



# *Christ the Teacher*

**ROMAN CATHOLIC SEPARATE SCHOOL DIVISION #212**

**45A Palliser Way, Yorkton, Saskatchewan, S3N 4C5**

**Telephone: (306)783-8787 Fax: (306)783-4992**

## Kindergarten Registration

**Christ the Teacher  
Catholic Schools are  
committed to providing  
young children with  
opportunities for  
discovery and  
development within a  
safe, caring, motivating,  
challenging and  
supportive environment.**



Kindergarten is offered at the following schools:

**Melville**

St. Henry's Jr. School (306) 728-4758

**Theodore**

St. Theodore School (306) 647-2762

**Yorkton**

St. Alphonsus School (306) 783-4121

St. Mary's School (306) 782-2889

St. Michael's School (306) 782-4407

St. Paul's School (306) 783-9212

Registration forms can be dropped off at your local Catholic elementary school or at the CTCS division office: 45A Palliser Way, Yorkton, SK. or visit [www.christtheteacher.ca](http://www.christtheteacher.ca) for online registration.

*Believe...Belong...Become*

**ELIGIBILITY**

Our Catholic Kindergarten programs are available to all children of all cultures and faiths. They offer high quality early childhood education through excellent teaching and programming in a school environment.

**Children must have reached their fifth birthday by December 31st of the current school year.**

**SCHOOL LOCATION**

**Which School do you wish to apply for Kindergarten?**

**Melville:**

- St. Henry's Jr.  
Elementary School

**Theodore:**

- St. Theodore  
Elementary School

**Yorkton:**

- St. Alphonsus Elementary School  
 St. Mary's Elementary School  
 St. Michael's Elementary School  
 St. Paul's Elementary School

**Considering French Immersion for grade 1? Yes/No**

**STUDENT INFORMATION**

**SURNAME:**

**FIRST NAME:**

**MIDDLE NAME:**

**NAME USED** (if different from legal name):

**Street Address:**

**City:**

**Postal Code:**

**Legal Land Description (if applicable) and/or Mailing Address (Box No):**

**Home Email Address:**

**Home Telephone Number:**

**Current Age:**

**Gender:**  Unspecified  
 Male  Female

**Date of Birth:**

Registrar Verification Initials \_\_\_\_\_  
(Office Use Only) MMM / DD / YYYY

**Baptized:**

- Yes  
 No

(Copy will be kept on file to share with the Church for the purpose of sacraments)

**Parent's Religion:**

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

**Child's Religion:**

- Roman Catholic  
 Ukrainian Catholic  
 Other: \_\_\_\_\_

**Aboriginal Ancestry: (Voluntary)**

- Status First Nation  
 Non-Status First Nation  
 Metis  
 Inuit

**Place of Birth: (Province)**

- Saskatchewan, Canada  
 Other: \_\_\_\_\_

**Student Lives With:**

- Mother  Both  
 Father  Guardian  
 Other: \_\_\_\_\_

**Language Spoken at Home:**

- English  
 French  
 Other: \_\_\_\_\_

**Citizenship Status:**

- Canadian Citizen  Refugee Claimant  
 Permanent Resident  Work Visa  
 Student Visa

**Citizenship:**

Citizenship if other than Canadian \_\_\_\_\_

Country of Birth \_\_\_\_\_

Date of Entry into Canada \_\_\_\_\_

**MEDICAL INFORMATION**

**Emergency Contact Information (Other than Parent/Guardian)**

Name: \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child have any medical needs we need to be aware of (i.e. allergies)? Yes / No

