

STUDENT REGISTRATION FORM 2026-2027 - PRÉMATERNELLE

- Petits bourdons - École HÉRITAGE (5 half-days AM)
- Petits cœurs - École des QUATRE-VENTS (5 half-days AM)
- Petits soleils - École NOUVELLE FRONTIÈRE (5 half-days: AM or PM)

WHO CAN ATTEND FRANCOPHONE PRESCHOOL?

AGE AND CAPACITY

- Children who are at least 3 years of age and who are able to use the toilet unassisted.

ELIGIBILITY

Under Section 23 of the Canadian Charter of Rights and Freedoms, a student is eligible to attend a francophone school (French first-language instruction) if one parent, who is a Canadian citizen, meets at least one of the following conditions.

Please check **Yes** or **No** for **each** statement.

1. One parent's first language learned and still understood is French. Yes No
2. One parent received primary school education in a Francophone school* in Canada. Yes No
3. One parent has a child who is receiving or has received primary or secondary education in a Francophone school* in Canada. Yes No

** Instruction must have been received **in francophone schools** where French is taught as a first language, and not as a second language, such as in French immersion programs.*

If none of the above criteria is met, please continue to the next section: Exceptional Eligibility.

EXCEPTIONAL ELIGIBILITY

Under the School Board's eligibility policy, a student may be admitted if one parent meets one of the following conditions.

Checking one of the categories below constitutes **the first step** in an exceptional admission request, as outlined in Administrative Procedure 301.

- One parent, a Canadian citizen, has francophone roots and wishes to reintegrate francophone culture and identity into their child's life; that is, one of the child's grandparents has French as their first language learned and still understood.
- One parent is a francophone permanent or temporary resident and wishes to maintain their child's French language proficiency, identity, and sense of francophone cultural belonging; that is, an immigrant from a country where French is a primary language and whose first language learned and still understood is French.
- A child who was enrolled in a French immersion program that is no longer offered in the community served by the Conseil scolaire du Nord-Ouest's francophone school.

If the child meets one of the above conditions, please complete the form and schedule an appointment with the school principal to initiate an exceptional admission request.

Exceptional admission remains subject to an individual file review and approval.

Personal information is collected by the **Conseil scolaire du Nord-Ouest** (the "CSNO") pursuant to section 4(c) of the Protection of Privacy Act (the "Act"), as it is directly related to and necessary for the operation of its programs and activities. In accordance with section 10 of the Act, the CSNO implements reasonable security measures to protect this information against unauthorized access, use, or disclosure. Personal information will only be used and disclosed for the purposes for which it was collected or for purposes authorized under the Act.

Please note that the information may be processed using automated systems. The information may be stored on servers located outside Alberta or Canada. The CSNO remains responsible for protecting personal information in accordance with the Act.

If you have any questions regarding the collection, use, or disclosure of this information, please contact the CSNO Corporate Secretary at rachellebergeron@csno.ab.ca or 780-624-8855.

STUDENT INFORMATION (Please print)

Student's Last Name: _____ Student's Other Family Name: _____

Student's First Name: _____ Student's Middle Name or Initial: _____

Date of Birth (day/month/year) ____/____/____ Copy of Birth Certificate (Required)

Gender: M F

Citizenship: Canadian Other _____ Visa or other documentation: _____ (Please attach a copy)

Student Address and Legal Description or residence:

Street # or legal description

City or Town

Province

Postal Code

Please fill in all sections.

MEDICAL INFORMATION

Alberta Health Care Number: _____

Medical conditions (allergies, speech/language difficulty, other) Please provide details below:

Allergies yes no **If yes, specify:** _____

Language difficulties yes no **If yes, specify:** _____

Epilepsy yes no

Other yes no **If yes, specify:** _____

Please indicate if your child needs a:

ASTHMA / INHALER: Yes No **EPIPEN:** Yes No **MEDICATION:** Yes No

If yes, you must complete and sign the Form DA 313 D - the school will send it to you.

