

School _____	Ontario Education Number (OEN) _____
Grade _____	Admit Date _____ Class/Homeroom _____
Core French <input type="checkbox"/> French Immersion <input type="checkbox"/> Extended French <input type="checkbox"/> Ojibwe Language <input type="checkbox"/> Ojibwe Immersion <input type="checkbox"/> Pupil of the Board Yes <input type="checkbox"/> No <input type="checkbox"/> - <i>If No, Contact Janice Baker (Kenora Board Office)</i> OSR Status: Requested <input type="checkbox"/> Received <input type="checkbox"/> OSR Index Card Made <input type="checkbox"/>	

Student's Information:

Legal Name (on Birth Certificate): _____
Last Name First Name Middle Name

Preferred Name (if different from legal name): _____
Last Name First Name Middle Name

Gender (please check one): Male Female

Date of Birth: _____ **Type of Age Verification Received** _____
(MM - DD - YYYY)

Adult (Over 18?) - Yes No - If yes Consent to Release Information form may be required

If Student has siblings in this school, please list them: _____

Student's First Language: _____ Main Language Spoken at Home: _____

Is this Student of Native Ancestry? Yes No **If yes, select one:** First Nation Métis Inuit
Band Information: _____

Does this Student have an Individual Education Plan (IEP)? Yes No **If yes, copy form for School SERT**

Has this Student been identified through an IPRC? Yes No

Student's Previous Schooling Information:

Previous School Attended: _____ Other Board in Ontario: _____

Address: _____
Street Address City Province/State Country

Language of Instruction: _____ Last Date Attended: _____ Last Grade Attended: _____

The year he/she first entered an ON Secondary School _____ Reason for Transfer _____

Student's Medical Information:

Health Card Number (including version number): _____

Copy of Immunization Record Provided: Yes No

Does this Student have Asthma? Yes No

Medical Alert Information or Disability: _____

Student's Doctor: _____

Doctor Ph Number _____ Name of Medical Clinic _____

Student's Address Information:

Mailing Address: _____
House # Street Name Apt. # P.O. Box # RR City/Town Postal Code

Home/911 Address: _____
House # Street Name City/Town Postal Code

If coming from Out of Country, Out of Province or from a Reserve (Other Pupil) –
Type of Residence Verification Received _____

Home Ph Number: _____ Cell Ph Number: _____ Whose cell for remarks _____

Transportation:

Bus Service Requested? Yes No

If yes, have Parent/Guardian contact the Transportation Consortium in Dryden at 223-1256 ext 1 or 1-866-860-7770 ext 1

Parent/Legal Guardian Information:

Name: _____
First Name Last Name

Relationship to student: _____ Place of Employment: _____

Address if different from student: _____

Home Ph Number: _____ Business Ph Number: _____ Cell Ph Number: _____

Has Access to Student: Yes No If No-Custody Access Information Required _____

Legal Guardian: Yes No Has Custody: Yes No Lives with Student: Yes No

Receive Mail: Yes No Has Access to Records: Yes No

Contact/Closure Priority: 1=First to be contacted 2=Second 3=Third **(please check one)**

Name: _____
First Name Last Name

Relationship to student: _____ Place of Employment: _____

Address if different from student: _____

Home Ph Number: _____ Business Ph Number: _____ Cell Ph Number: _____

Has Access to Student: Yes No If No-Custody Access Information Required _____

Legal Guardian: Yes No Has Custody: Yes No Lives with Student: Yes No

Receive Mail: Yes No Has Access to Records: Yes No

Contact/Closure Priority: 1=First to be contacted 2=Second 3=Third **(please check one)**

Additional Emergency Contact Person:

Name: _____
First Name Last Name

Relationship to student: _____ Place of Employment: _____

Address if different from student: _____

Home Ph Number: _____ Business Ph Number: _____ Cell Ph Number: _____

Has Access to Student: Yes No If No-Custody Access Information Required _____

Legal Guardian: Yes No Has Custody: Yes No Lives with Student: Yes No

Receive Mail: Yes No Has Access to Records: Yes No

Contact/Closure Priority: 1=First to be contacted 2=Second 3=Third **(please check one)**

Can the school communicate with you via email for the following reasons?

-Teacher to Parent Communication -School Events -School Absences (Secondary Only)

Yes No If yes, email address: _____

The Ministry of Education and Training, under the authority of the Education Act of the Province of Ontario, R.S.O. 1990 Ch. E2, Section 265, requires that each school maintain a record of basic information for each student registered in the school. The information will be used to:

- Document registration of the student
- Identify any special needs of the student
- Prepare the Ontario Student Record* and office index card
- Prepare class lists, attendance reports, and other reports for the board and the Ministry of Education
- Provide other school boards with required registration information, if the student transfers to another school board
- Supply the District Health Unit with information for public health records
- Make emergency care arrangements for the student

*The Ontario Student Record is a record folder containing information about your child including report cards and other personal information conducive to the improvement of the instruction of the student. Parents(s)/guardian(s) have the right to access or examine the contents of the OSR folder for their child who is under 18 years of age.

