

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 must be made through the Board Office to the ELP Coordinator 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/



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/



STUDENT REGISTRATION 2018 – 2019 School Year 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

STUDENT DATA

Legal Name _____ Birthdate ____/____/____
Last Name First Name Middle Name Year Month Day

Also known as _____ Gender _____
Last Name Given Name(s)

Current Mailing _____ Phone No. _____
 City/Town _____ Postal Code _____

Permanent/Physical Address _____ Phone No. _____
(If different from above)
 City/Town _____ 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 _____ Grade _____
Name City/Town Telephone Last grade attended

CUSTODY INFORMATION

Does a custody access or restraining order exist for your child? Yes No

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 No If yes, please provide a copy of the Delegation of Authority.

STUDENT SERVICES DATA

Does this child/student have a medical/health condition of which the school should be aware? Yes No

If yes, please describe: _____

Does this child/student receive specialized supports and/or services OR does he/she have an Individual Program Plan (IPP)?
 Yes No If yes, please attach a copy of relevant documentation.

List services you currently access: _____

English Language Learners (ELL)

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 Canadian-born or Foreign-born? Language(s) spoken at home _____

If foreign born: Country of birth/origin _____ Date of arrival in Canada _____

RELIGIOUS DATA

Mother Catholic Non-Catholic
 Father Catholic Non-Catholic

Student Catholic Non-Catholic

Baptism Have received Will receive in 2017/18
 First Communion Have received Will receive in 2017/18
 First Reconciliation Have received Will receive in 2017/18
 Confirmation Have received Will receive in 2017/18

CITIZENSHIP STATUS

What is the citizenship or immigrant status of the student?
Supporting documentation is required.

Canadian Citizen
 Lawfully admitted to Canada for permanent residence (student)
 Temporary resident (International student - Study Permit or visiting student)
 Expiry Date _____

Child of a Canadian citizen
 Child of individual lawfully admitted to Canada for permanent or temporary residence
 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:

First Nation (status)	First Nation (non-status)	Métis	Inuit
------------------------------	----------------------------------	--------------	--------------

For further information, please refer to: 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>FAMILY DATA PARENT / GUARDIAN 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>PARENT / GUARDIAN 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>
---	---

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 _____	Name _____
Relationship to student _____	Relationship to student _____
Address _____	Address _____
Phone (Home) _____	Phone (Home) _____
Phone (Work) _____	Phone (Work) _____
Cell / Other _____	Cell / Other _____

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.

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.

Signature of Parent/Guardian/Independent Student

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:

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

Signature of Parent/Guardian

Date



THE CHILDREN OF ST. MARTHA ELEMENTARY SCHOOL
206 McMaster Blvd. West, Lethbridge AB T1K 4R3
Telephone: (403) 381-8110 Fax: (403) 381-0088

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