



Muskoti Elementary School

Registration

September 2023 - June 2024

(250) 788-7361

Please select grade your child is registering in:

K4 ____ Kindergarten ____ Grade 1 ____ Grade 2 ____ Grade 3 ____

Is your child registered in Cree-Ative Wonders daycare?

____ Yes ____ No

Child Information:

Child's Name: _____

Date of Birth: _____

Child's Home Address: _____

(House Number or location)

Band Name: _____

Status Number: _____

K4

Will your child be attending the Muskoti Elementary School (K5) the following year?

*Priority for K4's is given to students who will be staying for kindergarten.

____ Yes ____ No

Please attach copy of child's birth certificate

Parent/Guardian Information:

Name: _____

Relationship to child: _____

Address: _____

Phone #: _____

Place of work: _____ (phone #) _____

Email: _____

Name: _____

Relationship to child: _____

Address: _____

Phone #: _____

Place of work: _____ (phone #) _____

Email: _____

Alternate Contacts: (Other than Parents/Guardians)

The following persons are authorized to pick up my child in case of an emergency

Name: _____

Relationship: _____

Home Phone #: _____ Work # _____

Name: _____

Relationship: _____

Home Phone #: _____ Work # _____

***Anyone not listed cannot pick up the children without written consent from the parents. You can make a list on the back of this form. ***If there is an issue with custody, we must have legal documentation. Without legal documentation, we are not able to stop a child's parent from picking them up. Please call us if you need to discuss this.

Health Information:

Child's Medical #: _____

Please list any illnesses or anything we should know about your child:

If you have listed any please give symptoms, treatment and/or specifics (e.g., special diet): _____

Is your child currently on medication? If so, state kind, possible side effects, etc: _____

*** Please note that if your child requires medication during school hours, please give it directly to the staff so it can be stored in a safe place until needed with a written note giving permission for it to be administered.

*** Please DO NOT send your child to school if he/she is sick. (cough/cold/flu -not well enough to participate in activities including outside time.)

Consents:

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Emergencies

In case of serious illness or accident, I authorize the Muskoti Elementary School staff to call the parent/guardian first and then an ambulance if needed. All expenses incurred will be my responsibility.

Signature of Parent/Guardian: _____

Date: _____

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Fieldtrips and Excursions

I give permission for my child to go on excursions with the Saulteau First Nations Muskoti Elementary School to places of interest that are no more than 30 minutes driving distance from the program facility. I understand that on the planned trips to Chetwynd and area, my child will be bussed to and from these places.

Signature of Parent/Guardian: _____

Date: _____

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Head Lice

Head lice are not considered a health issue and though we strive to work with families to keep the issue at bay. We do, however, request that once you have been notified that you remove all the live nits and lice before your child returns to school. We also ask that parents inform us if they find their child has nits or lice so we can do a thorough check of centre children. If you can be part of our campaign against lice, please let us know so we can have volunteers to do the monthly head checks.

Thanks

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Photographs and Videos

I give permission for photographs and videos of my child to be used in any publicity in which the Saulteau First Nations Muskoti Elementary School participates (e.g., newspaper or newsletter, Muskoti Elementary School's Face book page).

Signature of Parent/Guardian: _____

Date: _____

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Sunscreen and Insect Repellent

I give permission for the Muskoti Elementary School staff to apply sunscreen and/or insect repellent to my child when necessary.

Signature of Parent/Guardian: _____

Date: _____

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Parental Waiver Form

I _____, being the parent/guardian of _____ do hereby consent to his/her participation in the activities of the Muskoti Elementary School. I authorize and approve and do hereby waive and release all claims for damages, injuries or losses including loss of personal property against the program.

I agree to disclose to the Muskoti Elementary School a complete medical history of my son/daughter _____ and also agree to allow the staff of the school to administer any medical attention necessary for my child; this includes any emergency situations, hospital visits, and/or doctor appointments deemed necessary to the health and safety of my child.