Is the vaccination program up to date? Yes No

Please provide any other information regarding the health and safety of your child:

I have completed and joined the Request to Administer Medical Care In Case Of Emergency Form.
See **Appendix C. (REQUIRED)**

PARENT(S)/GUARDIAN(S)

The student resides with: Mother and Father Mother Father Guardian Other

NAME OF MOTHER/LEGAL GUARDIAN Telephone: _____ / _____ / _____
home work cell

Mailing Address of Mother/Legal Guardian: _____
Street # or PO Box City or Town Province Postal Code

Legal description of residence: _____ Email*: _____
(*See Appendix E)

NAME OF FATHER/LEGAL GUARDIAN Telephone: _____ / _____ / _____
home work cell

Mailing Address of Father/Legal Guardian: _____
Street # or PO Box City or Town Province Postal Code

Legal description of residence: _____ Email*: _____
(*See Appendix D)

LANGUAGES SPOKEN

Language(s) spoken by the mother: French English Other(s), specify: _____

Language(s) spoken by the father: French English Other(s), specify: _____

Language(s) spoken by the child: French English Other(s), specify: _____

Language(s) spoken in the home: French English Other(s), specify: _____

OTHER EMERGENCY CONTACT(S) Please identify at least one emergency contact:

Full Name of contact person Telephone: _____ / _____ / _____
home work cell

RELATIONSHIP TO STUDENT: _____

PHYSICAL ADDRESS, INCLUDING LEGAL DESCRIPTION OF RESIDENCE: _____

BUS TRANSPORTATION

Child must be 3 years and 8 months old BEFORE September 1st of the registration year to benefit from the transportation service.

Need bussing? No Yes – See **Appendix B** for details.

GUARDIANSHIP, CUSTODY, ACCESS

If there is a court order or legal agreement affecting guardianship, custody, or access under the *Child, Youth and Family Enhancement Act*, the *Family Law Act*, the *Divorce Act* or the *Youth Criminal Justice Act*, please indicate below. School principal must be made aware of any such orders to ensure the safety and well-being of the student.

No order exists

Yes, an order exists. (If yes, please discuss the details with the principal and provide a certified copy of the order to the school.)

ABORIGINAL SELF-IDENTIFICATION

If you wish to declare the student is Aboriginal, please select one:

- First Nation (status)
- First Nation (non-status)
- Métis
- Inuit

For further information, please refer to: <https://www.alberta.ca/first-nations-metis-or-inuit-student-self-identification/> or contact Alberta Education and Childcare at 780-427-8501.

ALBERTA EDUCATION ACT (SECTION 58)

Section 58 of the Alberta Education Act states that:

For subject matter dealing primarily and explicitly with religion, school boards must provide notice to parents and an exemption form, allowing parents to request that their child be excused, without academic penalty, for the duration of that content.

For courses, programs of study, instructional materials, instruction, or activities that include subject matter dealing primarily and explicitly with gender identity, sexual orientation, or human sexuality, school boards must notify parents, and parents must opt in for their child to participate in this content.

PAYMENT

The CSNO offers the preschool program at an affordable cost to parents.

- 5 half-days/week preschool cost is \$ 900 per year (9 months).

A minimum payment of 50% of the Registration Fee is required by September 15, 2026 and the balance is to be paid by January 15, 2027. **See Appendix E.** (If you are making a request for a **EXCEPTIONAL CIRCUMSTANCES ADMISSION**, please pay only when your request has been approved.)

I have completed and joined the « Method of Payment Form ». See **Appendix E (REQUIRED)**

OR

I am submitting an application for «Student Admission - Exceptional Circumstances».

DECLARATION & SIGNATURE

I accept the philosophy, policies, appendices A , B, C & D, the fees, and the procedures of the Conseil scolaire du Nord-Ouest.

I hereby declare the above information to be true, correct and complete.

Name: _____

Signature (parent/guardian/independent student)

Date

Protection of Privacy Act (POPA)

Please read the following carefully before signing the Student Registration Form

All school boards in Alberta are subject to the Protection of Privacy Act (POPA). This Act sets out policies and regulations regarding the collection, use, protection and disclosure of personal information.

