



Children born in 2018 may begin kindergarten in September 2023

All of this form must be filled in to the fullest ability and knowledge of the student's legal guardians.

Student Details									
Legal given name			Legal middle name			Legal surname			Registering for Grade:
Date of birth (day/month/year)		M <input type="checkbox"/>	F <input type="checkbox"/>	Home address (Unit # – Street # – Street name)				Postal code	
Name of church attending					Name of last school attended				
Indicate Aboriginal Identity (First Nation or Band name, Metis, Inuit, Treaty #) if applicable. <input type="checkbox"/> None						Languages spoken other than English <input type="checkbox"/> None			
Canadian Citizen?	Date arrived in Canada		Country of Birth		Visa Student	Refugee		If refugee: circle sponsor below	
<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___ Day Month Year				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Private sponsor	Manitoba Government
Siblings									
Name			Age	Grade	School				
Medical Information									
Doctor's name				Name of clinic/practice				Doctor's phone #	
Allergies: <input type="checkbox"/> No allergies									
Student has Epipen? State exactly where at school the Epipen can be found. <input type="checkbox"/> Yes <input type="checkbox"/> No						Health Card numbers (9 digit) _____ (6 digit) _____			
List all illnesses and/or medical conditions (physical and mental) the student has been diagnosed with (asthma, heart condition, etc.) <input type="checkbox"/> None									
List any medications the student takes for the illnesses and/or medical conditions listed above (inhalers, pills, etc.) <input type="checkbox"/> None									
Student able to self-administer medications? ←If No: Exact instructions written and signed by the student's physician for how to properly administer medication(s) to the student must be included with this form in order for their registration to be valid and this student's acceptance to be considered. <input type="checkbox"/> Yes <input type="checkbox"/> No									
Student may be given Tylenol? <input type="checkbox"/> Yes <input type="checkbox"/> No			Student may be given Advil? <input type="checkbox"/> Yes <input type="checkbox"/> No			Note: If a student becomes ill or is injured during the school day, the school will try to notify the parents/guardians. If the school is unable to reach anyone, the student may be taken to the nearest medical facility where emergency treatment will be administered. If ambulance service is necessary, legal guardians will be billed for this service.			

Primary Contact (This person must speak English)			
First name	Last name	Relation to student	
Home address (Unit # – Street # – Street name - City)		Cell phone #	Home phone #
Job/Occupation	Work address (Number – Street – City)		Work phone # Ext _____
e-mail			

Parent or Legal Guardian #1 (If different from Primary Contact)			
First name	Last name	Relation to student	
Home address (Unit # – Street # – Street name – Street name - City)		Cell phone #	Home phone #
Job/Occupation	Work address (Number – Street – City)		Work phone # Ext _____
e-mail			

Parent or Legal Guardian #2			
First name	Last name	Relation to student	
Home address (Unit # – Street # – Street name – Street name - City)		Cell phone #	Home phone #
Job/Occupation	Work address (Number – Street – City)		Work phone #
e-mail			

Emergency Contact			
First name	Last name	Relation to student	Legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home address (Unit – Number – Street name - City)		Cell phone #	Home phone #
Job/Occupation	Work address (Number – Street – City)		Work phone #
e-mail			

Support Services Accessed: Circle all the services this student has accessed.								
Psychiatrist	Psychologist	Social Worker	Resource Teacher	Occupational Therapist	Physiotherapist	Counselor	Speech Therapist	Other:

If any of the above have been circled, please indicate. Your providing this information gives the school permission to contact the agency or service about your child:

Name of agency or service:	Contact person:	Phone #:
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Please write some details about support services accessed:

Custody Information

Student currently in care of Child and Family Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of CFS Agency or Agencies		
#1 Child and Family Services Contact Person	Contact phone #	#2 Child and Family Services Contact Person	Contact phone #
Are there any court orders or legal restrictions in place regarding this student? <input type="checkbox"/> Yes <input type="checkbox"/> No ← If Yes, photocopies of all legal documents MUST be given to the school with this registration form in order for this student's registration to be valid and their acceptance considered.			

Permission to Use Student Photos: I give my permission to St. Aidan's Christian School to use photographs of this student in items including but not limited to brochures, slide shows, school website, and the school yearbook. List any purpose for which the school may not use pictures of this student on the line below ↓		
Permission for Off-Campus Activities: I give consent for this student to participate in off-campus recess (If applicable), and school field trips in and out of Winnipeg, including but not limited to athletic opportunities, outdoor education, volunteerism and community work. List any locations this student may not be taken on field trips on the line below ↓	Legal Guardian Signature	
The legal guardian signature declares all information above is correct to the fullest knowledge and ability of the undersigned. The undersigned has read and accepted the Statement of Faith and Campus Handbook and commits to upholding all the school's policies and regulations.	Legal Guardian Signature	
Printed name of legal guardian _____	Signature of legal guardian _____	Day / Month / Year
The student signature below declares that the student agrees to all the school's policies and regulations and is committed to upholding the school's code of conduct.		
Printed name of student _____	Signature of student _____	Day / Month / Year

Bring-A-Friend Program

Name of Friend Attending St. Aidan's:			
Parent Name:		Parent Phone:	

Items to Include with each child's registration form:

- _____ Completed Registration form
- _____ Registration and School Supply Fee (One per child)
- _____ 1 Month Tuition Payment
- _____ Copy of Birth Certificate, Citizen Certificate, and/or PR Card **(New Students only)**
- _____ Copy of Manitoba Health Card **(New Students only)**