



FULL DAY / EVERY DAY EARLY LEARNING KINDERGARTEN PROGRAM SUPPLEMENTARY FORM

Student Name: _____ Date of Birth: _____

Home Address: _____

City: _____ Postal Code: _____ Home Phone: _____

Siblings: _____ Age: _____ Date of Birth: _____

_____ Age: _____ Date of Birth: _____

_____ Age: _____ Date of Birth: _____

_____ Age: _____ Date of Birth: _____

1. Will your kindergarten age child be attending the Full Day Every Day Early Learning Kindergarten Program?

Yes No

2. Are you interested in the Extended Day Program? (Before and After School Program)

Yes No

The cost will be determined. The program will only run if numbers warrant.

Before School After School Before and After School

3. If available, would you be interested in registering other school age siblings (up to age 12) in the Extended Day Program?

Yes No How many? _____

Before School After School Before and After School

4. Is Child Roman Catholic? Yes No

5. Is Mother Roman Catholic? Yes No Is Father Roman Catholic? Yes No

6. Has your child received the following sacraments in the Roman Catholic Church?

Baptism Yes No If YES, copy of Baptismal Certificate must be placed in student's OSR.

First Eucharist Yes No

7. Current Parish: _____

Information Collection Authorization: This information is collected pursuant to the Board's education responsibilities as set out in the Education Act and is within guidelines set out in the Municipal Freedom of Information and Protection of Privacy Act, 1989, and will be used to administer the Full Day Early Learning Kindergarten Program. This information will be stored in the Ontario Student Record (OSR), and retained for the student's duration in elementary school. Questions about the collection of personal information should be directed to the school Principal.

Users: Teachers, Learning Support Services Staff, Special Education Services Staff, Principal

Copies to: 1. Parent/Guardian 2. Ontario Student Record (O.S.R.)