

2024-25 Junior Kindergarten Program

Completed Registration Forms can be emailed to shoshanna.pierce@ngps.ca



FOR OFFICE USE ONLY:

- Birth Certificate
 - Proof of Age
 - Non-refundable deposit (School Cash Preferred)
 - 2 Day (5 hour) Program - \$56.00/month
 - 4 Day (10 hour) Program - \$159.00/month
- Deposit includes September 2024 and May 2025 preschool fees.**
- 3 & 4 Year: Monday/Wednesday am (5 hr)
 - 3 Year: Tuesday/Thursday am (5 hr)
 - 4 Year: Monday/Wednesday pm (5 hr)
 - 4 Year: Tuesday/Thursday pm (5 hr)
 - 4 Year: Monday-Thursday am (10 hr)
 - 4 Year: Monday-Thursday pm (10 hr)



*Payment Options:

School Cash Online is the preferred method for debit or credit card. We also accept cheques and cash.

Parents may also choose to pay the **yearly fee** of \$252.00 (5 hour program) or \$715.50 (10 hour program). This includes the deposit.

Receipt Number: _____ Received by: _____ Date Received: _____

NOTE: Withdrawing from the program will require one month's written notice. The deposit will be applied to September 2024 and May 2025 payments. The fee is non-refundable.

Initials: _____

2024-25 Junior Kindergarten Class Preference

Date: _____

Child's Last Name: _____ Child's First Name: _____

Please number your class preferences:

- 3 & 4 year old - Monday and Wednesday mornings (2 days)
- 3 year old - Tuesday and Thursday mornings (2 days)
- 4 year old - Monday and Wednesday afternoons (2 days)
- 4 year old - Tuesday and Thursday afternoons (2 days)
- 4 year old - Monday to Thursday mornings (4 days)
- 4 year old - Monday to Thursday afternoons (4 days)

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HEALTH RECORD for _____

Child's Name

EMERGENCY CONTACTS (other than parents):

1. Name: _____ Relationship to Child: _____

Home phone: _____ Cell Phone: _____ Work Phone: _____

Home Address: _____ Postal Code: _____

2. Name: _____ Relationship to Child: _____

Home phone: _____ Cell Phone: _____ Work Phone: _____

Home Address: _____ Postal Code: _____

MEDICAL INFORMATION:

Family Doctor: _____ Phone: _____

Alberta Health Care Number: _____

My child's immunizations are up to date per my child's age: Yes _____ No _____

If not, are you planning to have your child immunized or immunization updated? Yes _____ No _____

Does your child have a medical condition, allergies (food or environmental), emotional or developmental challenges? Does your child take any medications?

TOILETING:

*** Children must be fully toilet trained to participate in the Junior Kindergarten Program.

CONSENT FOR EMERGENCY MEDICAL TREATMENT:

In an emergency, my child may need medical or surgical treatment. If an emergency occurs, every reasonable effort will be made to contact the parent. If you cannot be reached, I give permission for emergency medical treatment of my child. Any expenses incurred for emergency medical treatment under this section will be my responsibility.

(Signature of Child's Parent or Guardian)

Year Month Day

(Printed Name of Child's Parent or Guardian)

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COMMUNICABLE DISEASE POLICY:

The following criteria should be used to decide when a child is too ill to attend Junior Kindergarten. Your child should not attend if he/she has any of the following symptoms:

- Diarrhea
- Vomiting
- Cold
- Fever
- Rash
- Pink Eye (Conjunctivitis)
- Ear Infection, Sore Throat, Cough

If a child develops any of the above symptoms while at Junior Kindergarten, you or your emergency contact person will be notified to take the child home.

In the case of a communicable disease (measles, mumps, rubella etc.), or parasitic infestation, those infected may not attend Junior Kindergarten until a clearance from a Doctor or Health Unit is obtained. A child must be on antibiotics for at least 24 hours, and feeling well, to be able to attend Junior Kindergarten.

