



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,
challenging and
supportive 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 CTCS division office: 45A Palliser Way, Yorkton, SK. or visit www.christtheteacher.ca for online registration.

Believe...Belong...Become

Christ the Teacher RCSSD # 212 Kindergarten Registration Form

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 fifth 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.
Elementary 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

Considering French Immersion for Grade 1? 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:

- Unspecified
 Male Female

Date of Birth:

Registrar Verification Initials
(Office Use Only)

MMM / DD / YYYY

Baptized:

- Yes
 No

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

(Copy will be kept on file to share with the Church for the purpose of sacraments)

Believe...Belong...Become

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Place of Birth: (Province) <input type="checkbox"/> Saskatchewan, Canada <input type="checkbox"/> Other: _____		Student Lives With: <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____		Language Spoken at Home: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____	
Citizenship Status: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Work Visa Student Visa			Citizenship: Citizenship if 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 _____ 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:		Taxes:			
<input type="checkbox"/> Rent <input type="checkbox"/> Own		<input type="checkbox"/> Public School <input type="checkbox"/> Separate School			

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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: _____

Parents 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.**

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

Name: _____ Age _____ Grade _____
Name: _____ Age _____ Grade _____
Name: _____ Age _____ Grade _____
Name: _____ Age _____ Grade _____

OTHER INFORMATION (If Applicable)

How well does your child get along with other children:

- Very well
- Fairly well
- Needs support

Has your child attended any of the following:

- Licensed Daycare
- Nursery School
- Preschool
- Currently attending

Name: _____

Does your child show an interest in:

- Story time
- Colouring
- Counting
- Speaking in sentences
- Adapting to new situations

List any other interests that your child may have below:

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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: _____

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: _____

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. 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 and the Local Authority Freedom of Information and Protection of Privacy Act.