



Unit 5, 2611 37 Ave NE Calgary, AB T1Y 5V7
Phone: 403-277-0425 / Fax: 403-277-7101

Dear Parents/Guardians,

As you begin the process of completing the registration package for the potential programming from ADAPT/KIN-DIR Education Foundation, we kindly request your utmost attention to detail. It is essential that every section of the package is filled out thoroughly and accurately.

Please note that an **incomplete** registration package **cannot be processed**. If any part of the package is left blank or is missing necessary information, the package will be considered incomplete. In such cases, to maintain the integrity of our enrollment process and to ensure fairness for all applicants, the package will be **returned** to you for completion.

This measure is in place to ensure that we have all the required information to best support your child's educational and administrative needs. Your cooperation in this matter is greatly appreciated and is crucial in facilitating a smooth and efficient registration process.

We understand that filling out registration documents can be time-consuming. However, complete, and accurate information is vital for us to provide the highest standard of education and care for your child. Should you have any questions or require assistance in completing the package, please do not hesitate to contact us at 403.277.0425.

Thank you for your attention and cooperation in this important matter. We look forward to potentially welcoming your child to our KIN-DIR Education Foundation programming.

Sincerely,

Jackie Myra M.Ed., B.Ed.

Jackie Myra B.Ed., M.Ed.

Program Manager

KIN-DIR Education Foundation

Unit 5, 2611 37 Ave NE

Calgary, AB T1Y 5V7

Phone: 403-277-0425

Email: jackie.myra@kindired.com





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Student Registration Form

* CHILD INFORMATION

Age of Child as of September 1: ADMIN ONLY			
Child's Legal Full Name (FIRST/LAST)	FIRST:	Middle:	LAST:
Child's Preferred Name			
Gender	Male	Female	Undefined
Date of Birth (D/M/Y)	Day	Month	Year
Place of Birth			
Citizenship	Canadian Citizen		Legal Resident
	YES	NO	YES NO
Primary Address: Include Postal Code and CITY		CITY	POSTAL CODE

*CHILD IDENTIFICATION

PLEASE ATTACH A COPY OF YOUR BIRTH CERTIFICATE, PASSPORT, OR PERMANENT RESIDENCE CONFIRMATION.

I have attached:

Birth Certificate	Passport	Permanent Residence Confirmation	Temporary Residence Card

* **PRESCHOOL/DAYCARE:** The preschool/day care my child will be attending in **September 2026** is:

Name of Site										
Days of Attendance	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM		AM		AM		AM		AM	
	PM		PM		PM		PM		PM	
Times for Attendance										

Time Attended at Preschool/Daycare: (of years)	Language(s) spoken at site:
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*** TRANSPORTATION REQUEST: (NOT GUARENTEED)**

TRANSPORTATION REQUESTED FOR KIN-DIR SITE:		ADAPT/KIN-DIR Education Foundation SITE:	
		Airdrie Learning Academy	
YES	NO	Northeast Learning Academy	
		Chestermere Learning Academy	

*** PARENT/GUARDIAN**

Preferred Name	Mother		FIRST:	LAST:	
	Father				
	Guardian				
Primary Address: Include Postal Code and CITY			CITY	POSTAL CODE	First Language
Phone/Cell Number:			Email:		
Preferred Method of Contact:	PHONE: YES	NO	EMAIL: YES	NO	
Are there any Separation Agreements/Court Orders/Access/Custody Agreements pertaining to this child? YES NO			PLEASE ATTACH COPIES OF AGREEMENTS: I have attached copies YES (N/A)		

*** PARENT/GUARDIAN**

Preferred Name	Mother		FIRST:	LAST:	
	Father				
	Guardian				
Primary Address Include Postal Code and CITY			CITY	POSTAL CODE	First Language
Phone/Cell Number:			Email:		
Preferred Method of Contact:	PHONE: YES	NO	EMAIL: YES	NO	



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

	EMERGENCY CONTACT #1	EMERGENCY CONTACT #2
Names of Contacts	FIRST: LAST:	FIRST: LAST:
Relationship to child		
Phone Number		
Email		
Address Include POSTAL CODE and CITY		

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.



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Child's Legal Full Name	FIRST:	Middle:	LAST:
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* **MEDICAL INFORMATION: My child's medical information is:**

Alberta Health Care Number:		Family Doctor:	
Dr. Office Phone #:		Dr. Office Address:	
Asthma YES NO	Regular Medications? Name of medication:	YES NO	Dietary Restrictions? Specify: YES NO

Medical/Allergy: YES NO	Epi Pen Required: YES NO NAME of allergy or medical condition:
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Does your child have any other health related issues or medical history that we should know?	YES	NO	If YES Explain:
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Hearing

Has your child had:



Frequent ear infections?	YES	NO
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A Hearing test?	YES	NO
DATE		
RESULTS	PASS	FAIL



If FAIL: Reason/Diagnosis	
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A hearing screen at BIRTH ?	YES	NO
RESULTS	PASS	FAIL

If FAIL: Reason/Diagnosis	
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Vision

Has your child had:

