



Junior Kindergarten Registration Form

SELECT THE JUNIOR KINDERGARTEN PROGRAM YOU ARE REGISTERING FOR:

St. Joseph - T/F AM St. Mary's-T/Th PM Father Gorman-M/W AM St. Thomas-M/W PM

STUDENT INFORMATION:

Student's Name _____

First

Last

Date of Birth _____ Gender M F n/a Age: _____
Month / Day / Year

PARENT 1 / GUARDIAN INFORMATION:

Parent/Guardian _____

First

Last

Relationship to Child _____ Email _____

Address _____

City _____ Province _____ Postal Code _____

Phone Number: _____ Alternate Phone Number _____

PARENT 2 / GUARDIAN INFORMATION:

Parent/Guardian _____

First

Last

Relationship to Child _____ Email _____

Address(if different than parent 1) _____

City _____ Province _____ Postal Code _____

Who does the child reside with?

Parent 1

Both

Parent 2

Other _____

Are both parents/guardians authorized to pick up your child? Yes No If no, please provide details _____

Is there a custody order in place? ___Yes ___ No If yes, please provide a copy of the order.

EMERGENCY CONTACTS: (other than parent(s)/guardian(s) listed above)

Name _____ Relationship to Student _____

Cell Phone _____ Alternate Phone _____

Name _____ Relationship to Student _____

Cell Phone _____ Alternate Phone _____

Additional ADULTS AUTHORIZED TO PICK UP CHILD: (other than parent(s)/guardian(s) listed above)

Name _____ Relationship to Student _____

Cell Phone _____ Alternate Phone _____

Name: _____ Relationship to Student _____

Cell Phone _____ Alternate Phone _____

MEDICAL INFORMATION:

My child's Immunizations are up to date for my child's age ___Yes ___ No

Does your child have any allergies? ___Yes ___ No If yes, please explain type and typical reactions _____

Is your child on any ongoing medications? If yes, please explain _____

Does your child have any physical, intellectual, emotional, or behavioral needs which may require additional assistance, modification, or adaptation beyond regular programming? _____

Any other relevant health information (past or present) about your child that we should be aware of? _____

CONSENT FOR PHOTOS AND SOCIAL MEDIA

I, _____ (parent full name), parent/guardian _____ (child's name) hereby give my approval and permission for my child to be included in any photographs, videos, social media, or print materials used to promote the Junior Kindergarten program or share classroom activities with other families registered in my child's program.

Parent/Guardian Name _____ Parent Signature _____

The school may not restrict photos and/or videos of public school events taken and used for purposes within and outside of the school.

GENERAL INFORMATION ABOUT YOUR CHILD:

Sibling(s)	Age	School Attends (if applicable)

First Language spoken _____ Second Language (if applicable) _____

Is your child toilet trained? ___ Yes ___ No

Is this your child's first structured activity outside of the home? ___ Yes ___ No

Does your child struggle with speech or language? ___ Yes ___ No

Anything else you would like us to know about your child? _____

To ensure there is space for your child, we require the following:

- Deposit: Registration fee of \$50.00 at time of registration (non-refundable)
- Registration: One payment of \$1050.00 dated Sept. 1, 2023 or two payments of \$525.00 one dated September 1, 2023 and one dated January 2, 2024, 10 equally monthly payments of \$105.00 dated 1st of each month.
- Registration form and payment by cash or cheque (payable to LRCSSD #89) to be returned to the school.
- Withdrawal: One month's written notice is required for withdrawal from the program. Full fees apply for the one-month withdrawal period.
- A \$20.00 NSF fee will be added to any NSF payment.

Please review the Junior Kindergarten Information package prior to completing the registration form and indicate that you have read and understand the guidelines. ___ I agree

Signature of Parent/ Guardian _____ Date _____

Signature of Parent/ Guardian _____ Date _____

Thank you for registering your child in LCSD Junior Kindergarten.
We look forward to a fun and exciting year!