



KINDERGARTEN

2009-2010

Revised Jan 2009

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE APPLICATION FORM. This registration form is a legal document. It must be accurate and complete. All information will be treated confidentially. In recognition of PIPA requirements, the supervising board can only use the personal information collected on this Form for the purposes of approving, monitoring and supervising a blended or school delivered program. Should you have any questions regarding this collection, please contact our office.

STUDENT INFORMATION – A student’s legal names are those which appear on the birth certificate or adoption papers.

Student’s Legal **Surname**: _____

Student’s Legal First Name: _____

Student’s Legal Middle Name: _____

Student’s Age – A student cannot be registered without proof of legal name and age. Any of the following documents are acceptable: birth certificate, baptismal certificate, vital statistics document, landed immigrant document, Canadian citizenship document, passport, student visa or driver’s license.

Date of Birth ____/____/____ Male / Female Age: ____ (as of Sept 1, 2008)

(M) (D) (Y)

Canadian Citizen: Yes/No If no, please provide documentation _____

Languages spoken at home: _____

Are you First Nation, Métis, Inuit? (Optional) _____

Student’s Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: () _____ Fax: () _____

CONTACT PARENT First Name: _____ Last Name: _____

Address _____

Home Phone: () _____ Cell Phone: () _____

Email: _____

In the event of an emergency: _____ Phone: _____

Student Resides with: (check one) Both Parents Mother Father Guardian

Are there any circumstances (family/medical/other) about which you wish the school board to be aware?

Are there any individual accommodations for this child? _____

Would your child require the support of: Speech therapist:_____ Occupational therapist:_____

Psychologist:_____ Other services provided by SHIP _____

Are there any other professionals that you have been involved with? _____

I/We would like to donate:

___ \$5.00 ___\$20.00 ___\$ 50.00 from my funding to the Compassion Fund to help other Phoenix families in times of need (i.e. Christmas hampers, loss , or serious illness)

___ \$5.00 ___\$20.00 ___\$ 50.00 from my funding to the Scholarship Fund for Phoenix children.

Transportation:

- 1 Phoenix Foundation shall not, in any way, be liable to the Parent or to any child being transported by the Parent for any and all actions, proceedings, claims, costs, expenses and demands of any nature in consequence of bodily injury, sickness, disease or death sustained by the Parent or the Parent's child while riding in, boarding or alighting from, any vehicle provided by the Parent.
- 2 The Parent agrees that he (she) is entirely responsible for the replacement, maintenance, repair and/or operating expenses for the vehicle used to transport the child to and from school. The Parent is advised to inform the company that insures the Parent's motor vehicle that the Parent is transporting the child listed on this agreement to and from school.
- 3 The Parent shall notify Phoenix Foundation any change of residence within (5) days of such change
- 4 Phoenix Foundation shall pay a transportation allowance of \$445 to the Parent if the child referred to above lives more than 2.4 kms from the school and is transported to the location on a regular basis. Payments shall be made twice a year upon the successful completion of parent-teacher interviews.
- 5 This Agreement may be terminated by either party giving notice in writing to the other party, and upon notice being given; this Agreement shall terminate on the last day of same month in which the notice is given.

General Program Expectations:

- 6 Parents will attend an orientation session at the beginning of the year. Regular weekly attendance is required. Students must attend at the school on Count Date (September 30 or closest day) Parents will notify school if child is ill or away for an extended period of time. Parents will attend parent-teacher interviews in Jan and June. The Parent shall notify Phoenix Foundation of any change of residence location within five (5) days of such change of residence location.

Student Name: _____ Date: _____

Parent Signature: _____

EVENT/CLASS WAIVER – Phoenix provides access to 475 hours of kinder program at no charge. However, the school does charge for fieldtrips, snacks and specialty events or items. Further, we arrange for students to participate in other classes, fieldtrips, tours, off-campus activities, athletic events and /or other excursions (hereafter known as events) which have educational, athletic or cultural value. Participation in these events is not mandatory and the appropriate fees must be paid.