I, _____ (Printed Name of Parent or Guardian) have read and understand Whitecourt Central School's Junior Kindergarten Communicable Disease Policy.

(Signature of Child's Parent or Guardian)

(Date)

RELEASE AUTHORIZATION:

Please indicate authorized person(s) (other than yourself) to whom the child may be released:

a) _____ b) _____

Person(s) to whom the child is **NOT** to be released:

a) _____ b) _____

The above information will be kept in strict confidence and will only be presented to public health officials should they require such information for any reason.

JUNIOR KINDERGARTEN DISCIPLINE POLICY:

The goal of Junior Kindergarten is to teach the children to socialize in a positive manner. Fair and appropriate discipline will help them to learn self-control in expressing their emotions. Limits will be stated kindly, but firmly, and consequences for misbehavior will be fair, logical and realistic. Children will stay in the classroom where possible and inappropriate behavior will be redirected into more positive alternatives. Children who are unable to regulate will be removed from the situation and one on one attention will be provided until the child has gained control and can safely return to the classroom.

If, in the professional opinion of the teacher, a child's behavior disrupts the normal operation of the classroom, the teacher will contact the parents and may suggest that a childcare professional assess the child regarding suitability of that child to continue in the program.

Any disciplinary action will be reasonable in the circumstances. Staff will not deny or threaten to deny any basic necessity and will not use or permit the use of any form of physical restraint, confinement or isolation. Physical and verbal degradation or emotional deprivation will not be tolerated and will result in dismissal.

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I, _____ (Printed Name of Parent or Guardian), have read and understand Whitecourt Central School's Junior Kindergarten discipline policy.

(Signature of Child's Parent or Guardian)

(Date)

Volunteer Code of Conduct

Volunteers have a special place in schools and assist in many ways including individual, small group and whole class interactions with students in a range of different activities. To assist schools in providing a safe environment and a positive educational climate, volunteers are required to comply with the code of conduct for volunteers when in our schools.

As a Volunteer, I will:

- Treat everyone with respect, loyalty, patience, courtesy, dignity and consideration;
- Be flexible in responding to the needs of students;
- Be prompt, dependable, and contact the school if I am unable to attend at the scheduled time;
- Be friendly to students, staff and other volunteers;
- Be supportive of administration and teaching staff;
- Be willing to discover the interests and strengths of each student and generate enthusiasm about each student;
- Recognize the student's need to improve self-image and independent learning habits;
- Communicate regularly with staff, expressing concerns and questions with the teacher or supervisor;
- Keep all students' information confidential. Any information that indicates that a student may harm her/himself or another person must be reported to the teacher or school counselor. If the student reports that he/she has been abused, that information must be reported to the teacher or school counselor. This information should not be repeated to friends, relatives, coworkers or other acquaintances;
- Refer all potential disciplinary problems to the classroom teacher or appropriate staff member;
- Obey all laws and regulations, including traffic laws;
- Obey all school policies and regulations:

As a Volunteer, I will NOT:

- Use, possess, or be under the influence of alcohol or illegal drugs at any time while volunteering;
- Pose any health risk to students, staff or other volunteers (i.e. no fevers or other contagious situations);
- Strike, spank, shake or slap students, staff or other volunteers;
- Humiliate, ridicule, threaten, or degrade students, staff or other volunteers;
- Touch a student, staff or other volunteer in a sexual or other inappropriate manner;
- Use profanity in the presence of a student, staff or other volunteer;
- Drive any student without prior approval by the principal in accordance with NGPS procedures.

I, _____ have read, fully understand and accept the terms and conditions of volunteering as set out in the volunteer Code of Conduct. I agree to abide by Northern Gateway Regional School Division Policies and procedures.

Volunteer Signature: _____

Date: _____

STUDENT REGISTRATION 2024-25

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM

This registration form is a legal document. Before a student can be registered by a school, a student registration form must be completed in its entirety and signed by the parent/legal guardian or by the student (if living independently). The student registration form is used to enroll a student who is new to Northern Gateway Public Schools, who is returning to the division, or who is transferring to a school within the division. A student cannot be registered without a copy of a legal document (birth certificate, permanent residency document, Canadian citizenship document, or passport) that provides proof of legal name and age.