The personal information collected on the Student Registration Form is used to deliver educational services and programs and to ensure a safe and secure school environment*. The information may be used in the following circumstances:

- The use of the name, photo and comments of a student in the school newsletter, the yearbook, or any other publication of the school or the school board.
- The use of video footage, individual photos, class photos, team photos or club photos for school purposes.
- The use of photos or videos of school or class activities taken by the media where the students are not easily identifiable.
- The use of the name, grade and photo of a student in school activities such as athletics, art displays or celebrations.
- The use of the name and date of birth of a student to recognize a birthday.
- The use of the name of a student on a poster or other work displayed at a school or the school board or another location as designated by the school or school board.
- The disclosure of information to local Regional Health Authorities for vaccination and health purposes.
- The use of the name of a student for honour roll, during the graduation ceremonies, for scholarships or other acknowledgements from the school board.
- The use of the name of a student and educational information necessary to determine his/her eligibility for scholarships, provincial or federal awards or other awards for which the school or school board applies on behalf of the student.
- The use of the name of a student, those responsible for the student and their phone numbers to verify a student's absence.
- The use of the name of a student, those responsible for the student and their phone numbers for transportation and emergency purposes.
- The disclosure of the medical information of a student with serious or life-threatening medical conditions.
- The disclosure of the name of a student, those responsible for the student, telephone numbers and addresses to the School Council for communication purposes.

In the case of an activity that is not included in this list and where personal information is used by the school or the CSNO for purposes other than educational programming and student safety, Form 170 A, Consent for the Use and Disclosure of Personal Information for Non-Educational Purposes, must be signed and returned to the school.

** Section 56 of the Alberta Education Act and section 4c of the Protection of Privacy Act, Statutes of Alberta, 2024 Chapter P-28.5 and its provisions apply. For more information, please contact the CSNO Corporate Secretary at the School Board office at 780-624-8855 or 1-866-624-8855.*

BUS TRANSPORTATION - PRÉMATERNELLE

For PRESCHOOL CHILDREN:

- Child must be 3 years and 8 months BEFORE September 1st of the registration year to benefit from the transportation service.
- Transportation is provided in the mornings only; parents are responsible for return transportation home.
- Children must be able to understand and follow all safety rules (ex. child must stay seated).

If you require transportation, please read the information for the school in which your child is enrolled.

École Quatre-Vents: The CSNO maintains a transportation agreement with the Peace River School Division . P.R.S.D. provides transport for all students enrolled at École Quatre who live more than 2.4 kilometres from the school. **Parents who require transportation are asked to contact Peace River Bus Garage directly at 780-624-3006.** Employees there will provide you with information regarding your child’s bus stop location, boarding time and drop off time.

École Nouvelle Frontière: The CSNO manages transportation services for École Nouvelle-Frontière. Transportation is provided by First Student Canada. **Parents who require transportation are asked to fill out the form below.** A bus driver will contact you and inform you of your child’s bus stop location, boarding time and drop off time.

École Héritage: The CSNO manages transportation services for École Héritage. Transportation is provided by employed bus drivers who ensure transportation safety by applying safety regulations with vigilance and professionalism. **Parents who require transportation are asked to fill out the form below.** A bus driver will contact you and inform you of your child’s bus stop location, boarding time and drop off time.

*** For more information on the CSNO’s school transportation guidelines, please consult the Administrative Directive 560, School Transportation, on the CSNO website at: www.csno.ab.ca.**

Please complete this section if your child requires transportation.

Name of student: _____ Grade: _____

Student Address and Legal Description or residence:

Street # or legal description	City or Town	Province	Postal Code

Morning address - (going to school): _____

After school address - (return from school): _____

Special needs (Detail here): _____

Name and contact of parents /guardians:

_____	_____
Name	Telephone numbers (work / cell)

_____	_____
Name	Telephone numbers (work / cell)

Emergency Contact:

_____	_____
Name	Telephone numbers (work / cell)

_____	_____
Name	Telephone numbers (work / cell)

REQUEST TO ADMINISTER MEDICAL CARE IN CASE OF EMERGENCY

The personal information on this form is collected under the terms of section 4 c) of the Protection of Privacy Act (POPA). This information will be used only for the administration of medical care as described below. If you have any questions concerning the collection or use of this information, please contact the CSNO Corporate Secretary at 780-624-8855.

