

FOR OFFICE USE ONLY	Immunization Forms <input type="checkbox"/>	Citizenship papers <input type="checkbox"/>	Status Indian <input type="checkbox"/>
	Registration Fee Paid <input type="checkbox"/>	P/D CHQ's <input type="checkbox"/>	Received by: _____



The Little Schoolhouse

Bragg Creek Education Services Association (BCESA)

2012 / 2013 Registration Form

Please indicate the program you are registering for:

Pre-Kindergarten (3 yrs)

 Junior Kindergarten (4 yrs)

 Kindergarten (5 yrs)

****Please note all children must be independent in the washroom to enroll****

STUDENT INFORMATION

Child's Legal Name Surname: _____ First: _____

Date of Birth: _____ M _____ D _____ Y Gender: M F

Mailing Address: _____ City: _____ Postal code: _____

Physical Address: _____ City: _____ Postal code: _____

Home Phone: _____

Parent / Guardian Information

Full Name: _____ Full Name: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail: _____ E-mail: _____

Address (If different than student): _____ Address (If different than student): _____

City: _____ Postal code: _____ City: _____ Postal code: _____

Are there any custody matters or guardianship rulings that the school should be aware of? Yes No

If yes, documentation must be presented & kept on file at the school.

Will there be other people aside from parents / guardians authorized to pick up the student? Yes No

If yes, please provide the person(s) full name, relationship to child & telephone number:

_____ Relationship: _____ Phone: _____

_____ Relationship: _____ Phone: _____

Does your child have an older sibling at the school? If yes, please provide name: _____

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EMERGENCY CONTACTS (parents will be contacted first)

Please provide 2 emergency contacts (other than parents / guardians, with at least one contact in local area):

1. Full name: _____ Relationship: _____

Physical Address: _____ City: _____ Postal code: _____

Phone 1. _____ Phone 2. _____

2. Full name: _____ Relationship: _____

Physical Address: _____ City: _____ Postal code: _____

Phone 1. _____ Phone 2. _____

STUDENT MEDICAL INFORMATION

Alberta Health Care number: _____

Child's Physician: _____ Phone: _____

If you do not have a family physician, please provide details of the clinic regularly used by your family:

Does your child have any allergies? Yes No

If yes, please provide details: _____

Is your child on any ongoing medications? Yes No

If yes, please explain: _____

Are your child's immunizations up to date? Yes No We are a non-immunizing family

Does your child require Special Needs Services? Yes No

If yes, please specify: _____

Is there any additional important information, medical or otherwise you would like us to know?

NOTE: Please inform the Teacher of any situations that may affect your child during the school year, such as birth, death, separation, hospitalization, etc. Also, please notify the Teacher if any change of medication occurs during the school year.

I certify that the information provided to be true and accurate to the best of my knowledge. If any of the information changes, I will notify the school immediately.

X _____ Date _____ M _____ D _____ Y _____

Parent/Guardian Signature

Bragg Creek Education Services Association Parent Consent and Waiver of Liability (Page 3)

Form must be completed in full and initialed where designated before your child will be allowed to enroll. By signing this form you agree to all of the provisions that follow and acknowledge that these provisions constitute a waiver of liability from the Bragg Creek Education Services Association.

For: _____ (Child’s name)

I, _____ (Name), parent/legal guardian of the child named above, hereby acknowledge that I have enrolled my child in the appropriate program for their age & that my child is independent in the washroom.

Yes, I Agree
Initials _____

I hereby grant permission for the child named above:

- a) to participate in all of the activities organized by the Bragg Creek Education Services Association; and
- b) to use all the play equipment owned or used by the Bragg Creek Education Services Association and Bragg Creek Community Association; and
- c) to leave the school premises under the supervision of a staff member of the Bragg Creek Education Services Association for activities in the Bragg Creek neighbourhood; and
- d) to participate in activities involving bus transportation under the supervision of a staff member of the Bragg Creek Education Services Association.

Yes, I Agree
Initials _____

Cancellation / Withdrawal from the activities of the Bragg Creek Education Services Association

I understand and agree that the registration fee will not be refunded under any circumstance. I also understand and agree that should I wish to withdraw my child from Pre-Kindergarten or Junior Kindergarten activities after Pre-Kindergarten or Junior Kindergarten commences, I am required to give 30 days’ written notice to the Bragg Creek Education Services Association in order to avoid a month payment penalty.

Yes, I Agree
Initials _____

I agree not to hold the Bragg Creek Education Services Association, the Board members, their officers, employees or agents responsible for accidents.

When a child participates in an activity organized for Kindergarten aged children there is always a risk of personal injury or death, and property damage or loss. I acknowledge that the organizers will not be able to fully supervise, care for, or control the participants involved in Pre-Kindergarten, Junior Kindergarten or kindergarten activities. If anything happens to my child or my child’s property in Pre-kindergarten, Junior Kindergarten or Kindergarten activities, I agree not to hold those supervising the activity, the Bragg Creek Education Services Association, the Board Members, and their Officers, Employees or Agents responsible unless they have been grossly negligent. I realize that I am responsible for insuring my child and my child’s property for any loss.

Yes, I Agree
Initials _____

I consent to Emergency Medical treatment for my child

In an emergency, my child may need medical or surgical treatment. If an emergency occurs, every reasonable effort must first be made to contact me. If I cannot be reached, I give permission to the emergency medical treatment of my child. Any expense incurred for emergency medical treatment under this section will be my responsibility. The organizers may also make any other decisions that are necessary for the care and protection of my child during any activity of the Bragg Creek Education Services Association.

Yes, I Agree
Initials _____

Waiver for Transportation Fees 2012 /2013

I, _____ do hereby agree to waive any transportation fees received from Alberta Education for my child(ren) so that the association may use those funds at the discretion of the Executive, to supplement the revenue of the Association.

SPECIAL NOTICE: The Bragg Creek Education Services Association operates a website, www.thelittleschoolhouse.ca.

Photos of groups of children and events are periodically used in advertising and on the website.

I hereby give permission to allow Bragg Creek Education Services Association to photograph, videotape, or audio tape my child for advertising or use on the website.

Yes, I Agree
Initials _____

I hereby give permission to Bragg Creek Education Services Association to publish my child’s full name, address & phone number for the purpose of providing class lists to currently enrolled families.

Yes, I Agree
Initials _____

I have read this document and accept its terms and I agree that this agreement will constitute a complete release of liability for the Bragg Creek Education Services Association subject to the provisions above.

Printed name of Child’s Parent / Guardian _____

Parent/Guardian Signature _____ Date _____ M _____ D _____ Y _____

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PARENT CHECKLIST

In order to enroll your child at The Little Schoolhouse the items listed below must be presented at registration:

- | | | | |
|--------------------------|---|---|--------------------------------------|
| <input type="checkbox"/> | Student's Alberta Health Care number | | |
| <input type="checkbox"/> | Student's Immunization Records | | |
| <input type="checkbox"/> | Birth certificate (<i>Kindergarten only</i>) | | |
| <input type="checkbox"/> | Registration fee (<i>Non-Refundable - Cash or Cheque payable to BCESA</i>) | Pre & Junior Kindergarten: | \$45 |
| | | Kindergarten: | \$25 |
| <input type="checkbox"/> | Tuition fees | 10 x Post-dated cheques dated 1 st Sept – 1 st June | Pre-Kindergarten: \$140 per month |
| | | | Junior-Kindergarten: \$180 per month |

*** Please make all cheques payable to **BCESA** ***