



# Yellowknife Education District No. 1 Student Registration Form—Preschool

This registration form is a legal document. It must be accurate and complete.  
All information will be treated confidentially.

SCHOOL/PROGRAM

École J.H. Sissons School  French Immersion  
Mildred Hall School  English  
Range Lake North School  English

**PRESCHOOL FEES:**  
1/2 day (a.m.) - \$350  
1/2 day (p.m.) - \$300  
Full day - \$618  
After-school care - \$180

**Enrol my child in:**

Full time (M/T/W/T/F): (8:30—3:30) \_\_\_\_\_  
Part Time (M/T/W/T/F): A.M. (8:30—11:30) \_\_\_\_\_ P.M. (12:30—3:30) \_\_\_\_\_  
After School Care: \_\_\_\_\_

HEALTH

**IMMUNIZATION & MEDICAL TREATMENT AUTHORIZATION**

I give \_\_\_\_\_ (school's name) permission to seek emergency medical attention for my child including ambulance service should they be unable to reach me. Yes \_\_\_\_\_ No \_\_\_\_\_  
Immunization records on file \_\_\_\_\_ or Letter declining immunizations \_\_\_\_\_

STUDENT INFORMATION

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Preferred Last Name: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_  
Home Phone: (867) \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: Female \_\_\_ Male \_\_\_  
Residence Address: \_\_\_\_\_ Postal Code: X1A \_\_\_\_\_  
Mailing Address: Same as Residence Address \_\_\_ Yes \_\_\_ No (if no, please complete below)  
\_\_\_\_\_ Postal Code: X1A \_\_\_\_\_  
Ethnic Origin\* Dene \_\_\_ Metis \_\_\_ Inuit \_\_\_ Other \_\_\_ Birth date: \_\_\_\_\_  
Year/Month/Day  
**\*Note: District funding is based on this critical information**  
NT Health Care Number: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_  
**(Registration Process NOT complete until copy of Health Card, Immunization Record or letter declining immunizations and Birth Certificate received)**

PARENT/GUARDIAN INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Residence Address: Same as Student Yes \_\_\_ No \_\_\_ (if not, please complete below)  
\_\_\_\_\_ Postal Code: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Work Place: \_\_\_\_\_ Work Phone No: \_\_\_\_\_ Ext: \_\_\_\_\_  
Email: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Residence Address: Same as Student Yes \_\_\_ No \_\_\_ (if not, please complete below)  
\_\_\_\_\_ Postal Code: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Work Place: \_\_\_\_\_ Work Phone No: \_\_\_\_\_ Ext: \_\_\_\_\_  
Email: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Residence Address: Same as Student Yes \_\_\_ No \_\_\_ (if not, please complete below)  
\_\_\_\_\_ Postal Code: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Work Place: \_\_\_\_\_ Work Phone No: \_\_\_\_\_ Ext: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Daytime Telephone No. : \_\_\_\_\_ Extension: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Daytime Telephone No. : \_\_\_\_\_ Extension: \_\_\_\_\_

**“I authorize the school to release my child to emergency contact people” \_\_\_\_\_(y/n)**

**MEDICAL INFORMATION**

**Family Doctor:** \_\_\_\_\_

Medical Issues (disabilities, allergies, hearing, speech deficits, etc.) :

**SIBLING INFORMATION**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list names and what school they attend :

Name	School

**SCHOOL HISTORY**

Name of previous school attended: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

YK1 & Canadian Parents for French (CPF) believes student work should be celebrated in a variety of ways. Frequently student work is displayed in the classrooms, in the hallways, with the local media or at special educational events within the district. Additionally, special student activities may also be videotaped for educational purposes. In view of this, you are asked to complete the following permission form.

**I give consent**

I allow the school to release my child's address and telephone number to School's Parent Advisory Committee and/or Canadian Parents for French (CPF): \_\_\_ Yes \_\_\_ No

I grant permission to the school & CPF to record, display, or reproduce my child's work for educational purposes and pictures/recordings of my child on the school/district website, social media, newsletters. In addition, external reporters may publish photos of my child and/or recordings through their respective media channels. \_\_\_ Yes \_\_\_ No

I allow my child to be transported to and from, and to participate in, school picnics, local school sports meets, local educational trips or any activities connected with educational programs sponsored by the school including Aboriginal Education Culture Camps. \_\_\_ Yes \_\_\_ No