INFORMATION

Student Name: _____ Date of Birth: _____

Health Insurance Number: _____

PARENT/GUARDIAN CONTACT INFORMATION

Name of legal parent(s)/tutor(s) : _____

Legal address: _____

Telephone: Home _____

Cell (mother) _____

Cell (father) _____

Work (mother) _____

Work (father) _____

ALTERNATE CONTACT (IN CASE OF EMERGENCY)

Name: _____ Telephone : _____

Legal address: _____

PARENTAL REQUEST

I, _____, authorize the personnel of _____
Name of parent/guardian Name of school

to administer emergency medical care or to call emergency medical services (ambulance) for:

 Name of Student

In case of emergency:

1. Administer first aid
2. Call emergency medical service (911)
3. Contact parent or emergency contact

 Date

 Signature of Parent/Guardian

AUTHORIZATION TO USE ELECTRONIC COMMUNICATIONS

The new Canadian Anti-Spam Legislation * (CASL) came into force on July 1st, 2014. Since then, we can no longer send electronic communications that might contain "commercial" content without your permission. (*For more information visit the website: <http://fightspam.gc.ca>)

In order to facilitate communication within the school community, the Conseil scolaire du Nord-Ouest (CSNO) and the school wish to contact you by email. Messages will be sent by the school (occasionally by the principal, a staff member or the School Board) and may include: announcements, calendars, invitations, important messages, forms, etc. This information will also be available on the school's website. **Since these electronic messages may contain various offers, fees, sales or events of financial nature related to school life, we need your consent to contact you by email.**

PLEASE COMPLETE AND INCLUDE THIS FORM WITH REGISTRATION FORM

REQUEST FOR CONSENT

Name of parent(s) / Tutor(s):

Please check one of the following options:

- I agree to receive electronic communications, which include news, updates and important messages concerning the activities of the school and the CSNO to the following email address(es): (PLEASE PRINT EMAIL ADDRESS BELOW)

1. _____

2. _____

3. _____

N.B. It will be possible to withdraw your consent at any time.

- I do not agree to receive email communications from the school or CSNO.

Signature

Date

For more information :

Conseil scolaire du Nord-Ouest
CP 1220 St-Isidore (Alberta) T0H 3B0
Telephone : 780 624-8855 / Toll free: 1 866 624-8855
www.csno.ab.ca

APPENDIX E- REQUIRED

METHOD OF PAYMENT

* If you are making a request for a EXCEPTIONAL CIRCUMSTANCES ADMISSION, please pay only when your request has been approved.

Please complete the section for the school in which your child is enrolled.

École Héritage: 5 half days per week / \$900 for the year (9 months)

The terms of payment for the Registration Fee are:

- Payment in full of \$900 Registration Fee before September 15, 2026.
or
- Minimum payment of \$450 before September 15, 2026, and second payment for the balance of the Registration Fee, no later than January 15, 2027.

I agree to respect the terms of payment of the registration fees.

École des Quatre-Vents: 5 half days per week / \$900 for the year (9 months)

The terms of payment for the Registration Fee are:

- Payment in full of \$900 Registration Fee before September 15, 2026.
or
- Minimum payment of \$450 before September 15, 2026, and second payment for the balance of the Registration Fee, no later than January 15, 2027.

I agree to respect the terms of payment of the registration fees.

École Nouvelle Frontière: 5 half days per week / \$900 for the year (9 months)

The terms of payment for the Registration Fee are:

- Payment in full of \$900 Registration Fee before September 15, 2026.
or
- Minimum payment of \$450 before September 15, 2026, and second payment for the balance of the Registration Fee, no later than January 15, 2027

I agree to respect the terms of payment of the registration fees.

Payments can be made by:

- cheque to : Conseil scolaire du Nord-Ouest,
or
- Interac transfer to : paiement@csno.ab.ca.

Name of child

Name of parent / tutor

Date

Signature of parent / tutor