I/We, being the custodial parent or guardian of _____ understand that:

1. Parents are responsible for the supervision of our child as well as any injuries and damages suffered by the child while participating in any event hosted, organized or promoted by the school.
2. Parents need to register for events in writing or online by 4:00 pm the Friday prior to the event for any events the student shall participate in. (Parents must advise the school in writing prior to the commencement of any event, that they withdraw consent for the student to participate in the event. Any monies paid for the participation of the student upon initial registration for any event, and for which parents later withdraw the student from, are forfeit and non-refundable.)
3. Payments for all school classes and events will be taken from our child’s transportation funding unless otherwise advised in writing by the parent. Any amounts that exceed the child’s allotted funding for the year become the responsibility of the parent to pay.
4. The school has the right to cancel any event for any reason such as weather condition, venue cancellation, lack of participants etc. If Phoenix cancels the event, a credit will be issued to the child’s account.
5. Due to the nature of the school, there may be a limited number of spots available for classes, field trips, tours, off-campus activities, athletic events and /or other excursions (events) and as such availability for events is on a first-come, first serve basis. Any events coordinated in conjunction with other organizations are subject to their availability, registration procedures and event guidelines.
6. During events and classes, Phoenix staff may be taking photos for use on the web site and in other promotional materials. Registration in the event grants Phoenix permission to use these photos, which may include you and your children, in such a manner.

On behalf of _____ (child’s name), I /We, the parent (s) HEREBY WAIVE AND RELEASE the **PHOENIX HOME EDUCATION FOUNDATION** (Phoenix) and any facilitator/teacher/instructor hired by the Phoenix Home Education Foundation (Phoenix) from any and all liability to the above named minor. I/We are fully aware of the risks and potential for harm involved in such classes/events/fieldtrips/excursions, and on behalf of such minor, release from liability Phoenix Home Education Foundation (Phoenix) and waive any claims such minor may have as a result of an accident, mishap or negligence of the Released Party and/or and other party under or affiliated with Released Party.

EXTRA EXPENSES - I/We agree that any purchases made by me/us from the school will become the parent’s responsibility for payment if for any reason I/we find it necessary to withdraw our registration from Phoenix. I/We understand that I/we will be held responsible for any amounts that exceed my/our child’s resource funding limits for the current year. This consent, authorization and waiver shall be in effect for the time the student is registered with the school.

I have read the entire application and agree to the terms and provision.

Signature of Supervising Parent or Legal Guardian

Date

FOR OFFICE USE ONLY

_____ Event File

_____ QB Account

_____ Other

_____ Fac File

_____ SIS Record

_____ Cumm File request

REGISTRATION FEE

1. REGISTRATION PROCESSING: There is a \$50 non-refundable processing fee payable with submission of this form for first time student applicants. For returning students, there is a \$25.00 registration fee. Please be sure to include this amount with your application.

Student Name: _____ **Grade:** ___K___ **Program:** ___ECS___

FEE: **\$50.00** Cheque Enclosed (# _____) or Money Order or Visa

2. CREDIT CARD NUMBER: REQUIRED - This hereby authorizes the Phoenix Home Education Foundation otherwise known as Phoenix to bill the credit card number listed below for any event or products that either myself or my child has registered for and/or participated in and/or consumed and/or damaged through Phoenix that exceeds the child's resource funding allotment for this year. I understand and agree to be responsible for any outstanding amounts should we withdraw from Phoenix at any time throughout the year. I hereby give permission for the Phoenix Home Education Foundation to keep this credit card number on file. This information shall be kept confidential at all times.

Name on card: _____ Expiry Date: _____

Card Number: _____ Signature: _____

3. SEND: Please send the completed document, along with your registration fee and Birth Certificate or Citizenship documents to: The Phoenix Registrar, Bay #1 2821 3 AVE NE, CALGARY, AB, T2A 7P3

4. ACCEPTANCE: We process all registration form after April 30. Upon receipt of the completed application, an orientation/information package including an Acceptance Notice* will be sent to you by email or regular mail in August. This package will include various forms that will help you get to know Phoenix and help Phoenix get to know your child better and fulfill our various administration requirements.

VOLUNTEER OPPORTUNITIES

This half of the page will be given to the volunteer coordinator.

Name: _____ Phone: _____

Email Address: _____

Fundraising / Social Committee

- | | | |
|--|--|---|
| <input type="radio"/> Casino (November) | <input type="radio"/> Special Events –
Christmas Poinsettias,
Chocolates | <input type="radio"/> Noodle/ Hot Dog Lunch |
| <input type="radio"/> Cookie/ Treat Sale | | <input type="radio"/> Dances |

Student Support

- | | | |
|--|---|----------------------------------|
| <input type="radio"/> Classroom Helper | <input type="radio"/> Professional
Development Day | <input type="radio"/> Book Sales |
|--|---|----------------------------------|

Facility Helper

- | | | |
|--------------------------------|----------------------------------|----------------------------------|
| <input type="radio"/> Cleaning | <input type="radio"/> Organizing | <input type="radio"/> Restocking |
|--------------------------------|----------------------------------|----------------------------------|

Other: _____