



Where Learning Lights the Spirit
Où l'apprentissage reflète l'Esprit
Yedai Neziq T'a Hoghats'eetq

Yellowknife Catholic Schools

Junior Kindergarten Registration Form

To be officially registered as a student in a school operated by Yellowknife Catholic Schools, this student registration form must be completed and signed either by the parent or legal guardian. This registration form is a legal document and, therefore, the information requested must be accurate and complete. The school must be notified immediately of any changes to the information.

Please Note: It is important that original documents providing proof of age, legal names and citizenship be verified by the school. Acceptable vital statistics documents are: birth certificate, Canadian citizenship papers, adoption certificate. A copy will be retained on file.

- École St. Joseph School** **Weledeh Catholic School**

Please identify your preference for one of the following:

- ESJS** JK Bilingual Half-Day AM (ESJS) JK Bilingual Half-Day PM (ESJS) JK Bilingual Full-Day (ESJS)
 JK English Half-Day AM (ESJS) JK English Half-Day PM (ESJS) JK English Full-Day (ESJS)
- WCS** JK English Half-Day AM (WCS) JK English Half-Day PM (WCS) JK English Full-Day (WCS)

After School Care:

- \$250.00 Monthly (ESJS)

STUDENT INFORMATION

NWT Health Care Number (Required)

Student's legal last name

Student's first name

Student's middle name

Student's preferred name (if different than legal name)

M F

Gender

Home telephone #

Grade

Birthdate (yy/mm/dd)

Language spoken at home

STUDENT'S CURRENT STREET ADDRESS

Apt # or Suite #

Street address

City/Town

Postal Code

Mailing address (if different than street address)

Postal Code

Student lives with (please check one)

- Both Parents Guardian
 Mother Foster Home
 Father Other _____

Ethnic background (please check one)

- Metis Dene Inuit Other _____

Family religion (please check one)

- Roman Catholic Other _____

PARENTAL/LEGAL GUARDIAN INFORMATION

If there are two parents or legal guardians, it is important to fill in both sections, whether or not the parents or legal guardians are living together. (A "legal guardian" is a person appointed by the court as the guardian. Documentation is required.)

FIRST CONTACT

Name _____ Relationship to student _____

Current street address (if different than student's) _____ Current mailing address (if different than student's) _____

Home telephone # _____ Cell phone # _____ Place of employment _____ Business telephone # _____

Parent/Guardian's e-mail address _____

SECOND CONTACT

Name _____ Relationship to student _____

Current street address (if different than student's) _____ Current mailing address (if different than student's) _____

Home telephone # _____ Cell phone # _____ Place of employment _____ Business telephone # _____

Parent/Guardian's e-mail address _____

EMERGENCY CONTACTS

An "emergency contact person" is someone other than the student's parent or legal guardian, and will be contacted if the parent or legal guardian is unavailable.

	Emergency contact name	Home phone #	Cell phone #	Work phone #
First				
Second				

MEDICAL AND FAMILY INFORMATION

Does your child have any serious medical conditions about which you wish the school to be aware? Yes No

If Yes, please specify: (ie: allergies, asthma) _____

Emergency action required for the above: _____

My child has received speech services through Stanton Health Authority or a private clinic. Yes No

My child has received occupational therapy through Stanton Health Authority or a private clinic. Yes No

My child is followed by the Child Development Team at Stanton Hospital. Yes No

Please note any family circumstances about which you wish the school to be aware: _____

The Preschool program requires proof of immunization. Records included with application? Yes No

My child has additional medic alert information. I have completed medic alert package.

Student's Physician Name: _____ Telephone #: _____

Babysitter/Daycare Name: _____ Telephone #: _____

I give permission to the staff of Yellowknife Catholic Schools to take my child for treatment of illness or accident if the parent/guardian cannot be located.

Parent/Guardian Signature _____ Date _____

CUSTODY

In some instances, a child may be designated as “Protected” if a court has issued a restraining order under The Child Welfare Act, The Domestic Relations Act, The Divorce Act, or The Young Offender’s Act.

Please indicate if the school administration should be aware of any such Court Order, for the protection of your child.

Yes No

If “yes,” you must provide legal documentation to support your request.

BROTHERS/SISTERS (Please indicate preschoolers and older siblings)

Name	Birthdate (yy/mm/dd)	Age	School

FOR NON-CATHOLIC FAMILIES ONLY

In a Catholic school system, the aim of education is not only the attainment of knowledge and skills but also the acquisition of Catholic Christian values. Students who come into our schools can expect that they will experience living in a Catholic Christian community.

I (name of parent), _____ hereby certify that I will allow my child, to attend religion classes and to participate in the religious activities in the school. It is understood he/she will not participate in the sacraments.

FRANCOPHONE RIGHTS

According to Section 27 of The Education Act 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 child(ren) receive school instruction in French. This applies if the parent/guardian is a resident of the NT, 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 or are receiving instruction in a French first language program or school (this does not include a French Immersion Program.)

Do you claim entitlement to a francophone education under the terms of The Education Act? Yes No

If YES, do you wish to exercise these rights? Yes No

PARENTAL PERMISSION

The school believes that student work should be celebrated in a variety of ways. Frequently student work is displayed in the classrooms, in the hallways, with the local media, or at special educational events within the district. Additionally, special student activities may also be videotaped for educational purposes. In view of this, you are asked to complete the following permission form.

	Permission Granted	
I allow the school to record, display, or reproduce my child's work for educational purposes and pictures of your child on the district website.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I allow my child to participate in school-based field trips or any activities connected with educational programs sponsored by the school. I understand information will be provided when my child is participating in an activity away from the school site.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I allow the school to release my child's name, DOB, and telephone number to Yellowknife Public Health for the purpose of obtaining consent for immunizations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I allow Yellowknife Catholic Schools to obtain information related to my child's development from members of the Child Development Team at Stanton and YK Public Health. The purpose of this is to identify the appropriate grade placement and supports.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I give consent to have the Yellowknife Settlement Workers in Schools (SWIS) phone me to outline the supports possible for my family as a new immigrant.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Our school newsletter and other important information are sent electronically to our parents/guardians. Please provide an email address that you would like this information sent to. Email address: _____		

DECLARATION BY PARENT/LEGAL GUARDIAN

I hereby declare that I am the (*please circle one*) parent or legal guardian referred to in this registration form and that I certify the foregoing information to be true, correct and complete.

Signature: _____ Date: _____

ALL PLACEMENTS ARE SUBJECT TO A REVIEW DURING A TWO WEEK PERIOD SO THAT STUDENTS ARE PLACED IN THE BEST POSSIBLE LEARNING ENVIRONMENT.

THIS SECTION TO BE COMPLETED BY SCHOOL PERSONNEL ONLY

Registration date

Classroom placement

Birth Certificate Adoption Certificate Canadian Citizenship Papers

School's verification of birthdate & legal names

Signature of school representative

*Yellowknife Catholic Schools adheres to The Access to Information and Protection of Privacy Act (ATIPP) of the N.W.T.
Please direct questions regarding this form to the office collecting the information or to
the ATIPP Coordinator Ph: (867) 766-7400 Fax: (867) 766-7401*