



Christ the Teacher

ROMAN CATHOLIC SEPARATE SCHOOL DIVISION #212

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

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

Elementary School 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.**



Elementary School is offered at
the following schools:

Melville

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

St. Henry's Sr. School (306) 728-3877

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 for online registration.

Believe...Belong...Become

SCHOOL LOCATION

Which School do you wish to apply for?

Melville:

- St. Henry's Jr. Elementary School
- St. Henry's Sr. Middle 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

English Program: Yes NoFrench Immersion: (St. Michael's, St. Henry's Jr. and Sr. Only) Yes No**PREVIOUS SCHOOL ATTENDED**

School Name: _____

School City/Town: _____

School Address (If known): _____

Last Grade your child attended: _____

Date your child last attended: _____

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:

- Male Unspecified
- Female

Date of Birth:

Registrar Verification Initials

(Office Use Only)

MMM / DD / YYYY

Saskatchewan Health Number:

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:

- Both Parents Father
- Mother Guardian
- Other:

Language:

- English
- French
- Other:

Citizenship Status:

- Canadian Citizen Refugee Claimant Student Visa
- Permanent Resident Work Visa

Citizenship: (Only complete if child is not a Canadian Citizen)

Citizenship (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**Mother/Stepmother/Guardian Information:**

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: _____

Father/Stepfather/Guardian Information:

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: Rent Own **Taxes:** Public School Separate SchoolParents are: Married Common Law Separated/Divorced Single**Please indicate if there is a custody arrangement or custody order that the school staff should be aware of:** Yes 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.****OTHER INFORMATION (If Applicable)**

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: _____ ASD Services (Autism Spectrum Disorder)..... Worker's Name: _____

- Speech and Language Pathologist..... Therapist's Name: _____
- Occupational Therapist..... Therapist's Name: _____
- Physical Therapist..... Therapist's Name: _____
- CNIB..... Worker's Name: _____

Please provide any additional information that you feel would be an important for the school to be aware of:

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:** _____

Are there any siblings living in the home?

Name: _____ Age _____ Name: _____ Age _____

Name: _____ Age _____ Name: _____ Age _____

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: _____

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:** _____

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:** _____

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.