OFFICE USE ONLY

Student ID # ASN # (9 digits)

School Grade Room Date of Registration (MM/DD/YYYY)

A copy of the following is attached: Birth Certificate Residency Document Canadian Citizenship Document Passport

If applicable, a copy of the legal guardianship/custody order is attached: Yes No

STUDENT INFORMATION		Print the student's legal surname (last name) and given name(s) below. These are the names on the student's birth certificate or adoption papers. If the student uses a different first name, there is a space at the end of this section for <i>preferred name</i> .						
Student's Legal Last Name				Date of Birth (MM/DD/YYYY)				
Student's Legal First Name				Grade Level				
Student's Legal Middle Name(s)				Language Spoken at Home (if other than English)				
Student's Preferred First Name				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified				
Student Citizenship or Immigrant Status								
<input type="checkbox"/> Canadian Citizen		<input type="checkbox"/> Child of Canadian Citizen		<input type="checkbox"/> Child of individual lawfully permitted to Canada for permanent or temporary residence				
<input type="checkbox"/> Lawfully admitted to Canada for permanent residence		<input type="checkbox"/> International student (parent/guardian residing in another country)						
Phone Numbers (with area code)								
Home Phone				Cell Phone				
Siblings								
Last Name		First Name		School		Age		
Last Name		First Name		School		Age		
Last Name		First Name		School		Age		
Town Residence Address – Proof of Residence required								
Unit Number	House Number	Street Name		Street Type	Town		Province	Postal Code
Rural Legal Land Description – Proof of Residence required								
<input type="checkbox"/> NE	<input type="checkbox"/> NW	Section		Township		Range	W5	
<input type="checkbox"/> SE	<input type="checkbox"/> SW							
Subdivision			Lot		Block		Plan	
Rural Address Sign Number								
Mailing Address (if different than student's residence) – Proof of Residence required								
Address or P.O. Box			Town		Province		Postal Code	
School History								
Has the student ever registered with NGPS? <input type="checkbox"/> Yes <input type="checkbox"/> No				Previous NGPS School				
Previous Non-NGPS School Attended		Previous School Phone Number		Previous School District		Previous School Province or Country		
Medical Information (This information could be crucial to the well-being of the student, although we understand this information is optional)								
Are there any serious medical conditions about which you wish the school to be aware? Please indicate below. <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Allergies (please specify) <input type="checkbox"/> Hemophilia <input type="checkbox"/> Heart Condition <input type="checkbox"/> Asthma <input type="checkbox"/> Other (please specify)						AHC Number		
Medical Notes (If more space is required, please attach additional notes)								

Bus Transportation

Will the student require transportation on a Northern Gateway Public Schools' bus? Yes No
 For information on student transportation and/or to apply for busing please visit ngps.ca, [Busing and Transportation](#), or contact the Transportation Department via email at transportation@ngps.ca or telephone at 1-888-785-3396. **Proof of Residence is required i.e. Utility bill.**

PARENT/GUARDIAN INFORMATION

Please identify each of the legal guardian(s) for the child being enrolled. The legal guardian is the parent or person legally appointed as guardian as defined in the *Family Law Act, Corrections Act, Corrections and Conditional Release Act, Young Offenders Act, or Child, Youth, and Family Enhancement Act.*

FIRST LEGAL PARENT/GUARDIAN	Relationship to Student				
	Last Name				
	First Name			Mr., Mrs., Ms., Dr., etc.	
	Phone Numbers (with area code)				
	Home Phone		Business Phone		
	Cell Phone		Email Address		
	Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If address is different than the student's, please complete the section below.				
	Town Residence Address				
	Street Address		Town	Province	Postal Code
	Rural Legal Land Description				
<input type="checkbox"/> NE <input type="checkbox"/> NW Section <input type="checkbox"/> SE <input type="checkbox"/> SW		Township	Range	W5	
Subdivision		Lot	Block	Plan	
Rural Address Sign Number					
Mailing Address (if different than student's residence)					
Address or P.O. Box		Town	Province	Postal Code	

