



ROLLING RIVER SCHOOL DIVISION KINDERGARTEN REGISTRATION

NAME OF SCHOOL - FORREST ELEMENTARY SCHOOL

CHILD'S NAME: _____
Surname Given(s)

NAME USED: _____

SEX: Boy _____ Girl _____ **ABORIGINAL STATUS:** _____

ADDRESS: _____
P.O. Box or House No. & Street

HOME PHONE: _____

CELL # (Father): _____ **(Mother):** _____

CELL #(Guardian): _____

E-MAIL ADDRESS: _____

LOCATION OF HOME: _____
Sec. Tsp. Range
(e.g. N.W. 23/17/18)

DATE OF BIRTH		
YEAR	MONTH	DAY
PLACE OF BIRTH		
TOWN / CITY	PROV.	COUNTRY
BIRTH CERTIFICATE <small>(or Baptismal Certification)</small>		
DATE: _____		INITIAL: _____

NAME OF PARENTS (or Guardian)

Father's Surname	Given Names	Place of Employment	Business Phone
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Mother's Surname	Given Names	Place of Employment	Business Phone
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SINGLE PARENT FAMILY – CHILD LIVING WITH: (check one) **MOTHER** _____ **FATHER** _____

EMERGENCY CONTACT PERSON: _____ **PHONE:** _____

FAMILY DOCTOR: _____ **PHONE:** _____

MEDICAL NUMBER: Family #: _____ **Personal #** _____

LANGUAGE SPOKEN AT HOME: (If other than English) _____

NURSERY SCHOOL ATTENDED: YES _____ NO _____ **NAME & LOCATION:** _____

INFORMATION ABOUT BROTHERS & SISTERS (If any) BOTH IN AND OUT OF SCHOOL

NAME	DATE OF BIRTH	SCHOOL	GRADE

SIGNIFICANT MEDICAL OR PHYSICAL CONDITIONS (Handicaps, Special Conditions, Speech Problems, Vision, Hearing, etc.)

Did your child attend an early intervention program?

Yes

No

Has your child been in non-parental care on a regular basis prior to Kindergarten entry?

Yes

No

If yes, please specify:

- centre-based licensed, non-profit
- centre-based licensed, for profit
- other home-based, licensed
- other home-based, unlicensed
- non-relative
- other home-based, unlicensed, relative
- child's home, non-relative
- child's home, relative

Was this arrangement prior to Kindergarten?

Full-time

Part-time

Attended language or religion classes?

Yes

No

Attended Aboriginal Head Start program?

Yes

No

For Transportation Students ONLY:

Location of rural home: _____

Municipality: _____

Sec. / Tsp. / Range: _____

Miles from School: _____

Bus Driver's Name: _____

Storm Billet's Name: _____

Storm Billet's Phone No.: _____

DATE: _____ 20____

Signature of Parent or Guardian