



Echen Healing Society

Kindergarten Registration Form

Disclosure Statement

Privacy and Confidentiality: The information collected on this registration form is confidential and will be used solely for the purpose of enrolling your child in our kindergarten program. We are committed to protecting your privacy and ensuring that all personal information is handled in accordance with applicable privacy laws and school policies.

Use of Information: The information provided will be used to:

- Register your child for the kindergarten program.
- Maintain accurate student records.
- Communicate with parents and guardians regarding school activities, events, and emergencies.
- Ensure the safety and well-being of your child while at school.

Sharing of Information: Personal information may be shared with authorized school staff and relevant authorities as required by law or for the purpose of providing educational and support services to your child. We will not share your information with third parties for marketing or other purposes without your explicit consent.

Consent: By completing and submitting this registration form, you consent to the collection, use, and sharing of your child's personal information as described above. If you have any questions or concerns about how your information will be used, please contact the school office.



ECHEN HEALING SOCIETY

KINDERGARTEN REGISTRATION FORM

A. CHILDS INFORMATION

First Name			Middle Name			Last Name							
		/		/									
Preferred/Nickname			Date of Birth (MMM/DD/YYYY)										
Female <input type="checkbox"/>			Male <input type="checkbox"/>		Non – Binary <input type="checkbox"/>		Prefer not to say <input type="checkbox"/>		Pronouns: She/Her <input type="checkbox"/>			He/Him <input type="checkbox"/>	They/Them <input type="checkbox"/>
Does your child identify as Indigenous? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Other <input type="checkbox"/> _____													
Status Number and Band													

B. MINISTRY CARE

Is your child currently under the care of the Ministry of Children and Family Development (MCFD) or any other any other child welfare agency? Yes No

If yes, please provide the name of the agency and any relevant details:

Is there a designated social worker or case manager for your child? Yes No

If yes, please provide their contact information:

Are there any specific needs or accommodations we should be aware of to support your child? Yes No

If yes, please provide details:

C. CHILDS PRIMARY CONTACT INFORMATION

Unit Number and Street Address		City and Province			Postal Code	
() -						
Primary Home Contact Number						



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D. CHILDS SECONDARY CONTACT INFORMATION

Unit Number and Street Address _____ City and Province _____ Postal Code _____
() - _____
Primary Home Contact Number

E. DAYS OR SCHEDULE CHILD IS EXPECTED TO BE AT PRIMARY AND SECONDARY ADDRESS (Eg. Monday to Friday alternating with Secondary)

F. CHILDS PRIMARY PARENT/GUARDIAN PRIMARY CONTACT INFORMATION

Primary Parent/Guardian #1 (First and Last Name) _____ Email Address _____
() - _____ () - _____ () - _____
Home Phone Cell Phone Work Phone
Place of Employment (*In case of emergency*) _____ Work Hours _____

G. CHILDS SECONDARY PARENT/GUARDIAN CONTACT INFORMATION

Secondary Parent/Guardian #1 (First and Last Name) _____ Email Address _____
() - _____ () - _____ () - _____
Home Phone Cell Phone Work Phone
Place of Employment (*In case of emergency*) _____ Work Hours _____

H. IF NEITHER PRIMARY OR SECONDARY PARENT/GUARDIAN CAN BE CONTACTED, PLEASE LIST ONE PRIMARY AND SECONDARY EMERGENCY CONTACT NAME AND PHONE NUMBER

PRIMARY EMERGENCY CONTACT

Full Name _____ Phone Number () - _____
Relationship to Child: _____

I. PLEASE ATTACH COPIES OF ANY COURT ORDERS OR LEGAL DOCUMENTS RELATED TO THIS CHILD PERTAINING TO CUSTODY, GUARDIANSHIP OR LEGAL RESTRICTIONS.

Attached []



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J. CHILD PICK-UP SAFETY

Please list the individuals authorized other than primary and secondary parent/caregiver to pick up your child from school. Any changes to this list must be communicated to the school in writing. Individuals must be prepared to show picture identification

Authorized Individuals:

1. _____
2. _____

K. CHILDS HEALTH INFORMATION

Care Card Number: _____

Childs Physician Name, Address and Number: _____

Has your child received up to date immunizations? Yes [] No []

IF YES, PLEASE PROVIDE A COPY OF IMMUNIZATION RECORD Attached []

Is your child currently taking any medications? Yes [] No []

Reason for medication: _____

If yes, please list the medications:

Dosage and frequency: _____

Does your child have any allergies? Yes [] No []

If yes, please list the allergies: _____

Describe the allergic reactions:

Is there an emergency action plan for these allergies? Yes [] No [] If yes, please attach a copy: Attached []



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Does your child have any special health related conditions (ie. Asthma, vision, hearing, speech and language, eczema etc.)

Yes [] No []

If yes, please explain: _____

Has your child had the following: Measles [] Chicken Pox [] Whooping Cough [] Mumps [] German Measles []

L. CHILD'S SPECIAL NEEDS INFORMATION

Does your child have any diagnosed special needs or learning disabilities? Yes [] No []

If yes, please provide details: _____

Does your child have an Individualized Education Plan (IEP) or any other formal support plan? Yes [] No []

If yes, please provide a copy. Attached []

Are there any specific accommodations or support strategies that have been effective for your child? Yes [] No []

If yes, please describe: _____

Additional information you would like to share about your child's needs _____

M. ADDITIONAL COMMENTS OR INSTRUCTIONS

Please provide any additional information that will help us care for your child. This may include details about bathroom habits, eating preferences, fears, or any other relevant information.

Bathroom Habits/Diapering: _____

Eating/Mealtime: _____

Fears: _____

Other: _____

Please use the space below to list or explain anything else that may be useful in making your child comfortable.



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KINDERGARTEN REGISTRATION FORM

N. AUTHORIZATION FORM

Child's Name: _____

Parent/Guardian Name: _____

PP
Initials

Emergency Release: I authorize the school to take appropriate action in case of an emergency involving my child. This includes seeking medical treatment if necessary.

PP
Initials

Medication Administration: I authorize the school staff to administer prescribed medication to my child as needed, according to the provided instructions.

PP
Initials

Allergy Management: I give permission for the school to take necessary actions to manage my child's allergies, including the administration of an EpiPen if required.

PP
Initials

Transportation: I consent to my child being transported by school-approved vehicles for field trips and other school-related activities.

PP
Initials

Internet Use: I give permission for my child to use the internet under supervision for educational purposes.

PP
Initials

Behavioral Support: I authorize the school to implement behavioral support plans as needed to ensure a safe and productive learning environment for my child.

PP
Initials

Sunscreen Application: I give permission for the school staff to apply sunscreen to my child as needed.

PP
Initials

Photo Consent: I consent to my child being photographed during school activities and for these photos to be used in school publications and social media.

Signature: _____

Date: _____