

Creative Minds Pre-school
Student Registration Form
2015/2016

PLEASE READ THIS INFORMATION BEFORE COMPLETING THIS FORM

The registration form is a legal document. It must be accurate and complete. Before a student can be guaranteed a spot for next year, this form must be signed by the parent/guardian and received by the office. **Incomplete form will not be considered.**

Please select the location to which you wish to apply:

- Location 1:** 6104 172 St, Edmonton AB T6M 1G9 (Rahma Mosque) 780.443.2200
- Location 2:** Unit 106, 10807 Castle Downs Road T5X 3N7 (Near El-Safadi Market) 780.475.4000

Preferred Shift (if available at the location):

- Morning: 9 am to 12 am (Mon to Thu)
- Afternoon: 1pm to 4 pm (Mon to Thu)

ADDITIONAL DOCUMENT REQUIREMENT

Registration will only be completed when the following documents are submitted along with this form:

- Copy of Birth Certificate OR Passport
- Copy of PR Card / document stating status in Canada
- Copy of Alberta Health Card
- Copy of Immunization Record
- One Passport size photograph
- Copy of a photo ID of all the parents/ guardians of the student
- PUF Consent Form
- \$50 Registration Fee (non-refundable)
- \$25 Admission Fee (non-refundable)

STUDENT INFORMATION

Student Legal

First Name _____

Student Legal

Middle Name _____

Student Legal

Last Name _____

Date of Birth (dd/mm/yyyy) _____ Gender (Please tick) M F

Address _____

Postal Code _____ Home Phone _____

PARENT / GUARDIAN INFORMATION

FIRST PARENT (Mother)

Relationship to Student (Please tick one)

- Biological or adoptive mother Step-mother Other

Surname _____ First Name _____

Cell # _____ Email _____

Address (if different from students') _____

Occupation _____

Does the student reside with this individual? Yes No

SECOND PARENT (Father)

Relationship to Student (Please tick one)

- Biological or adoptive father Step-father Other

Surname _____ First Name _____

Cell # _____ Email _____

Address (if different from students') _____

Occupation _____

Does the student reside with this individual? Yes No

THIRD PARENT

Relationship to Student (Please tick one)

- Biological or adoptive father Step-father Biological or adoptive mother
 Step-mother Other

Surname _____ First Name _____

Cell # _____ Email _____

Address (if different from students') _____

Occupation _____

Does the student reside with this individual? Yes No

CITIZENSHIP / IMMIGRANT STATUS

(please tick one)

- Canadian Citizen
- A Child of a Canadian Citizen
- A Child of an individual who is lawfully admitted to Canada for permanent or temporary residence (does not include tourists or visitors)
- Lawfully admitted to Canada for permanent residence

Birth Country, if NOT Canada _____

MEDICAL INFORMATION

You do not have to provide information on medical concerns, but the information could be crucial to the well being of the student.

Are there any serious medical conditions about which you wish the school to be aware? Yes / No

*If yes, please tick below:

- Diabetes Epilepsy Haemophilia Heart Condition Asthma
- Allergies (Please specify below) other (Please specify below)

*Is the Student's Immunization up to date ? Yes No

*Medical Notes _____

Student Alberta Health Care Number _____

Student's Family Doctor: _____ Phone _____

EMERGENCY CONTACTS
(OTHER THAN PARENTS / GUARDIAN)

*Emergency Contact _____ *Relationship _____

*Day Telephone _____ *Cell # _____

*Address _____

AUTHORIZED PEOPLE TO WHOM THE CHILD MAY BE RELEASED
(Other than Parents & Emergency Contact)

Name _____ Phone _____

Name _____ Phone _____

MEDICAL EMERGENCIES

If a student becomes ill while at school, parent must pick the child up or arrange for transportation.

In the event there is an emergency involving my child and the school is unable to contact me or the emergency contact persons whom I have advised you in writing. I hereby grant MAC Islamic school or any member of its staff the permission to call to call another physician, call an ambulance or have the child taken to an emergency hospital in the care of a staff member, as you deem appropriate at the time. I understand and agree that any expense incurred under the above circumstances, will be the responsibility of the child's family.

If your child must take prescription medication at school, we require a permission form signed by the parent. Staff can only administer routine prescribed medication when written permission is submitted to the school by the parent/ guardian.

I give permission for my child to be taken outside for a walk or to the playground under staff supervision.

I certify that the information the above information is true, correct and complete.

Date _____ Signature _____