SECOND LEGAL PARENT/GUARDIAN	Relationship to Student				
	Last Name				
	First Name			Mr., Mrs., Ms., Dr., etc.	
	Phone Numbers (with area code)				
	Home Phone		Business Phone		
	Cell Phone		Email Address		
	Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If address is different than the student's, please complete the section below.				
	Town Residence Address				
	Street Address		Town	Province	Postal Code
	Rural Legal Land Description				
<input type="checkbox"/> NE <input type="checkbox"/> NW Section <input type="checkbox"/> SE <input type="checkbox"/> SW		Township	Range	W5	
Subdivision		Lot	Block	Plan	
Rural Address Sign Number					
Mailing Address (if different than student's residence)					
Address or P.O. Box		Town	Province	Postal Code	

EMERGENCY CONTACTS

An **emergency contact person** is someone who resides in the vicinity of the school, other than the student's parent or guardian, who can be called upon to quickly respond to an emergency situation if the parent or guardian is unavailable.

Emergency Contact #1		Relationship to Student	
Home Phone	Business Phone	Cell Phone	
Emergency Contact #2		Relationship to Student	
Home Phone	Business Phone	Cell Phone	

Guardianship Rights and Student Protection

Guardians of the student must be identified to ensure each party's rights are respected. If an order does exist affecting guardianship rights or custody or access rights, a copy of the order will be required to be placed in the student record. The court seal must be evident on the order. In rare instances, a child may be designated as "protected" if a court issues a restraining order under the *Child Welfare Act, Divorce Act, Young Offenders Act* or similar legislation.

Does a legal document exist? Yes No Document Expiry Date (MM/DD/YYYY, if applicable)

Type of Legal Document Access and/or Custody Parenting Guardianship Protection

Where a person claims to be a parent or guardian, or claims the existence of any limitation on the authority of a parent or guardian, the onus is on the person to provide proof of the claim. Please ensure that the division has copies of all current orders or agreements addressing guardianship rights, responsibilities, and entitlements or otherwise affecting the custody of or access to your child.

Family Circumstances	
Are there family circumstances you wish to share with the school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please make an appointment with the principal.	

Independent Student Status	
The <i>School Act</i> defines an independent student as someone who is (i) 18 years of age or older, or (ii) 16 years of age or older and (a) who is living independently, or (b) who is party to an agreement under Section 57.2 of the <i>Child, Youth, and Family Enhancement Act</i> .	
Are you claiming status as an Independent Student under the definition of the <i>School Act</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Francophone Rights	
According to Section 10 of the <i>School Act</i> and Section 23 of the Canadian Charter of Rights and Freedoms , a parent or legal guardian who is a Canadian citizen has the right to have his/her children receive school instruction in French. This applies if the parent/guardian is a resident of Alberta and French was the first language learned, and is still understood, by at least one parent or one or more of the parents or one or more of their children have received/are receiving instruction in a French First Language Program or school in Canada (this does not include a French Immersion program).	
Do you claim entitlement to a Francophone Education under the terms of the <i>School Act</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have answered yes, the Student Record Regulation requires Northern Gateway Public Schools to release demographic information about the student and parent to the local Francophone Education Board upon written request from the school jurisdiction.	
If yes , do you wish to exercise your right to have your child educated in French? <input type="checkbox"/> Yes <input type="checkbox"/> 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.	

Indigenous Self-Declaration	
If you wish to identify that your child has First Nations, Métis or Inuit ancestry, please specify:	
<input type="checkbox"/> Status/First Nations <input type="checkbox"/> Non-Status/First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit	
For further information, please refer to Alberta's First Nations, Métis or Inuit Student Self-Identification 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 Deputy Superintendent at 780-778-2800 or 1-800-262-8674.	

