

Student Registration Form 2023-2024

* CHILD INFORMATION

Age of Child as of September 1, 2023: ADMIN ONLY			
Child's Legal Full Name	FIRST:	LAST:	
Child's Preferred Name			
Gender	Male	Female	Undefined
Date of Birth (D/M/Y)	Day	Month	Year
Place of Birth			
Citizenship	Canadian Citizen	Permanent Resident	
Primary Address	Temporary Resident		
Postal Code			

*CHILD IDENTIFICATION

PLEASE ATTACH A COPY OF YOUR BIRTH CERTIFICATE; PASSPORT; TEMPORARY VISA OR PERMANENT RESIDENCE CONFIRMATION.

Birth Certificate	Passport	Permanent Residence	Temporary Visa
		Confirmation	

* PRESCHOOL/DAYCARE

Name of Site					
Days of Attendance	Mon:	Tues:	Wed:	Thurs:	Fri:
	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM
Times					

*** PARENT/GUARDIAN**

Preferred Name	Mother Father Guardian	FIRST:	LAST:
Primary Address			
Postal Code			
Phone/Cell Number			
Email			
Preferred Method of contact	Email	Phone	
Are there any Separation Agreements/Court Orders/Access/Custody Agreements pertaining to this child? YES NO			
PLEASE ATTACH COPIES OF AGREEMENTS			

*** PARENT/GUARDIAN**

Preferred Name	Mother Father Guardian	FIRST:	LAST:
Primary Address			
Postal Code			
Phone/Cell Number			
Email			
Preferred Method of contact	Email:	Phone:	
Are there any Separation Agreements/Court Orders/Access/Custody Agreements pertaining to this child? YES NO			
PLEASE ATTACH COPIES OF AGREEMENTS			

*** EMERGENCY CONTACT(S)** (We require an alternate person who can pick your child up if parents cannot be reached)

Name	FIRST:	LAST:
Relationship to child		
Phone Number		
Email		
Address		
Postal Code		

*** EMERGENCY CONTACT(S)**

Name	FIRST:	LAST:
Relationship to child		
Phone Number		
Email		
Address		
Postal Code		

NOTE: Please ensure that if another person(s) is picking up your child other than the names listed above, we need to be informed through writing the person(s) full name before they pick up your child and they will need to present picture identification to confirm their identity.

MEDICAL INFORMATION

Alberta Health Care Number:		Family Doctor:	
Phone #	Address:		
Medical/Allergy:	YES	NO	Epi Pen Required:
			YES
			NO
Does your child have any other health related issues or medical history that we should know?		YES	NO
			Explain:

HOME LANGUAGE QUESTIONNAIRE

Child's Full Legal Name	FIRST:	LAST:
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What is your child's first language? (e.g., the language that they use and understand best)				
English	Other	My child uses both/multiple languages well.		
Does your child have difficulty understanding their first language?		YES	NO	
Does your child have difficulty understanding questions or directions?		YES	NO	
Do you have concerns regarding your child's ability to ask for things or tell you things?		YES	NO	
Please explain:				
English is the only language spoken in our home		YES	NO	
Our family speaks a language other than English at home		YES	NO	
Please list all languages spoken in the home				
How often does your child hear English at home?				
Almost Always (90-100%)	Most of the time (70-90%)	Often (50 – 70%)	Some of the time (30-50%)	Rarely (0-30%)

Was your child born in Canada?	YES	NO
How long have they lived in Canada?	YEARS	
Does your child have any siblings?	YES	NO
Ages of siblings?		
If your child is playing with a sibling, what language do they use to play together?		

How has your child learned English? (Please select all that apply)		
From family since birth	YES	NO
From family after moving to Canada	YES	NO
From brothers/sisters	YES	NO
From TV	YES	NO
From preschool/daycare/day home	YES	NO
Other		

CHILD HISTORY

Child's Name			FIRST:	LAST:
Preschool/Day Care Name				
Parent:			FIRST:	LAST:
Mother	Father	Guardian		

We appreciate you taking the time to provide developmental history information for your child.

Please complete this questionnaire by providing the most accurate information you have by answering the questions below.

EARLY MILESTONES HISTORY

At what age did your child:	AGE (years)
Babble (e.g. babba)	
Use first words (e.g. ball, kitty)	
Use two-word phrases (e.g. more milk)	
Use full sentences (e.g. I like the blue car.)	
Sit unsupported (by themselves)	
Crawl on hands and knees YES NO	
Bum scoot YES NO	
Walk without support (by themselves)	
Feed him/herself using fingers	
Use utensils to eat	

CURRENT ABILITIES

Toilet Training: (Please select all that apply), my child...

Wears diapers	YES	NO
Wears Pull-ups	YES	NO
Knows when he/she is wet	YES	NO
Pees in the toilet	YES	NO
Asks to go to the bathroom	YES	NO
Independently wipes themselves	YES	NO

Dressing:

Is your child able to dress themselves?		YES	NO
Can he/she undress themselves?		YES	NO
Can your child undo:	Buttons	YES	NO
	Zippers	YES	NO
Can your child do up:	Buttons	YES	NO
	Zippers	YES	NO

Attention: (Please select all that apply), my child...