I authorize the use of the information as noted in the above, and I understand that it is my responsibility to keep the school advised of any change in the information.

 Signature of Parent/Guardian

 Date of Registration

Kindergarten Registration - Early Years' Experience (EYE@K)

The Ministry of Education's Early Years Experiences @ Kindergarten (EYE@K) project, will be collecting information regarding child care and early learning experiences annually at the time of Kindergarten registration. This will be done throughout the entire province of Ontario.

Families of all children registering for Kindergarten 2018 will be asked to provide feedback on their experiences with early learning and child care.

If you have any further questions or require more information, please contact our Early Years Lead, Ann McDonald at 807-468-5571, extension 315.

1. For each age period, what was the MAIN type(s) of child care for the child you are registering for kindergarten? The age periods below match with the child care policies of the Ministry of Education. The age periods may not match exactly to your child's experience or transitions between different types of care. **Please select all the type(s)** of care that you and your child used for each age period.

If your child was cared for by a parent/guardian and did NOT participate in child care on a regular basis, please select Parent/Guardian Care - Full-Time.

Age of Child	Parent/Guardian Care		Unpaid Care		Paid Care		Licensed Home Child Care		Licensed Child Care Centre		Don't remember/Prefer not to answer
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	
0 up to 12 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Months to 18 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Months to 24 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Months to 2.5 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Years up to Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If the child you are registering for school participated in licensed child care in a care centre or a home, please list the name(s) of your licensed child care centre or licensed home child care agency, for each age period. If your child was in parent/guardian care full-time or participated in care with friend, relative, nanny or unlicensed home child care, do not include the name below, please select the box in the Not Applicable column.

Age of Child	Not Applicable	City/Community Name	Intersection/Street Name	Name of Licensed Child Care Centre or Licensed Home Child Care Agency
0 up to 12 Months	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12 Months to 18 Months	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18 Months to 24 Months	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
24 Months to 2.5 Years	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.5 Years up to Present	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Consider all the types of care that the child who you are registering for school used over the last few years. What 3 MAIN factors did you consider when choosing care for your child? Please select 3 factors from the list and write the letter for each in the 3 boxes below.

- A. Transportation/Location B. Cost C. Availability D. Language/Culture E. Hours of Operation F. Staff G. Caring/Nurturing Environment
 H. Word of mouth Recommendation I. Inspection Reports J. Special needs supports/inclusion K. Ratio/Group Size L. Program Philosophy
 M. Not Applicable/Prefer not to answer

ACTIVITIES IN YOUR COMMUNITY

The Ministry of Education has invested in child and family programs and services in the community that promote early learning and development, support parents and caregivers, and provide referrals to specialized services. In your community, these centres may be called Ontario Early Years Centres, Better Beginnings Better Futures, Child Care Resource Centres, Parent & Family Literacy Centres, or Best Start Hubs. The following questions are about your child's participation in those programs and services as well as other activities in your community.

4. Have you heard about child and family centres in your community?

Yes No

5. At each age, how often did the child who you are registering for school participate in an Ontario Early Years Child & Family Centre? These centres are also known as Ontario Early Years Centres, Better Beginnings Better Futures, Child Care Resource Centres, Parent & Family Literacy Centres, or Best Start Hubs. **Please select one answer per row.**

Age of Child	Once or More Per Week	One to Three Times a Month	Several Times a Year	Once per Year	Did Not Participate	Don't Know/Prefer not to answer
0 up to 12 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Months to 18 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Months to 24 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Months to 2.5 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Years up to Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. At each age, how often did the child who you are registering for school participate in other activities in your community? Other programs include: paid or free activities at libraries, community centres, religious organizations, cultural centres, registered children's recreation programs (e.g., sports, dance, music, and gymnastics). **Please select one answer per row.**

Age of Child	Once or More Per Week	One to Three Times a Month	Several Times a Year	Once per Year	Did Not Participate	Don't Know/Prefer not to answer
0 up to 12 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Months to 18 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Months to 24 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Months to 2.5 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Years up to Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Consider all the activities in the community that the child who you are registering for school participated in over the last few years. What 3 MAIN factors did you consider when you chose Ontario Early Years Child and Family Centre Programs or other activities in your community? Please select 3 factors from the list and write the letter for each in the 3 boxes below.

- A. Transportation/Location B. Affordability C. Availability D. Language/Culture E. Hours F. Staff G. Special needs supports/inclusion
H. Word of mouth Recommendation I. Type of Program J. Size of Program/Number of Participants K. Not Applicable/Prefer not to answer