

## REGISTRATION INFORMATION – EARLY LEARNING PROGRAM

Registrations are taken on a first come first served basis so we recommend that you register early as some classes tend to fill quickly.

**AM Classes                    9:00 a.m. to 11:30 a.m. (Monday to Fridays)**

**PM Classes                    12:45 p.m. to 3:15 p.m. (Monday to Thursdays)**

- 5X per week - Mornings
  - Combination of some mornings and some afternoons
- 4X per week - Afternoons
  - Combination of some afternoons and some mornings
- 3X per week - Mornings or afternoons
- 2X per week - Mornings or afternoons

As a legal requirement, before we can accept your registration form we require a copy of the child's Canadian birth certificate and/or up-to-date legal immigration documentation. If you do not have a birth certificate, you will need to apply for one and we will accept your form with the receipt from the registry office. Once you have received the birth certificate, we can photocopy it here at the school for you. When completing your registration form, we **MUST** have a valid address (not a post office box number) for at least one of the emergency contact people. This contact person must be someone who does not live in your home.

This program is **NOT** funded by Alberta Education and therefore, parents are required to pay fees for their child to attend. **Monthly fees may be subject to change in September.**

5X per week = \$195.00 per month

4X per week = \$175.00 per month

3X per week = \$125.00 per month

2X per week = \$100.00 per month

**Fees are required to be paid monthly** and can be paid by online payments, postdated cheques, monthly cheque, or cash. Arrangements for payment can be made at the school office. Any subsidy requests can be made through the ELP Coordinator, Lynn Saler, at 403-327-9555.

We do ask that parents provide:

- a backpack - something to take items, papers, etc. home in
- a change of clothes – in case of an accident at school. We ask that children be toilet trained before they start classes with us.
- a pair of indoor runners – required for gym
- a daily snack and juice box – for snack time (need to be peanut free due to allergies)
- a box of tissues which will be used throughout the year in the classroom
- a bottle of white glue and 3 glue sticks.

If you have any further questions, please feel free to call the school office at 403-381-8110. We welcome you to the school family of The Children of St. Martha Elementary School.

[www.holyspirit.ab.ca/st.martha/](http://www.holyspirit.ab.ca/st.martha/)



**HOLY SPIRIT CATHOLIC SCHOOLS**  
 620 12B Street North, Lethbridge, AB  
 Tel: 403-327-9555 Fax: 403-327-9595

**THE CHILDREN OF ST. MARTHA ELEMENTARY SCHOOL**  
 206 McMaster Blvd., West, Lethbridge, AB T1K 4R3  
 Tel: 403-381-8110 Fax: 403-381-0088  
[www.holyspirit.ab.ca/st.martha/](http://www.holyspirit.ab.ca/st.martha/)



<b>STUDENT REGISTRATION</b>		<b>2018 – 2019 School Year</b>		Today's Date _____ / _____ / _____ Year Month Day
Early Learning Class Preference: 5X _____ 4X _____ 3X _____ 2X _____		Circle Days: Mon Tues Wed Thurs Fri		Prefer: _____ AM's or _____ PM's.
<b>STUDENT DATA</b>				
Legal Name _____ Last Name First Name Middle Name			Birthdate _____ / _____ / _____ Year Month Day	
Also known as _____ Last Name Given Name(s)			Gender _____	
Current Mailing _____ City/Town _____			Phone No. _____ Postal Code _____	
Permanent/Physical Address _____ (If different from above) City/Town _____			Phone No. _____ Postal Code _____	
If you reside outside of the city limits, please provide			Legal Land Description ¼ _____ Sec. _____ T. _____ R. _____ W. _____ Municipal (Rural) Address _____	
Last School Attended _____ Name City/Town Telephone		Grade _____ Last grade attended		
<b>CUSTODY INFORMATION</b>				
Does a custody access or restraining order exist for your child? Yes <input type="checkbox"/> No <input type="checkbox"/>				
In order for the school to act on a custody access or a restraining order, a copy of the Court Order is required on file at the school.				
Is this child in care? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of the Delegation of Authority.				
<b>STUDENT SERVICES DATA</b>				
Does this child/student have a medical/health condition of which the school should be aware? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please describe: _____				
Does this child/student receive specialized supports and/or services OR does he/she have an Instructional Support Plan (ISP)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of relevant documentation.				
List services you currently access: _____				
<b>English Language Learners (ELL)</b>				
A student is 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.				
Is your child <input type="checkbox"/> Canadian-born or <input type="checkbox"/> Foreign-born? Language(s) spoken at home _____				
If foreign born: Country of birth/origin _____ Date of arrival in Canada _____				
<b>RELIGIOUS DATA</b>			<b>CITIZENSHIP STATUS</b>	
Mother <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic			What is the citizenship or immigrant status of the student?	
Father <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic			<b>Supporting documentation is required.</b>	
Student <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic			<input type="checkbox"/> Canadian Citizen	
Baptism <input type="checkbox"/> Have received <input type="checkbox"/> Will receive in 2017/18			<input type="checkbox"/> Lawfully admitted to Canada for permanent residence (student)	
First Communion <input type="checkbox"/> Have received <input type="checkbox"/> Will receive in 2017/18			<input type="checkbox"/> Temporary resident (International student - Study Permit or visiting student)	
First Reconciliation <input type="checkbox"/> Have received <input type="checkbox"/> Will receive in 2017/18			Expiry Date _____	
Confirmation <input type="checkbox"/> Have received <input type="checkbox"/> Will receive in 2017/18			<input type="checkbox"/> Child of a Canadian citizen	
			<input type="checkbox"/> Child of individual lawfully admitted to Canada for permanent or temporary residence	
			<input type="checkbox"/> Step-child of a Canadian or Temporary Foreign Worker	

