

HOUNSFIELD HEIGHTS – BRIAR HILL COMMUNITY KINDERGARTEN

2010-2011 REGISTRATION FORM

Please complete the following application. Either fill in the blanks (please print) or circle yes or no (Y / N) as appropriate. This information is only for use by the Kindergarten and Alberta Education.

STUDENT INFORMATION

Note: The student's Birth Certificate, Canadian Citizenship Certificate, Passport, Visa or Permanent Landed Immigrant document must be shown along with this form in order to register. A photocopy will be placed in the Student Record. The information provided must match what is shown on the birth certificate.

Child's Legal Surname: _____ Child's Legal Given Names: _____

Commonly used name, if different from above: _____ Gender: Male Female

Date of Birth (yr/mo/day) _____ (child must be 5 years old before March 1, 2011)

Current Address: _____

Street

City

Postal Code

Home Phone number: _____

Is your child a Canadian citizen? Yes / No

If no, specify citizenship _____

Please provide documentation of citizenship or landed immigrant status if not a Canadian citizen.

Has your child previously attended any other Kindergarten? Yes / No

If yes, did your child attend for a complete term? Yes / No

Child's Alberta Education ID Number _____

Name of Kindergarten: _____ City _____ Province _____

Is English your child's first language? Yes / No

If no, what is his/her first language? _____

=====
For Kindergarten use: _____ \$45.00 processing fee received

_____ \$20.00 Community membership (# _____)

_____ Birth certificate checked (born before March 1, 2011)

FAMILY INFORMATION:

Mother's Name: _____ Home Phone Number: _____

Address (if different from previously given): _____

Cell Phone Number: _____ Work Phone _____

Work Address(full) _____

Father's Name: _____ Home Phone Number: _____

Address (if different from previously given): _____

Cell Phone Number: _____ Work Phone _____

Work Address (full) _____

Family email address: _____

All Communication for Kindergarten is done through email..... (Check your email regularly)

Siblings: Name _____ Age ____ Grade ____ Briar Hill School? Y / N

Name _____ Age ____ Grade ____ Briar Hill School? Y / N

Name _____ Age ____ Grade ____ Briar Hill School? Y / N

MEDICAL INFORMATION: All this information must be completed.

Parents will be the primary contact. In the event you cannot be reached, please give a secondary contact.

Secondary contact name: _____ Relationship: _____

Address: _____ Phone number: _____

Babysitter/ Daycare: _____ Phone number: _____

Doctor's name: _____ Phone number: _____

Alberta Health Care number _____

Allergies: Y / N

If yes, please specify: _____

OTHER INFORMATION:

Are there any special problems or concerns the teacher should know about?

Please list up to two people to whom your child may be released. (This is someone else other than parents.)

How did you hear about this kindergarten?

Please answer the following questions:

	Yes	No
a) Has your child attended HH/BH Community Playschool?		
b) Has your child attended Briar Hill Children’s Programs?(daycare)		
c) Do you anticipate using Briar Hill Children’s Programs* while your child is attending Kindergarten?(daycare)		
d) If yes to c), can your name and phone number be given to Briar Hill Children’s Programs?		
e) Do you anticipate sending your child to Briar Hill School?		
f) A class list with each child's name, parents’ name(s) and home phone number, and email is distributed in September to all Kindergarten families. Do you give permission to include this information about your family in the list?		
g) Do you give permission for your Child to be photographed, interviewed and/or taped for media purposes?		

* Briar Hill Children’s Programs is located in the school and offers Daycare Services, a Lunch program, Before and After School Care as well as full day summer care.

Signed: _____ Date: _____



PROGRAM FEES:

1. **Registration Fee:** A \$65 non-refundable registration fee must accompany this form. This fee includes: \$45 processing fee, \$20 community membership.
2. **Program Enhancement Fees:** There may be a program enhancement fee; this is an extra fee parents pay to allow the Kindergarten to offer a more extensive program. Each year the (Parent) Executive considers their budget, number of students and activities planned when making a decision. The Executive will then make a recommendation to the parents for approval in September. The Fee is based on an averaged monthly amount and paid either up front, or the end of September and end of January or can be paid monthly. In 2009/10, the fee was \$30/month.
3. An **original** birth certificate (or other legal proof of child's name, citizenship and birth date) must be shown before June 15th or the child will be removed from the class list. The kindergarten must have a copy of this birth certificate on file. We are unable to hold your place if your registration package is incomplete. Please ensure that you have an **original** birth certificate at the time of registration.