A vision test?	YES	NO
DATE		
Visual Deficits? (e.g., myopia, astigmatic, etc.)	YES	NO
If YES: Explain/Diagnosis		



Therapy: Alberta Health Services (AHS)/Community Programs

Has your child ever been assessed and/or treated by therapist: (e.g., a Physiotherapist, Psychologist, Occupational Therapist or Speech Language Pathologist)	YES	NO
If YES, please identify:		
If your child has a diagnosis, have you accessed services through FSCD? (Family Supports for Children with Disabilities)	YES	NO

Therapy	Name of Program	Date of Services	Results/Outcomes/Diagnosis
Physiotherapy			
Psychology			
Occupational Therapy			
Speech Language Therapy			



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HOME LANGUAGE QUESTIONNAIRE

What languages are spoken at home ?	What is your child's first language ?			
What language(s) does your child use most often?				
What language does your child understand best? English OTHER: (PLEASE LIST)	My child uses both/multiple languages well. YES NO			
	Does your child have difficulty understanding their first language? YES NO			
Do you have concerns regarding your child's ability to ask for things or tell you things?	YES NO			
If YES Please explain:				
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? Number of YEARS
Does your child have any siblings?		YES	NO
How many?	Older?	Younger?	Ages?
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	



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CHILD HISTORY

Child's Legal Full Name	FIRST:	Middle:	LAST:
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BIRTH HISTORY (Please check ALL that APPLY)

Full term Birth	YES	NO	Use of Forceps and/or Suction	YES	NO
C-Section	YES	NO	Natural Delivery	YES	NO
Preterm:	YES	NO	Number of Gestational Weeks:		
Difficult or Complicated Birth	YES	NO	If YES Describe:		
Has your child ever been hospitalized?	YES	NO	If YES Describe: (Neonatal Intensive Care, surgeries, illness)		

EARLY MILESTONES HISTORY

At what age did your child:	AGE
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 themselves using their fingers	
Use utensils to eat	

CURRENT ABILITIES

Toilet Training: (Please select ALL that APPLY), my child...

Wears diapers	YES	NO	Pees in toilet	YES	NO
Wears Pull-ups	YES	NO	Asks to go to the bathroom	YES	NO
Knows when they are wet	YES	NO	Independently wipe themselves	YES	NO



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Dressing:

Can your child dress themselves?		YES	NO
Can your child 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...

Make good eye contact	YES	NO
Points at things	YES	NO
Turns to look at me when I speak	YES	NO
Waits patiently	YES	NO
Can copy what I do	YES	NO

Does your child have any social, emotional, or behavioural concerns?

EMOTIONS		BEHAVIOUR/CONDUCT		SOCIAL	
Sadness	YES	Over Excited	YES	Difficulty sharing	YES
Worries	YES	Anger	YES	Difficulty playing with others	YES
Separation challenges	YES	Temper	YES	Difficulty making friends	YES
Spends too much time alone?	YES	Attention to focus	YES	Limited imaginative play	YES
Cries easily	YES	Difficulties sitting	YES	Limited eye contact	YES
Quick mood changes	YES	Throwing objects/toys?	YES	Frequent use of screens	YES
Quiet with others	YES	Hitting/Kicking/Biting/Scratching?	YES		
		Moves body often	YES		
		Impulsiveness	YES		



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CURRENT AREAS OF NEED

Please identify all that apply: My child...		If YES Describe:
Has a hard time joining in activities with other children	YES	
Has a hard time sitting still	YES	
Sometimes throws things or uses their body physically when they are angry or frustrated	YES	
Has a hard time working with their hands (e.g., colouring, using scissors, etc.)	YES	
Struggles with daily living skills (e.g., toileting, dressing themselves, etc.)	YES	
Sometimes chokes on food and/or is a picky eater	YES	
Is sometimes clumsy, and will trip or fall occasionally	YES	
Walks on their tippy-toes, or walks with their toes pointed inwards	YES	
Has difficulties with motor skills (e.g., jumping, hopping, running, balancing, coordination)	YES	

Does your child sometimes get frustrated when he/she cannot get their ideas across to others?	YES	NO	If YES Please explain:
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COMMUNICATION				
How often do you understand your child?	25% of the time	50% of the time	75% of the time	90-100% of the time
How often would a stranger understand your child?	25% of the time	50% of the time	75% of the time	90-100% of the time
How many words does your child currently use?	0-50 Words	50-150 Words	150-500 Words	Over 500 Words

How well does your child do the following with family members?					
Can your child:	Never	Rarely	Sometimes	Often	Always
Answer questions					
Understands directions					
Asks for things					
Speak in sentences					
Use a variety of words					



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CURRENT AREAS OF NEED Cont.

Is there any family history for speech language or learning difficulties?	YES	NO
If YES, Please explain: (e.g., dad was late to talk; a first cousin stuttered)		
Is there a family history of motor difficulties?	YES	NO
If YES, 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
If YES, 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
If YES, Please explain:		



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Consent for Services (Screening, Assessment, Intervention, Consultation, Education)

Child's Legal Full Name:

First: _____ Middle: _____ Last: _____

By signing below, I acknowledge and agree to the following:

Consent to Screening: I give consent for my child, _____, to participate in ADAPT/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 these sessions is to gain detailed information about my child's development and learning, and to determine whether additional assessment is recommended.