**NOTICE TO PARENT OR GUARDIAN OF RELIGIOUS PERMEATION**

The *Alberta Human Rights Act* requires a school board to give notice to a parent or guardian when courses of study, education programs, institutional materials, instruction or exercises include subject matter that deals primarily and explicitly with religion. All of the schools in this district are Catholic Separate Schools, the essential purpose of which is to fully permeate Catholic theology, philosophy, practices and beliefs, the principles of the Gospel and teachings of the Catholic Church in all aspects of school life, including in the curriculum of every subject taught, both in and outside of formal religion classes, celebrations and exercises. Every course of study and educational program, all institutional materials, instruction and exercises will at all times include subject matter that deals primarily and explicitly with religion.

I hereby acknowledge that I am aware of the values and philosophy of a Catholic school and that my child will participate in the prayer life, church and church related activities, religious courses, instruction and exercises in which Catholic ethical and moral standards are taught.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

<b>First Nation (status)</b>	<b>First Nation (non-status)</b>	<b>Métis</b>	<b>Inuit</b>
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For further information, please refer to: [www.education.alberta.ca/system-supports/results-reporting](http://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 Secretary Treasurer at Holy Spirit Roman Catholic Separate Regional Division No. 4, 620 12B Street North, Lethbridge, AB, T1H 2L7, 403-327-9555.

**Holy Spirit Catholic Schools requests the following information:**  Living on Reserve  Living off Reserve  
 Band Name \_\_\_\_\_ Band No. \_\_\_\_\_ Treaty ID No. \_\_\_\_\_

**Section 23 Francophone Education Eligibility Declaration**  
 According to *Section 10 of the School Act* and *Section 23 of the Canadian Charter of Rights and Freedoms* the following applies:  
 Citizens of Canada

- whose first language learned and still understood is French; or
- who have received their primary school instruction in Canada in French have the right to have their children receive primary and secondary school instruction in French; or
- of whom any child has received or is receiving primary or secondary school instruction in French in Canada,

have the right to have all their children receive primary and secondary school instruction in the same language.  
 In Alberta, parents can only exercise this right by enrolling their child in a Francophone (French First Language) program offered by a Francophone Regional authority.

A. According to this criteria, are you eligible to have your child receive a Francophone education?  Yes  No  Do not know  
 B. If yes, do you wish to exercise your right to have your child receive a Francophone education?  Yes  No

**CATHOLIC TAXES:** To ensure support for publicly funded Catholic Education we ask that you declare your school support as "Separate" on your Annual Property Assessment Notice and Tax Bill. If a declaration of school support is not completed by the property owner, the property assessment and tax bills default to support the public school system. Declare your support for Catholic schools. School Support Declaration forms are available from your local city, town or municipality office. For more information, contact the School Division Office at 403-327-9555. Thank you.

