

Kindergarten Student Registration



Registration Year 2022/2023

403-524-3436
www.lethbridgesmlc.com

1215 3rd Avenue South, Lethbridge, AB T1J 0J7
E-mail: spanishmontessorischool@gmail.com

School	Spanish Montessori School	Please choose your top preference	<input type="checkbox"/> Monday to Thursday 8:30AM- 11:45 AM
			<input type="checkbox"/> Monday to Thursday 12:30PM- 3:45PM

ASN# (for office use only)			
Student's Legal Last Name*			
Student's Legal First and Middle Name*			
Preferred Last Name		Preferred First Name	
Student's Date of Birth*	Month	Day	Year
Gender*	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown <input type="checkbox"/> Unspecified
Student's Home Address*			
Address: _____ City: _____ Province: _____ Postal Code: _____			
Student's Mailing Address (if different than student's residence)			
Address: _____ City: _____ Province: _____ Postal Code: _____			
Home Phone* (with area code)		Other Phone (with area code)	
Medical Information (i.e. medical conditions, allergies, etc.)		Doctor's Name _____ Phone _____	
		Address _____	
Registration Type*	<input type="checkbox"/> Initial Enrolment (Kindergarten)	<input type="checkbox"/> Transfer from another Alberta School	
	<input type="checkbox"/> Transfer from Out of Province	<input type="checkbox"/> Transfer from Out of Country	

Parent/Guardian Contact 1*		Parent/Guardian Contact 2*	
Full Name:		Name:	
Address:		Address:	
Relationship to Student:		Relationship to Student:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
E-Mail Address:		E-Mail Address:	
Student is Living with		<input type="checkbox"/> Priority 1	<input type="checkbox"/> Priority 2
(Check ALL applicable boxes)			

(IN THE EVENT WE ARE NOT ABLE TO CONTACT YOU THE FOLLOWING INDIVIDUALS WILL BE CONTACTED. **NOTE THAT PERSONS LISTED BELOW WILL BE REQUIRED TO SHOW IDENTIFICATION BEFORE WE RELEASE THE CHILD INTO THEIR CARE**)

Emergency Contact 1*		Emergency Contact 2*	
Full Name:		Full Name:	
Relationship to Student:		Relationship to Student:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	

Aboriginal Self-Identification (optional)			
If you wish to declare that the student is Aboriginal, please select one.			
First Nation (status) <input type="checkbox"/>	First Nation (non-status) <input type="checkbox"/>	Metis <input type="checkbox"/>	Inuit <input type="checkbox"/>
First Nation of Residence: _____		Student's Indian Registry Number: _____	
For further information, please refer to: https://www.alberta.ca/first-nations-metis-or-inuit-student-self-identification.aspx or contact Alberta Education at 780.427.8501. If you have any questions regarding the collection of student information by the school, please call 403-524-3436.			
Citizenship:			
<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Permanent/Landed Immigrant	<input type="checkbox"/> Study Permit	<input type="checkbox"/> Child of a Canadian Citizen
		<input type="checkbox"/> Temporary Resident	<input type="checkbox"/> Child of individually lawfully admitted to Canada/Unknown

Welcome to Spanish Montessori School!

We are very excited to welcome your family to our building. Please take the time to assist us with the following information for the educational planning needs of your child.

Please describe:

1. Health Concerns/Allergies

Learning Needs:

2. Has your child had an individualized program for learning?

(if yes, please provide us with a copy of this document)

3. Has your child ever been assessed by:

- Educational Psychologists?
- Speech Therapist?
- Occupational Therapist?
- Behavioural Therapist?
- Physiotherapist?

(if yes, please provide us with a copy of the assessments)

4. Has your child received support for:

- Speech?
- Physiotherapy?
- Occupational Therapy?
- Behavioural?
- PUF Funding?

if yes, please explain the supports:

5. Is there any other information you feel is important that we are aware of to assist in planning for the educational needs of your child?