If yes, please explain: \_\_\_\_\_

Has your child had his/her immunizations? Yes / No

Has your child had a hearing examination? Yes / No

Date of examination: \_\_\_\_\_

Has your child had a vision examination? Yes / No

Date of examination: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

<b>Mother/Stepmother/Guardian Information:</b>		
Last Name:	First Name:	Relationship to Child:
Resides with Student:    Yes    No	Address (If different than Child):	
Home Phone:	Cell Phone:	Work Phone:
Email Address:	Place of Employment:	
<b>Father/Stepfather/Guardian Information:</b>		
Last Name:	First Name:	Relationship to Child:
Resides with Student:    Yes    No	Address (If different than Child):	
Home Phone:	Cell Phone:	Work Phone:
Email Address:	Place of Employment:	
Home Owner: <input type="checkbox"/> Rent <input type="checkbox"/> Own	Taxes: <input type="checkbox"/> Public School <input type="checkbox"/> Separate School	
If you are a rural family, please provide the name, address and phone number of a billet, in the city, in case of inclement weather. Name of Billet: _____ Phone #: _____ Address of Billet: _____		
Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Single		
Please indicate if there is a custody arrangement or custody order that the school staff should be aware of: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered YES, you will need to supply legal documentation to the school administration. This document will be kept in the school principal's office.		
Are there any siblings? (home, preschool, elementary school, or high school)		
Name: _____	Age _____	Grade _____
Name: _____	Age _____	Grade _____
Name: _____	Age _____	Grade _____
Name: _____	Age _____	Grade _____
<b>OTHER INFORMATION (If Applicable)</b>		
How well does your child get along with other children: <input type="checkbox"/> Very well <input type="checkbox"/> Fairly well <input type="checkbox"/> Needs support	Has your child attended any of the following: <input type="checkbox"/> Licensed Daycare <input type="checkbox"/> Nursery School <input type="checkbox"/> Preschool <input type="checkbox"/> Currently attending Name: _____	Does your child show an interest in: <input type="checkbox"/> Story time <input type="checkbox"/> Colouring <input type="checkbox"/> Counting <input type="checkbox"/> Speaking in sentences <input type="checkbox"/> Adapting to new situations
List any other interests that your child may have:		

**Has your child worked with any of the following support services in our community?**

- The Ministry of Social Services..... Worker's Name: \_\_\_\_\_
- Kids First..... Worker's Name: \_\_\_\_\_
- PECIP (Parkland Early Childhood Intervention)..... Worker's Name: \_\_\_\_\_
- ASD Services (Autism Spectrum Disorder)..... Worker's Name: \_\_\_\_\_
- CNIB..... Worker's Name: \_\_\_\_\_
- Speech and Language Pathologist..... Therapist's Name: \_\_\_\_\_
- Occupational Therapist..... Therapist's Name: \_\_\_\_\_
- Physical Therapist..... Therapist's Name: \_\_\_\_\_

I hereby give permission for the support service team staff of Christ the Teacher to share any of the above information in order to make an informed decision to develop an individual supportive program for my child. Only information that directly relates to the needs of the child and family will be shared between the school administrator, classroom teacher, the support service worker (school level), the Coordinator of Student Services, and any of the above services.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT DECLARATION AND SIGNATURE**

I, the undersigned, hereby represent that I have the legal authority to register the child. I declare the information that I have provided on this form is complete and accurate. I will notify the school of any changes to the information on this form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CATHOLIC DECLARATION (If Non-Catholic)**

I wish to have my child attend a Catholic School. I intend and desire that my child participate in the spiritual formation and atmosphere of the Catholic School. I agree to and abide by and support, to the best of my ability, the philosophy of the school division, the Religious Education Program, and the religious celebrations of the Catholic School Division.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Acceptance of Student Registration (Office Use Only)**

Student Name: \_\_\_\_\_ Sask. Learning I.D. # \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Classroom: \_\_\_\_\_

Signature of Principal/Designate: \_\_\_\_\_ Date: \_\_\_\_\_

*Employees of Christ the Teacher Catholic Schools may use the information collected on this form to help provide appropriate educational programming and support for the student. We collect the student's Saskatchewan Health Number to use in case medical care is needed. This number, and other demographic information, is shared with the Saskatchewan Ministry of Education to support the Student Data System. Contact information is collected and shared with the Saskatchewan Health Authority for follow-up with families regarding the following health services: immunization, vision screening, hearing screening, dental programs and transportation. How this information is accessed, used, or disclosed is protected under the Freedom of Information and Protection of Privacy Act and the Local Authority Freedom of Information and Protection of Privacy Act.*