<p><b>FAMILY DATA</b></p> <p><b>PARENT / GUARDIAN</b> Relationship to student: _____                  Student resides with this person <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name _____                  Address _____                  City / Postal Code _____                  Phone (Home) _____ (Work) _____                  Cell / Other _____                  E-mail address _____</p>	<p><b>PARENT / GUARDIAN</b> Relationship to student: _____                  Student resides with this person <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name _____                  Address _____                  City / Postal Code _____                  Phone (Home) _____ (Work) _____                  Cell / Other _____                  E-mail address _____</p>
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**SIBLINGS**

Name / Date of Birth _____ School Attending _____	Name / Date of Birth _____ School Attending _____
Name / Date of Birth _____ School Attending _____	Name / Date of Birth _____ School Attending _____
Name / Date of Birth _____ School Attending _____	Name / Date of Birth _____ School Attending _____

**EMERGENCY INFORMATION**  
 If parent(s) are not available, the following are authorized to care for the child in case of emergency. Please ensure that the person is aware that their name has been used for this purpose.

Name _____ Relationship to student _____ Address _____ Phone (Home) _____ Phone (Work) _____ Cell / Other _____	Name _____ Relationship to student _____ Address _____ Phone (Home) _____ Phone (Work) _____ Cell / Other _____
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**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY PROVISIONS**

The information collected on this form, as part of the school registration process, is personal information as referred to in the *Freedom of Information and Protection of Privacy (FOIP) Act*, which became effective to Alberta School Districts on September 1, 1998. This personal information is collected pursuant to the provisions of the *School Act* and its regulations, and pursuant to section 32(c) of the *FOIP Act* as the collection is related directly to and is necessary to a school board's obligation to provide students with an education program that meets their needs and to provide a safe and secure school environment. The *FOIP Act* requires that parents/guardians be advised of the collection and use of personal information that is not specifically authorized under the *School Act*. This includes many activities that are part of normal school community interaction and health considerations such as:

1. individual photos that are taken;
2. photos and/or videos of classroom and school activities that are taken and used in the school calendar, school yearbook, or for other purposes within the school, as well as video monitoring used in schools and buses;
3. class and team photos that are taken and used within the school;
4. student names and description of activities that are used in the school newsletter and other school communications;
5. student names, photographs and write-ups that are included in school yearbook (if one is produced);
6. student names that are included in an honour roll listing, birthday recognition listing (including announcements on PA system), student achievement awards and graduation roll within the school;
7. media photographs or videos of classrooms and school activities, where individual students can not be identified, may be taken and used by the media;
8. student names that are used on artwork, written material, or other items to be displayed in the school;
9. the use of student names, related contact information and phone numbers for classroom reps;
10. the use of student names and academic information necessary for determining eligibility or suitability for provincial, federal or other types of awards or scholarships in the event the Board applies on a student's behalf;
11. the collection of a child's baptismal certificate for use in sacramental preparation;
12. immunization programs and visual, dental, and/or hearing screening tests by Alberta Health Services;
13. enabling school councils to communicate with parents;
14. other similar activities within the school.

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**CONSENTS FOR INFORMATION DISCLOSURE**

**Media Consent**

Holy Spirit Catholic Schools presently enjoy and encourage an open and beneficial relationship with the print (newspapers, etc.) and broadcast media (television, etc.) as a means of promoting and reporting on school activities. Typically, these activities would include, but are not limited to:

- students working in a classroom or other educational setting (possibly off campus);
- students participating in extra and co-curricular activities;
- students playing or socializing during recess or noon hour.

To permit this relationship to continue, we ask parents to consider granting consent to have the media photograph, videotape and/or interview your son/daughter as they participate in school activities.

**Please complete the following:**

On behalf of \_\_\_\_\_,  
(Student's Name)

- I give my consent to the information disclosures as described above.
- I do not give my consent to the information disclosures as described above.
- I give my consent; however, I do not want my son/daughter's image to be published/broadcast in the following circumstances: \_\_\_\_\_.

*I understand that this consent is valid for the time my child is at this school. I understand my consent may be altered / withdrawn; if these circumstances change, I agree to inform the school immediately.*

Please note that photos and/or videos of school activities that are open to the general public may be taken and used for purposes within and outside of the school. The school may not restrict such activity at public events.

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Signature of Parent/Guardian/Independent Student

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Date

Parents/guardians will be contacted by the school for a separate written consent in the following instances:

1. photographs or videos taken by the Division where the material will be used outside of the school;
2. release of student names outside of the school;
3. copyright for artwork or creative writing which will be reproduced for use outside the classroom;
4. Responsible Use Agreement for use of IT services and hardware.

### School Council Information Disclosure

The school has a school council which represents the parents and engages in activities of the school. The school normally makes the parent/guardian's name, phone number, email address and mailing address, as well as the student's name and grade level, available to the School Council for contact purposes.

