

# MILO ALPHABETS KINDERGARTEN SOCIETY REGISTRATION

## ENTER FULL NAME OF STUDENT

Legal Surname	[3]																										
Legal Given Name(s)	[4]																										
Birthdate	[5]	Y	Y	Y	Y	M	M	D	D	Gender	[6]	M	F														

### Student Current Mailing Address:

Address Line 1	[12]																																		
Address Line 2	[13]	Box																																	
City/Town	[14]																																		
Province	[15]		Postal Code	[16]		Area Code	[17]		Phone Number	[18]																									

IF STUDENT IS ALSO KNOWN BY ANOTHER NAME OR HAS A DIFFERENT PERMANENT MAILING ADDRESS THAN ABOVE, STATE COMPLETE INFORMATION ON THE BACK OF THE REGISTRATION FORM.

CITIZENSHIP OF STUDENT: \_\_\_\_\_

ALBERTA HEALTH CARE NUMBER: \_\_\_\_\_

PARENTS' NAMES: \_\_\_\_\_

NAMES AND NUMBERS TO CALL IN CASE OF EMERGENCY:

\_\_\_\_\_

STREET OR LAND LOCATION ADDRESS: \_\_\_\_\_

TAKING THE BUS? YES \_\_\_\_\_ NO \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: PLEASE BRING CHILD'S BIRTH CERTIFICATE OR CITIZENSHIP CARD TO BE COPIED



# Milo Alphabets Pre-Kindergarten/Kindergarten Registration 2014-2015

Date: \_\_\_\_\_

Student's Name:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name(s)

Birthdate: \_\_\_\_\_  
DD/MM/YYYY

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Child Lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

If other please specify \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Land Location (if a farm child): \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_

Number of Children in Family: \_\_\_\_\_

Names of siblings or other close family members at school:

Name:

Age:

Relationship:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Alberta Health Care Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Name

Phone Number

Emergency Contact: \_\_\_\_\_

Name

Phone Number

Please check if your child has had any of the following:

<b>Stomach Aches</b>	
<b>Convulsions</b>	
<b>Head Injury</b>	
<b>Unconsciousness</b>	
<b>Prolonged Fever</b>	
<b>Strep Throat</b>	
<b>Head Lice</b>	
<b>Asthma</b>	

<b>More than two Ear Infections</b>	
<b>Chicken Pox</b>	
<b>Allergies (specify)</b>	

Other: \_\_\_\_\_

Does your child wear glasses? \_\_\_\_\_ Has your child had a hearing test? \_\_\_\_\_

Has your child had his/her vision tested by an optometrist? \_\_\_\_\_

Is your child able to speak most sounds correctly? \_\_\_\_\_

Does your child understand and respond when spoken to? \_\_\_\_\_

Are you aware of any speech problems or delays your child might have? \_\_\_\_\_

Can your child ride a tricycle? \_\_\_\_\_ Bicycle? \_\_\_\_\_

Can your child throw a ball? \_\_\_\_\_ Catch a ball? \_\_\_\_\_

Is your child able to manage buttons, snaps, and zippers? \_\_\_\_\_

Does your child use a tripod grip on a pencil? \_\_\_\_\_

Is your child: Left handed \_\_\_\_\_ Right handed \_\_\_\_\_ Both \_\_\_\_\_

Has your child attended pre-school? \_\_\_\_\_ If so, where? \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Vaccinations for Kindergarten Students

Dear Parent/Legal Guardian of pre-Kindergarten or Kindergarten students,

Kindergarten entry is an ideal time to review your child's vaccination history. It is important to keep your child's vaccination up to date to prevent disease and to help keep your child healthy.

Most Children are due for these routine vaccines between the ages of 4–6 years:

- Diphtheria / Pertussis / Tetanus / Polio
- Measles / Mumps / Rubella / Chickenpox
- Pneumococcal conjugate (PCV13) only for children up to 71 months of age

To book an appointment or discuss your child's vaccinations, please contact your local Community Health Centre/Public Health Office listed below. These services are provided free of charge.

Thank you,

Vaccination Team

### Calgary Community Health Centres

<input type="checkbox"/> Acadia	403-944-7200	<input type="checkbox"/> Sheldon Chumir	403-955-1250
<input type="checkbox"/> East Calgary	403-955-1250	<input type="checkbox"/> South Calgary	403-943-9500
<input type="checkbox"/> Northwest	403-943-9700	<input type="checkbox"/> Thornhill	403-944-7500
<input type="checkbox"/> Shaganappi	403-944-7373	<input type="checkbox"/> Village Square	403-944-7000

### Rural Public Health Offices

<input type="checkbox"/> Airdrie	403-912-8400	<input type="checkbox"/> Didsbury	403-335-7292
<input type="checkbox"/> Banff	403-762-2990	<input type="checkbox"/> High River	403-652-5450
<input type="checkbox"/> Black Diamond	403-933-6505	<input type="checkbox"/> Nanton	403-646-2218
<input type="checkbox"/> Canmore	403-678-5656	<input type="checkbox"/> Okotoks	403-995-2600
<input type="checkbox"/> Claresholm	403-625-4061	<input type="checkbox"/> Strathmore	403-361-7200
<input type="checkbox"/> Cochrane	403-851-6130	<input type="checkbox"/> Vulcan	403-485-2285