I further agree to allow my child to be transported to and from the program via the SFN School Bus and also agree NOT to hold the Saulteau First Nations liable for any injury or harm which may occur while my son/daughter is being transported as a passenger.

Signature of Parent/Guardian: _____

Date: _____

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Cultural Education

I give permission for my child _____ to participate in the Muskoti Elementary School's cultural programming knowing this education is based on the general teachings of this local area and meant as an introduction to the local culture and may differ from time to time to our specific family culture. I give permission for my child to participate in the smudging practice and will let the centre staff know if I am uncomfortable with anything being practiced.

Signature of Parent/Guardian: _____

Date: _____

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Bussing Notification: Does your child require Bussing? ____ Yes ____ No

I understand that it is my responsibility to be with or assign an adult to be with my child when they are picked up each morning and that the bus will not drop off my child when returning him/her unless they can see an adult present. If no adult is seen my child will be returned to the centre for parental pick-up. The bussing times are adhered to as closely as possible, and I understand there are delays at times. I also understand that there are rules on the bus to provide a safe environment which includes not eating on the bus, staying in their seats etc. The driver will notify me if there are any safety issues so I can help solve them and I understand that as a benefit bussing is a privilege and for the safety of the children must be followed or the benefit will not be available for my child. Children must be dressed for the weather conditions.

Signature of Parent/Guardian: _____

Date: _____

Signature of Program Supervisor: _____.

*Please ensure all information is included in this registration before your child starts in our program.



Muskoti Elementary School BUS TRANSPORTATION LIABILITY WAIVER

As parent/guardian of the child/children named below, I hereby release the Saulteau First Nation, Muskoti Learning Centre, the Muskoti Elementary School, its representatives, and employees from any and all liability arising out of his/her transportation on the school bus to or from the Muskoti Learning Centre, and/or the Muskoti Preschool.

The Saulteau First Nations through its Department of Education offers this free school bus transportation. The utilization of this service shall in no way obligate the Saulteau First Nation, the Muskoti Learning Centre or the Muskoti Preschool for any reason.

I understand that it is my full responsibility as parent/guardian to:

- Place him/her on the bus in the morning and meet him/her at the bus stop.
- Be on time for the afternoon pickup, if applicable.
- **Send a note or call the school by 10:00 am if transportation plans are changed.**
- Instruct my child/children as to his/her pickup and drop off point.
- Review with my child/children the school Bus Rules as written in the School Bus Policy Handbook.

- Make other transportation arrangements when there is no school bus transportation on days that Public Schools are closed or when the weather does not permit bussing services (but Muskoti Learning Centre, the Muskoti Preschool is in session).
- **Provide emergency contacts. These people will be contacted if no one is there to meet the student(s) at the scheduled time and location and left in their care.**

Emergency Contact: _____
(Name) (Numbers)

Emergency Contact: _____
(Name) (Numbers)

Child's Name: _____ Child's Name: _____

Child's Name: _____ Child's Name: _____

Pickup/Drop off location: _____

Morning Boarding time: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Consent Card

Child's name _____ DOB: _____

Address: _____

Phone Number: _____

Mother's Name: _____

Father's Name: _____

Emergency Contact: _____

Phone: _____

Physician and Ph# _____

Dentist and Ph# _____

Date of last tetanus shot: _____

Allergies/Medications _____

Care Card Number _____

It is the policy of this School to notify a parent when a child is ill or needs medical attention.

Occasionally, we cannot contact parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign the consent below so that we can take appropriate action on behalf of your child. We will take this consent with us to the emergency Centre.

I hereby give consent for my child _____ to be taken to the nearest emergency Centre by Muskoti Elementary School staff when I cannot be contacted.

I hereby give consent for my child _____ to receive medical treatment.

Signature of Parent/Guardian: _____

Witnessed by: _____

Date: _____