



Kee Tas Kee Now Tribal Council Education Authority Ltd.
 Box 360, Red Earth Creek, AB, T0G 1X0
 ph: 780 649 3103 fax: 780 649 3841

Student Registration Form - K4

Must be 4 years of age before December 31

<input type="checkbox"/> Atikameg school	<input type="checkbox"/> Little Buffalo School	<input type="checkbox"/> Clarence Jaycox School
<input type="checkbox"/> Kateri School	<input type="checkbox"/> Elizabeth Quintal School	

Child's Information			
Child's Legal Name: _____			<input type="checkbox"/> Male <input type="checkbox"/> Female
Surname	First	Middle	
Child's preferred name: _____		Date of Birth: _____	
		mm/dd/yy	
Alberta Health Care number: _____			
Birth Certificate number: _____			
Treaty number: _____			
First Nation: _____			

Primary Caregiver Information	
Primary Caregiver Name: _____	Relation to child: _____
Home Address: _____	
City/Province: _____	Postal Code: _____
Home Phone: _____	Cell: _____
Email: _____	
Employer: _____	Employer Phone Number: _____

Alternate Caregiver Information	
Alternate Caregiver Name: _____	Relation to child: _____
Home Address: _____	
City/Province: _____	Postal Code: _____
Home Phone: _____	Cell: _____
Email: _____	
Employer: _____	Employer Phone Number: _____

Emergency Contact 1

Name: _____ Relation to child: _____

Home Phone: _____

Emergency Contact 2

Name: _____ Relation to child: _____

Home Phone: _____

Authorized Pickup List

Please include the following information for anyone you have authorized to pick up your child/ren. Please include parents and any others as your child/ren will only be released to adults on this approved list.

Name:	Relationship to Child:	Phone Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Information

Family Physician Name: _____

Address: _____

City/Province: _____ Postal Code: _____

Phone: _____ Email: _____

Are your child's immunizations up to date? Yes ____ No ____

Does your child have any allergies? Yes ____ No ____

If yes, what types of allergies and symptoms? _____

Medical Conditions

Special Diet

Child Information

Please describe your child's behaviour (i.e., shy, active)

What are your child's interests? _____

Child's First Language English Cree

Can Child Speak Clearly? Yes No

Does Child Have Siblings? Yes No

Age(s) of Child/ren:

- 1. _____ Age _____
- 2. _____ Age _____
- 3. _____ Age _____
- 4. _____ Age _____

1. What are your child's strengths? _____

2. Are there any concerns that we should know about? _____

3. What goals would you like to see your child accomplish this year? _____

4. What do you use for behavior management with your child? (e.g. rewards, timeout, etc.)

5. Are there any questions you would like to know about our programming for your child?

Consent to Publish Photographs, Videos, and Information

While under the supervision of KTCEA, I hereby give KTCEA and outside organizations permission to photograph, record audio or video, or interviews of my child. I understand this means that photograph(s), video(s), audio recording(s), interview(s), or likeness of my child may be collected, used or reproduced or broadcast within KTCEA and by the outside organization for education displays, publications, website, social media or other electronic media, advertising or promotional materials.

I give KTCEA permission to use, publish and display art work, written material or creative work created and authored by my child in school activities. I understand this work may be used in KTCEA or school displays, publications, website, social media, other electronic media, and in advertising or promotional materials. I understand that KTCEA may make minor edits as deemed appropriate. I understand that consent can be revoked at any time prior to publication or request removal of photographs, video or information from KTCEA public forum sites by written notification provided to my child's school.

Signature of Caregiver/Parent/Guardian: _____

Collection of Personal Information

The personal information collected on this form is part of the KTCEA school registration process and is authorized under the provisions of the *Education Act* and its regulations and under section 33(c) of the *Freedom of Information and Protection of Privacy Act (FOIP Act)*. This information will be used for the student record, to provide an education program that meets their needs, to provide a safe and secure school environment and for KTCEA education system measurement and reporting. For system measurement and reporting, personal information may be data-matched with information held by Alberta Education and Advanced Education, such as diploma exam or provincial achievement test results. Alberta Education will provide a report on education performance measures to KTCEA. This information will be treated in accordance with the privacy protections of the *FOIP Act*. If you have any questions or concerns regarding the collection or intended use of information on this form, please contact the Secretary Treasurer at KTCEA, Box 360, Red Earth Creek, AB, T0G 1X0, phone 780-649-3103.

Caregiver Signature

By signing this form, I am stating that the above information is correct, to the best of my knowledge, and will be used to register my child for school, either at home or in-person, in my community.

I understand that learning is mandatory, and my child will participate in school.

Signature of Caregiver/Parent/Guardian: _____ Date: _____

Security Notice (for information only):

KTCEA schools and buses are monitored by surveillance cameras. Personal information collected by the use of the cameras is collected and used under the authority of sections 14, 17 and 20 of Alberta's Personal Information Protection Act. This information is used for the purpose of promoting safety and to protect KTCEA property and assets. If you have any questions, please contact the Secretary Treasurer at KTCEA, Box 360, Red Earth Creek, AB, T0G 1X0, phone: (780) 649-3103.