Signature of Parent/Guardian _____ Date _____

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2010-2011 REGISTRATION PLEDGE

I PLEDGE that I agree to:

1. Volunteer for the Hounsfield Heights - Briar Hill Community Kindergarten in one way or another e.g. help in class occasionally, participate in field trips, serve as an Executive member or Leader.
2. Attend General Meetings as follows:
 - May: includes parent orientation, election of Kindergarten Executive and Leaders, distribution of Parent Handbook
 - September: includes approval of Kindergarten budget
3. Notify the Registrar as soon as possible in writing (before July 31st 2010) should I decide to withdraw my child before school begins. Please notify teacher as well.
4. Inform the Registrar promptly of any changes in address or phone numbers, email address especially the Emergency Contact phone number.
5. Participate in one (1) classroom cleanup; if I am unable to do so, I will find a replacement.
6. Ensure that my child is brought to class and picked up from class on time.
7. Notify the Teacher if my child will be picked up by someone other than me.
8. Inform the Teacher **(403) 220-9775** if my child will be absent.
9. Keep my child at home if he/she has a severe cold or other illness. It is essential we have a healthy classroom environment.
10. Deal with any concerns/complaints I may have as follows:
 - First, discuss my concern with the Teacher.
 - Second, if it is not resolved, take my concern to the Program Coordinator.
 - Third, if it is not resolved, submit my concern in writing to the LAC Executive.

I, _____, hereby apply to enroll my child, _____, in the Hounsfield Heights - Briar Hill Community Kindergarten.

Signature _____ Date _____

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LETTER OF CHILD RELEASE

FOR 2010 – 2011 CLASSES

I/we, _____, commit to picking up my/our child, _____, promptly at the end of every kindergarten class (11:30 am for the morning class and 3:35 pm for the afternoon class).

I am aware that picking up a child late is unacceptable, and that the Kindergarten Teacher and Teacher Aide are not responsible for my child after the end of class.

I will inform the Teacher in writing, in advance, if I arrange for someone else to collect my child.

If I am delayed due to unexpected reasons, I will phone the Kindergarten classroom at 403-220-9775 to inform the Teacher about alternate pickup arrangements.

If I am more than 10 minutes late collecting my child with no prior notice, I will pay the penalty fee of \$20.00 to the HHBH Community Kindergarten Treasurer.

Signature: _____

Printed Name: _____

Date: _____

Valid for the school year: September 2010 to September 2011

HOUNSFIELD HEIGHTS – BRIAR HILL COMMUNITY KINDERGARTEN

Volunteering Form

PARENT NAME(S) _____

CHILD'S NAME _____

Our program is a Community Kindergarten requiring parent involvement. A parent from each family is expected to volunteer in the class once per month. In addition, we require volunteers for the Local Advisory Committee (LAC), which runs this kindergarten. The LAC includes the LAC Executive (responsible for overall administration) and the Leaders, as described below.

How would you like to volunteer? Please check off any of the following jobs in which you are interested or with which you can help. The Committee Executive and Leaders will be chosen from those interested at the Parent Meeting in May.

Local Advisory Committee Executive- VOTING

- 1. Chairperson
- 2. Vice-Chairperson
- 3. Treasurer
- 4. Secretary
- 5. Registrar (filled)
- 6. Community Association Liaison
- 7. School Liaison

Leaders

- | | |
|---|---|
| <input type="checkbox"/> 1. Field Trip Coordinator | <input type="checkbox"/> 8. Fundraising Leader |
| <input type="checkbox"/> 2. Parent Volunteer Leader | <input type="checkbox"/> 9. Advertising Leader |
| <input type="checkbox"/> 3. Phoning Person | <input type="checkbox"/> 10. Technology Leader |
| <input type="checkbox"/> 4. Supplies Purchaser | <input type="checkbox"/> 11. Scholastic Book Order Leader |
| <input type="checkbox"/> 5. Library Person | <input type="checkbox"/> 12. School Liaison |
| <input type="checkbox"/> 6. Clean-up Leader | <input type="checkbox"/> 13. Handy Person |
| <input type="checkbox"/> 7. Policy Leader | |

Miscellaneous

- 1. Help on field trips
- 2. Bake at home or in the classroom
- 3. Arts, crafts, reading etc. with small groups

Do you or your spouse have any talents or passions you could share with the class? Do you know any people who would enhance our program *and* be willing to share his/her expertise in the classroom?
