



# *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, and faith-  
filled 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 CTTCS 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 5th 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. School**Theodore:**☐ St. Theodore School**Yorkton:**☐ St. Alphonsus School☐ St. Michael's School☐ St. Paul's School☐ St. Mary's School**Considering French Immersion for Grade 1?****Yes****No****Undecided****PREVIOUS SCHOOL ATTENDED**

School Name: \_\_\_\_\_

School City/Town: \_\_\_\_\_

School Address (If known): \_\_\_\_\_

Last Grade your child attended: \_\_\_\_\_

Date your child last attended: \_\_\_\_\_ (YYYY/MM/DD)

**STUDENT INFORMATION****SURNAME:****FIRST NAME:****MIDDLE NAME:****PREFERRED LAST NAME:****PREFERRED FIRST NAME:****PREFERRED MIDDLE 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)

YYYY/MM/DD

**Baptized:**☐ Yes ☐ No**Child's Religion:**☐ Catholic☐ Other: \_\_\_\_\_**Aboriginal Ancestry: (Voluntary)**☐ Metis☐ Non-Status First Nation☐ Inuit☐ Status First Nation**Language:**☐ English ☐ Other: \_\_\_\_\_☐ French \_\_\_\_\_**Place of Birth: (Province)**☐ Saskatchewan, Canada Other: \_\_\_\_\_**Student Lives With:**☐ Both Parents ☐ Father ☐ Mother ☐ Guardian**NEWCOMER STUDENT REGISTRATION****(Proof of legal status must be provided in order to register)**

Last country student attended school \_\_\_\_\_

☐ Permanent Resident ☐ Refugee Category☐ Temporary Resident (student/visitor/worker visa's)

Parent Work Permit expires: \_\_\_\_\_

(YYYY/MM/DD)

Parent Study Permit expires: \_\_\_\_\_

(YYYY/MM/DD)

Citizenship Country: \_\_\_\_\_

Entry to Canada: \_\_\_\_\_

(YYYY/MM/DD)

Citizenship Effective Date: \_\_\_\_\_

(YYYY/MM/DD)

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

Home Language: \_\_\_\_\_

**PARENT/GUARDIAN DETAILS:****Parent/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: <i>(for Emergency purposes only)</i>
Email Address:				

**Parent/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: <i>(for Emergency purposes only)</i>
Email Address:				

Parents are: ☐ Married ☐ Common Law ☐ Separated/Divorced ☐ Single

Please indicate if there is a custody arrangement or custody order the school staff should be aware of:

- ☐ Yes *If you answered YES, you will need to provide legal documentation to the School Administration.*  
☐ No

**EMERGENCY CONTACT INFORMATION:**

*(Contact if parents/guardian cannot be reached. Call in order listed below, if more than one provided)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Are there any siblings? (home, preschool, elementary school, or high school)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**STUDENT MEDICAL ALERTS:**

Description: \_\_\_\_\_

**Other Student Alerts (Health, family or Other Information)**

Description: \_\_\_\_\_

*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, use, 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.*

**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: \_\_\_\_\_

**BUS ROUTES:**

*Refer to website  
for pick-up and drop off details or  
Contact school directly for  
assistance.*

*Website: <https://www.cttcs.ca>*

- ☐ **Route 1:** St. Alphonsus, St. Michael's and Sacred Heart High School
- ☐ **Route 2:** St. Michael's French Immersion & Sacred Heart High School
- ☐ **Route 3:** St. Mary's (A.M.) & Sacred Heart High School (P.M.)
- ☐ **Route 4:** St. Paul's School
- ☐ **St. Henry's Jr. and St. Henry's Sr. (Melville) East & West Routes**

**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: \_\_\_\_\_

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. 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.***