Teaching Today. Ask the Psychologist: Kindergarten Readiness, Sept./Oct. 1990.
 Massey, J.O. (1979 ed.) Readiness for Kindergarten: A Colouring Book for Parents. Consulting Psychologists Press.

PARENT PERSPECTIVE

Student's Name: _____ Birth Date: _____

Parents' Name: _____ Email: _____

Phone: _____

We need your help in order to provide your child with a program that meets his/her individual strengths and interests. Young children progress at different rates in different areas of growth (e.g. physical, emotional, hand skills, attention, memory). Any insight you can give us into your child's learning stages and styles would be appreciated.

Please feel assured that all information will be treated as confidential, will be kept in your child's file and will be used only by staff in the best interests of the student.

The following questions are suggestions for sharing information about your child with the school. Do not feel obliged to answer all questions and please feel free to add other information that you feel would describe him/her more fully.

GENERAL INFORMATION:

1. Previous "school" experience:

If your child has been in "school" before, please describe the type of program (For example: nursery school, playschool, daycare, kindergarten, etc.)

What did your child enjoy most?

Were there any things your child did not like? (For example: noise, phys.ed., paint)

2. List your child's special interests. (For example, sports, church/community groups, swimming, books, music)

3. Please list your child's:

Strengths

Areas for growth

4. **Does your child have any fears or anxieties?** (For example: being alone in dark, dogs, bees, etc.)

5. **How does your child behave in new situations?** (For example: withdrawn or excited)

6. **What is the most important area of growth you would like for your child this year?** (For example: getting along with others, self-confidence)

7. **Do you have any other information you wish to share with us about your child?**

FAMILY INFORMATION:

1. Please give the names of the members of your family and/or extended family living in your home (including the ages of siblings).

2. Which language(s) is/are spoken in the home?

Which language(s) is/are used by the child?

3. What activities do you share as a family?

4. How would you describe the manner in which your child relates and interacts with members of your family?

5. Does your child have playmates in the community? How does he/she get along with them?

Parent/Guardian Signature

Date