Use of Screening Results:

I understand and agree that the results of my child's screening may be used to support eligibility for resources and/or government funding through Alberta Education, if applicable. I understand that Alberta Education funding and service access follow specific timelines within the school year, and that ADAPT/KIN-Dir Education Foundation is only able to accept eligible children for services within the operational and funding guidelines set by Alberta Education.

I acknowledge that screening does not guarantee that my child will receive early intervention services, nor does it guarantee improvement in my child's skills. If services are not available within the required guidelines set by Alberta Education, I understand that I may need to explore alternate options for support, and that seeking additional services may be my responsibility.

Formal Assessment Consent: If areas of delay are identified through the screening, I give consent for ADAPT/KIN-Dir Education Foundation to conduct a formal assessment of my child. I understand that I will be contacted by phone or email to discuss the assessment results, and I will have the option to set up an in-person meeting if I have further questions about my child's needs or the results.

Access to Funding: If my child is deemed eligible for program funding, I give permission to ADAPT/KIN-Dir Education Foundation to access funding from Alberta Education on my child's behalf, as per eligibility requirements defined by Alberta Education.

I understand that each child is assigned an Alberta Student Number (ASN), which is used to support funding applications based on the individual needs of the child. I understand that additional support may be linked to additional Alberta Education coding, which allows ADAPT/KIN-Dir Education Foundation to access targeted funding for eligible children.

I acknowledge that ADAPT/KIN-Dir Education Foundation has discretion in determining how funding is allocated to support my child's program, in alignment with Alberta Education requirements.



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Provision of Services: I consent to ADAPT/KIN-DIR Education Foundation staff, including Learning Support Teachers, therapists, and support staff, providing Early Childhood Services to my child as prescribed and indicated by the Education Team based on my child's developmental and learning needs.

Privacy & Confidentiality: I understand that information gathered through the screening, assessment, and any services provided is private, confidential, and protected by law. Information about my child or myself will not be released without my written consent or knowledge, except when ADAPT/KIN-DIR Education Foundation is legally obligated to do so (for example, if requested by Calgary Child and Family Services or the Calgary Police Service). I acknowledge that a copy of all student information will be added to my child's cumulative file, which is stored in a secure location at ADAPT/KIN-DIR Education Foundation's main office.

Sharing Information with Preschool/Daycare: I give consent for ADAPT/KIN-DIR Education Foundation to share relevant information and strategies with my child's preschool/daycare (*NAME OF PRESCHOOL/DAYCARE:* _____) so that targeted and individualized strategies can be implemented in the classroom. I acknowledge that this will help ensure that any interventions or therapeutic supports are applied consistently to benefit my child.

Withdrawal of Consent: I understand that I may withdraw this consent at any time. I also acknowledge that this signed consent for services will remain valid only for the current school year.

I further understand that if I choose to withdraw my child from ADAPT/KIN-DIR Education Foundation services, all screening, assessment, and service documentation will remain part of my child's educational record and will be retained by ADAPT/KIN-DIR Education Foundation in accordance with applicable legislation and professional record-keeping standards. I understand that I may request access to copies of my child's records at any time; I understand I may be required to pay a fee for this request.

Respectful Communication: I agree to maintain respectful communication with all ADAPT/KIN-DIR Education Foundation staff throughout the screening, assessment, and service process. I understand that cooperation and respectful dialogue are essential to effectively support my child's development.

Legal Waiver and Appropriate Use of Information: I understand that the screening, assessment, intervention, consultation, and education processes are intended solely to support my child's development, learning, and participation in an educational setting.

I acknowledge and agree that information, observations, screening results, and assessment documentation are collected strictly for educational and program support purposes. These records are not evaluative of parenting practices, family circumstances, or home environments.

I furthermore understand that the use of these materials should not be applied to legal claims, court proceedings, or purposes outside of the educational support context for which they were created. By providing consent, I agree to release ADAPT/KIN-DIR Education Foundation from liability related to misuse or external interpretation of these educational documents beyond their intended purpose.



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Separated or Divorced Parents / Guardianship Rights

N/A YES

I understand that ADAPT/KIN-DIR Education Foundation relies on the legal authority of the parent/guardian signing this consent.

If parents or guardians are separated or divorced, I confirm that:

- I have legal guardianship and decision-making authority to provide consent for screening, assessment, intervention, consultation, and education services; and
- there are no court orders in place restricting my ability to consent or requiring additional consent from another guardian.

I understand that it is the responsibility of the parent/guardian to provide ADAPT/KIN-DIR Education Foundation with any current custody, guardianship, or parenting orders that may impact consent or decision-making rights.

In situations where joint consent is legally required, or where there is an identified dispute between guardians, ADAPT/KIN-DIR Education Foundation may pause or limit services until appropriate documentation or agreement is provided.

Signatures:

Name of Parent/Guardian (please print): _____ Date: _____

Signature: _____

If Applicable:

Name of Second Parent/Guardian (please print): _____ Date: _____

Second Parent/Guardian Signature: _____