- I give my consent to the information disclosures as described above.
- I do not give my consent to the information disclosures as described above.

*I understand that this consent is valid for the time my child is at this school. I understand my consent may be withdrawn; if these circumstances change, I agree to inform the school immediately.*

\_\_\_\_\_  
Signature of Parent/Guardian/Independent Student

\_\_\_\_\_  
Date

### Internet Information Disclosure Consent

This consent will be used when any of the following information is posted on the School or School Division's web page, Facebook page, Twitter feed or other Divisional social media sites on the internet:

- student's name,
- a student's work,
- a student's image included in a photograph or video file where the student is not identified by full name.

- I give consent to the information disclosures as described above.
- I do not give consent to the information disclosures as described above.
- I give my consent with the following exception: \_\_\_\_\_

*I understand that this consent is valid for the time my child is at this school. I understand my consent may be altered / withdrawn; if these circumstances change, I agree to inform the school immediately.*

\_\_\_\_\_  
Signature of Parent/Guardian/Independent Student

\_\_\_\_\_  
Date

### Request for Consent – Electronic Communication

In order to keep you up-to-date on the latest school news and events please provide your consent below. We want to keep you informed about relevant school news, information items and updates, events, meetings, fundraising activities, services, announcements and similar activities, through email or other electronic communications which may contain related offers, registration fees, tickets, advertisements, promotions or similar information. If you wish to receive the above communications from us, please complete the form below:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

- Yes, I want to opt-in to receive electronic communications from Holy Spirit Catholic Schools.
- No, I do not want to receive electronic communications from Holy Spirit Catholic Schools.

*If you wish to withdraw your consent and unsubscribe from our electronic communication at any time, please contact your child's school.*

\_\_\_\_\_  
Signature of Parent/Guardian/Independent Student

\_\_\_\_\_  
Date

**I have read and understand the uses that will be made of the personal information as listed above and I hereby certify that the information provided by me on this registration form is true, correct and complete to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature of Parent/Guardian/Independent Student

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Date

**If you have any questions or concerns regarding the collection of information or intended use of information, please contact  
Mrs. Lisa Palmarin, Secretary Treasurer at the Holy Spirit Roman Catholic Separate Regional Division No. 4  
620 12B Street North, Lethbridge, Alberta, T1H 2L7  
Phone: 403-327-9555 Fax: 403-327-9595  
E-mail: palmarinl@holyspirit.ab.ca**



# THE CHILDREN OF ST. MARTHA ELEMENTARY SCHOOL

## ACTIVITY AND FIELD TRIP PERMISSION FORM

Your child/children will be involved throughout our school year in a number of activities and field trips. Please complete the form below and return to the school as soon as possible. Thank you for your cooperation.

The activities and field trips include the following:

- Walking to St. Martha's Church to attend Masses, retreats, Reconciliation, visits with Father, tour of the Church, choir practice, etc.
- Walking to Nicholas Sheran Park for school activities
- Walking to and from Nicholas Sheran pool and arena
- Walking to assisted living facilities or community businesses on Westside for class activity
- Walking to Fire Hall or Library
- Choir presentation within the community
- School based activity within the community, i.e., U of L theatre, Southminster, Yates, etc.

All activities will have prior approval of the Principal or Associate Principal and will be properly supervised by school staff. Teachers will still send home permission forms for any field trips that require bus transportation. Volunteer Driver Forms must be completed each year before you are able to drive for any school field trips and the school needs to have on file a completed, Driver Abstract, Criminal Records Check and Vulnerable Sector Search. Driver forms are available at the school office.

I authorize \_\_\_\_\_ in Grade \_\_\_\_\_  
(Print child's name)

to attend school activities and field trips throughout the school year.

Emergency Contact Name: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

The following is a list of my child's medical conditions (including allergies, conditions requiring medication, etc.), a list of medication that my child must take and any special instructions regarding medication storage and administration:

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If my child requires medical attention, I authorize the supervisors to seek necessary medical treatment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



I, \_\_\_\_\_, have **not provided** a Canadian birth  
 (Parent/Guardian)

certificate and/or legal immigration documentation to The Children of St. Martha

Elementary School at the time of registration for \_\_\_\_\_  
 (Name of Student)

but I will provide these as proof of legal name, birth date, citizenship, and  
 immigration status as soon as possible.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Witness

\_\_\_\_\_  
 Date

**FOR OFFICE USE ONLY**

Date of Attempted Contact	Type of Contact (phone call/letter)	Person Contacted	Response Given	Initials