Student Treaty Status and Residency	
Does this student have treaty status? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this student reside on reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Indian Registry Number (IRN – ten digit number)	
Name of Reserve	
Complete Address on Reserve	

Digital Citizenship and Technology Use	
As a condition of using Northern Gateway Public Schools network resources, I understand that access to division information resources, including access to internet and cloud-based resources, is a privilege and agree to abide by Administrative Procedure 640 – Responsible Use of Technology and the regulations identified in Administrative Procedure 640 – Form 640-1 Technology Use Agreement .	

Please initial to indicate that you have read and understood the policies and regulations identified above.	Initials
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Using and Disclosing Personal Information	
Northern Gateway Public Schools recognizes that all procedures for the collection and storing of information by division staff in the course of affairs and procedures regulating the release of information to other parties must follow provisions of the <i>Freedom of Information and Protection of Privacy (FOIP) Act</i> . Access to information is guided by Administrative Procedure 564 - Freedom of Information and Protection of Privacy . Further details can be found in our FOIP and Media Consent document.	

Please initial to indicate that you have read and understood the policies and regulations identified above.	Initials
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Media Participation	
While under the supervision of Northern Gateway Public Schools, I hereby give Northern Gateway Public Schools and outside organizations permission to photograph, video tape, audio tape, and/or interview my child. I understand that this means that a photograph(s), video(s), audio tape(s), interview(s), or likeness of my child may be collected, used, reproduced, and broadcast within NGPS and by the outside organization for displays, publications (including yearbooks), websites, social media, other electronic media, and advertising or promotional materials.	
I hereby give Northern Gateway Public Schools permission to use, publish, display, and copyright any work, written material, or creative work created or authored by my child through school activities. I understand that artwork, written material, or creative work may be used by Northern Gateway Public Schools in division or school displays, publications (including yearbooks), websites, social media, other electronic media, and advertising or promotional materials. I understand that Northern Gateway Public Schools may make minor edits as deemed appropriate.	
I understand that consent can be revoked at any time by written notification provided to my child's school. Further details can be found in our FOIP and Media Consent document.	

Please initial to indicate that you have read and understood the guidelines explained above.	Initials
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Consent to Post Personal Information

Northern Gateway Public Schools requests consent to post personal information (including but not limited to first name, last name, grade, photographs, video, audio, award recognition, and school related activities) to external websites, social media, media publications (including yearbooks), and promotional materials. **I understand that my signature below indicates my consent.**

I understand that once provided, consent, in whole or in part (e.g. last name or photo, etc.), can be revoked at any time by **written notification** provided to my child's school, acknowledging that although photos/videos will be removed from websites and social media accounts, it may not be possible to remove all traces of personal information from the Internet.

Further details can be found in our [FOIP and Media Consent](#) document.

Signature

Policies and Regulations

If the hyperlinked documents are unavailable for any reason, information related to the sections above is available at your school in paper format. Please ask your school secretary or principal.

Collection and Use of Personal Information Disclaimer

The information requested on this form is being collected pursuant to the *School Act*, Section 23, A.R. 71/99 and the *Freedom of Information and Protection of Privacy (FOIP) Act*, Sections 33(c), 39(1)(b), and 40(1)(c). Information acquired through this form is kept secure and access is restricted. In accordance with the Student Record Regulation, this form will be placed in the student's record file.

If you have any questions regarding this request for individual student information and about our use or disclosure of student information, please contact the school or Northern Gateway Public Schools' FOIP Coordinator at 1-800-262-8674.

DECLARATION

I am the legal guardian or the independent student referred to in this registration form. I have read and understand the information regarding guardianship and I have identified all guardians for this student. I hereby certify the foregoing information to be true, correct, and complete.

First Parent/Guardian Print Name	Signature	Date
Second Parent/Guardian Print Name	Signature	Date