Makes good eye contact	YES	NO
Points at things	YES	NO
Turns when I speak	YES	NO
Waits patiently	YES	NO
Can copy what I do	YES	NO

Does your child sometimes get frustrated when he/she cannot get their ideas across to others? YES NO	Please explain
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How much of your child's speech do you understand?	25%	50%	75%	90-100%
How much of your child's speech would a stranger understand?	25%	50%	75%	90-100%
How many different words is your child able to use?	0-50 Words	50-150 Words	150-500 Words	Over 500 Words

How well does your child do the following with family members?					
	Never	Rarely	Sometimes	Often	Always
Answer questions					
Understands directions					
Asks for things					

Is there any family history for speech language or learning difficulties?	YES	NO
Please explain: (e.g., dad was late to talk; a first cousin stuttered)		
Is there a family history of motor difficulties?	YES	NO
Please explain: (e.g., muscle weakness; toe walking; W-sitting; spina bifida; muscular dystrophy)		
Do you have any safety concerns for your child?	YES	NO
Please explain: (e.g., do they trip often or struggle with balance/coordination?)		
Does your child run away from you in stores, parking lots, etc.?	YES	NO

Social, emotional, and behavioural skills

Do you have any concerns about your child's social, emotional, or behavioural skills in the following areas:			
Nervousness	YES	NO	NOT SURE
Worrying	YES	NO	NOT SURE
Sadness	YES	NO	NOT SURE
Spending too much time alone	YES	NO	NOT SURE
Over excited	YES	NO	NOT SURE
Busy	YES	NO	NOT SURE
Anger	YES	NO	NOT SURE
Attention and focus	YES	NO	NOT SURE
Social and play skills	YES	NO	NOT SURE
Daily living skills	YES	NO	NOT SURE

ADDITIONAL MEDICAL INFORMATION

Hearing/Vision

Has your child had:				
Frequent ear infections		YES	NO	
A hearing test:		PASS	FAIL	
YES	NO	Date:	Diagnosis/delay:	YES NO
Explain Diagnosis/Delay:				
A vision test:		PASS	FAIL	
YES	NO	Date:	Diagnosis/delay:	YES NO
Visual deficits: (e.g., myopia, astigmatic, etc.)				
Explain Diagnosis/Delay:				

Additional Services

If your child has a diagnosis, have you accessed services through FSCD? (Family Supports for Children with Disabilities)	YES	NO
Do you have any support through:		
Alberta Health Services (AHS)	YES	NO
Community Programs	YES	NO
Other service providers	YES	NO

Has your child ever been assessed and/or treated by therapist: (e.g., a Physiotherapist, Psychologist, Occupational Therapist or Speech Language Pathologist)	YES	NO
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If YES , please identify:			
Therapy	Name of Program	Date of Services	Results/Outcomes/Diagnosis
Physiotherapy			
Psychology			
Occupational Therapy			
Speech Language Therapy			

CURRENT AREAS OF NEED

Please identify all that apply: My child...		
Is hard to understand when they speak	YES	NO
Has troubles following directions and/or answering questions	YES	NO
Has a hard time joining in activities with other children	YES	NO
Struggles with daily living skills (e.g., toileting, dressing themselves, etc.)	YES	NO
Has a hard time sitting still	YES	NO
Sometimes throws things or uses their body physically when they are angry or frustrated	YES	NO
Has a hard time working with their hands (e.g., colouring, using scissors, etc.)	YES	NO
Sometimes chokes on food and/or is a picky eater	YES	NO
Is sometimes clumsy, and will trip or fall occasionally	YES	NO
Walks on their tippy-toes, or walks with their toes pointed inwards	YES	NO
Has difficulties with motor skills (e.g., jumping, hopping, running, balancing, coordination)	YES	NO

Parent/Guardian who completed this form
(PLEASE PRINT)

Date

Signature

CONSENT FOR SERVICES & CONSULTATION

Child's Legal Full Name	FIRST:	LAST:
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I **give consent** for my child, _____, to participate in KIN-DIR Education Foundation's screening process. I understand that this screening may include individual or small group sessions conducted by Learning Support Teachers (LST), Speech Language Pathologists, Occupational Therapists, Physiotherapists, Psychologists and /or their support staff. The purpose of those sessions is to provide more detail about my child's learning and to determine whether additional assessment is recommended.

I have **been advised and acknowledge** that screening results may be used to assist with access to resources and/or government funding. However, I understand that a screening completed by KIN-DIR Education Foundation does not necessarily mean that my child will receive early intervention services or guarantee that skills will be improved. It has been **explained** to me and I **understand** that the decision to access services can be postponed to a later date and that there are alternative options available.

If areas of delay are identified for my child, _____, I **understand and give consent** for KIN-DIR Education Foundation to consult with additional specialists (Speech Language Pathologists, Occupational Therapists, Physiotherapists, Psychologists) to determine the eligibility of my child for an assessment. I am **aware of and understand** that I will be contacted either by phone or email to discuss any assessments that are conducted to discuss results and will then have the option to set up an in-person meeting if I have further inquiries.

Should funding be granted based on screening and assessment results, I **understand and give consent** to KIN-DIR Education Foundation employees, which may include therapists and support staff, along with the Learning Support Teacher (LST) to provide Early Childhood Services by way of direct one to one support in the classroom, therapy, consultation, and referral.

I **understand and acknowledge** that the information gathered through services provided is considered private, confidential, and protected by law. I understand and acknowledge that information pertaining to my child or myself will not be released without my written consent or knowledge. KIN-DIR Education Foundation is obligated to release information, if requested, by Calgary Child and Family Services and the City of Calgary Police Department. I also acknowledge and understand that a copy of all student information will be added to my child's Cumulative File housed in a locked environment at KIN-DIR Education Foundation's main office.

I **understand and give consent** for relevant information to be shared with my child's preschool/daycare: _____, so that targeted and individual strategies can be implemented in the classroom and interventions be applied more consistently.

I **understand and acknowledge** that I may withdraw this consent at any time and that this signed consent for services and consultation form will only remain valid for the current school year.

Completed by (PLEASE PRINT): _____ Date: _____
Signature: _____