If applicable, please attach a letter confirming the mild/moderate need of your child. This letter can be obtained from the following sources: your physician, the Health Unit, Social Worker, and/or Speech Therapist.

Additional Information:
Has your child been separated from you before, (including daycare?) <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there currently (or ongoing) any family related or personal circumstances that may be affecting your child? (i.e. death, change of address, parental separation/divorce, other stresses). <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the primary language spoken in your home?
Does your child speak or understand any other language <input type="checkbox"/> Yes, if yes what is the language: _____ <input type="checkbox"/> No
What are your expectations of this program?
We value parent involvement, upon agreement what would you like to share or volunteer for in the program (special events, classroom assistance, special speaker, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child like to play with other children? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child use any special or unique forms of communication to express him/herself? (i.e. sign language, special words, etc.)
Does your child have any pets? <input type="checkbox"/> Yes, if yes what type of pet: _____ <input type="checkbox"/> No
List any hobbies or special interests that your child has?

I hereby certify above information is true, correct and complete to the best of my knowledge and belief.

Parent/Guardian Signature: _____ Date: _____

CONSENT FOR USE OF PERSONAL IMAGE AND INFORMATION

Various occasions arise throughout the year in which Spanish Montessori School is asked for permission to photograph and audio/videotape the student. **This form is designed for you to give authorization to the school to use your child's personal image and personal information in print, audio or video format.** A personal image may include photographs, and audio or video recording. Personal information may include information such as your child's name and age. If you have any questions about the use of this personal information, please contact Spanish Montessori School.

By signing this section, I consent to the disclosure of information for use by Media and/or Spanish Montessori Kindergarten for learning and/or celebration of learning purposes.

Please mark one of the following to indicate your consent:

- _____ I give consent to disclosures as described below for all
- _____ I do not give consent to any of the below disclosures
- _____ I give consent to only the following: (please check boxes you agree to)

- Child's picture to be displayed internally within the confines of Spanish Montessori School such as on display boards on or in the classroom and during special events.
- Photographs of your child and classmates that go home in memory books and year end books.
- Group and class photographs that include your child (professional photography)
- Spanish Montessori's Instagram & Facebook Page
- Spanish's Montessori's Newsletter
- Spanish Montessori's Website

Student's Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent Consent for Field Trips in City Limits

MEDICAL CONCERNS

For the safety of your child, please indicate any medical concerns you have for your child and the medication that he or she is presently taking. Medical Concerns (allergies, etc.)

Medication: _____

SPECIAL NEEDS

Please identify any special needs (ie., speech/language delay, physical or sensory impairment, fragile medical conditions, behaviour concerns, social/emotional concerns):

FIELD TRIP

Throughout the school year students have the opportunity to participate in a variety of field trips within the city (separate consent forms will be issued for field trips outside the city).

“I give permission for my child to participate in any school organized field trip within the City of Lethbridge.”

Signature of Parent/Guardian

Date

Required Documentation

1. Registration Form
2. Copy of Birth Certificate (if you were born in Canada)
3. Copy of Alberta Personal Health Card
4. \$50 Registration Fee
5. Assessment from a professional stating a mild/moderate in one area of development (Social Worker, Physician, Health Unit, etc.)

***Please keep in mind that your child's name will be added to the Kindergarten Program list once all required documentation has been handed in.

I, parent/guardian, agree I have received and read the parent handbook and also confirm the information given above is accurate to my knowledge.

Parent/Guardian Signature

Date

EMAIL CONTACT INFORMATION

(for your child's teacher)

Please fill out the information below and return it with your Kindergarten registration forms. We will use the email addresses provided below in order to contact you in the summer with further classroom information and supply list. The email will be from your child's teacher and give you specific information about the Kindergarten Program.

Please print all information clearly

Child's first and last name: _____

Contact #1 (first and last name): _____

Contact #1 (email): _____

Contact #1 phone number _____

Contact #2 (first and last name): _____

Contact #2 (email): _____

Contact #2 phone number _____