

Kikendaasogamig Elementary School

45 Farm Road, NEYAASHIINIGMIING, ON N0H 2T0

Tel: 519-534-0719 Fax: 519-534-1592

Email: nawashed.principal@gbtel.ca nawashed.schoolsecretary@gbtel.ca

Jr. & Sr. Kindergarten 2022-23 Registration

For children 4 years old by Dec 31



**ASK FOR A
REGISTRATION
PACKAGE**



**MEET THE
TEACHER**



**PLAY, ENGAGE,
LEARN, AND
SOCIALIZE**

The program includes:

- ✓ **Healthy snacks**
- ✓ **Academic Enrichment**
- ✓ **Art Classes**



**ENROLL
TODAY!**

or visit our website

www.nawash.ca/board-of-education/school

Kindergarten

NIKENDASOGAMIG ELEMENTARY SCHOOL REGISTRATION PACKAGE JR. & SR. KINDERGARTEN

Parent / Guardian completes:

1. Registration Form
2. Bussing Form
3. On Reserve School Trip Permission Form
4. Media Consent for Publication Form
5. School Entry Questionnaire
6. Medication Form (Available upon request)

Copies of required documentation:

1. Birth Certificate
2. Updated Immunization Record
3. Status Card or BCR from Council Re: Residency



Visit www.nawash.ca/board-of-education/school
for more information





**Kikendaasogamig Elementary School
REGISTRATION FORM**

Name of Student: _____
Surname Given Name Middle Name

Date of Birth: _____ Age: _____ Grade: _____

Band No.: _____

Name of Parents/Guardians: _____

Are you the legal Guardian? _____

Address: _____

Please include your Road Name & Fire Number

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

EMAIL ADDRESS: _____

Three (3) Alternative/Emergency Contacts: (Preferred within the Community)

1. _____ Telephone No. _____ Cell No. _____

2. _____ Telephone No. _____ Cell No. _____

3. _____ Telephone No. _____ Cell No. _____

It is the responsibility of the Parent/Guardian, to inform your child's Alternative/Emergency Contacts that you have left their names and numbers as your child's Alternative/Emergency Contacts.

Health Card #: _____ Immunization Record provided: Y / N

Family Doctor: _____ Phone # _____

Health Concerns/Allergies/Hearing/Vision: _____

Is your child on Medication: No / Yes

If yes please specify _____

Name & Address of last school attended:

Additional Information: _____

Parent/Guardian Signature _____

Date of Registration _____



Kikendaasogamig Elementary School – Bus Transportation Form

Date: _____

Student: _____

Grade: _____

MORNING BUS PICK UP

| Days of the Week | Monday | Tuesday | Wednesday | Thursday | Friday |
|-------------------------------|--------|---------|-----------|----------|--------|
| NSHIIME CHILD & FAMILY CENTRE | | | | | |
| HOME | | | | | |

AFTER SCHOOL DROP OFF

| Days of the Week | Monday | Tuesday | Wednesday | Thursday | Friday |
|-------------------------------|--------|---------|-----------|----------|--------|
| NSHIIME CHILD & FAMILY CENTRE | | | | | |
| HOME | | | | | |

(Please check the appropriate boxes above.)

Please call the school at 519-534-0719 to inform the office if your child/ren will be late or absent.

Note: If you call prior to 8:30 a.m. you may get the answering machine, please leave a detailed message. Messages are checked more than once or twice throughout the day.

Remember if your child/ren attend the Nshiime Child and Family Centre, please inform their office (519-534-3909) of alternate plans (e.g., absents, early pick up at the school, etc.) before the end of the school day.

Miigwech/Thank you for your time to complete this form.



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Appendix 2

KIKENDAASOGAMIG ELEMENTARY SCHOOL

Parent/Guardian Permission Form

STUDENT: _____

I, _____, hereby give my permission for my child to:
(Name of Parent/Guardian)

Participate in On-Reserve outings such as walks, nature studies, and other outings as related to the study of Ontario Curriculum, under the supervision of the Kikendaasogamig Elementary School Staff and with the possible use of the school van for transportation when needed.

This permission is valid from the date of signing until the end of the current school year at Kikendaasogamig Elementary School. This consent can be revoked at any time by the parent/guardian.

Signature of Parent/Guardian

Date



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PARENTAL CONSENT TO PUBLISH STUDENT WORK, NAME, PHOTOGRAPH AND/OR LIKENESS

Dear Parents/Guardians,

We wish to publish student's projects, artwork, writing, video appearances, name, and photographs. We also utilize the services of the Nawash website, as well as community and school newsletters.

In order to do this, we need permission from the parents. **This consent will be valid for the duration of your child's current school year at Kikendaasogamig Elementary School unless the Parent/Guardian wishes to change the consent.**

PARENTAL/GUARDIAN CONSENT

Name of student: _____ Present grade: _____

I do hereby give the Kikendaasogamig Elementary School permission to use my child's:
(Check all or some of the following)

____ Photographs

____ Projects, artwork and writing

____ First Name

____ Video appearances and voice likeness

for reproduction on our Community Webpage, Community Newsletter or School Newsletter. This material will only be used by authorized school personnel.

I also acknowledge that my child's last name will not be published.

I grant permission for the Nawash webpage, community newsletter, and school newsletter to publish chosen selections above, noting consent is not to exceed 12 months, and/or may be removed upon request.

(Please circle your selections where your permission is granted)

Community Webpage Community Newsletter School Newsletter

Parent/Guardian signature: _____ Date: _____

We/I **DO NOT** grant permission for the release of any of the above to the
Community Webpage Community Newsletter School Newsletter

Parent/Guardian signature: _____ Date: _____



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School Entry Questionnaire

General Information

Name of child: _____

First name child prefers to be called (if different from above): _____

Birth Date of Child: _____

Are both parents residing with the child? Yes or No (please circle one)

1. Other children in the family: _____ Age: _____

2. Others in household: _____ Relationship to the child: _____

3. Who cares for your child during the day when they are not in school? (If applicable)
Name: _____
Phone No.: _____
Address: _____

4. Previous care giving arrangements: (if applicable) _____

- a) Please describe the major care giving experiences your child has had and specify the duration and type of care. (e.g., Child Care Centre, Babysitter, Home Day Care, EarlyON drop-in program, etc.)

5. a) Describe your child's favourite:

Foods _____

Toys _____

Television programs/videos _____

Activities _____

b) How much time does your child spend:

Playing with toys, games _____

Watching TV or videos _____

Playing outdoors _____

Listening to stories _____

Social and Emotional Information

7. What type of organized social activities has your child been involved in?
(e.g., swimming, dancing, sports activities, nursery school programs)

8. Describe your child's choice of playmates (e.g., same age playmates, younger children, older children, adults?)

9. What types of activities does your child enjoy taking part in with other children?

10. What some activities your family likes to do together?

11. What kinds of responsibilities does your child have at home? (e.g., dressing self, tidying up)

12. How would you describe your child's personality? (e.g., outgoing, quiet, easy going, nervous, excitable, happy)

13. How does your child react to new situations? (e.g., shy, fearful, curious, excited)

14. Describe any situations in which your child becomes particularly excitable, frightened, or angry.

15. a) What techniques have you found to be effective in the situations described above?

b) What techniques have you found to be effective in situations that require discipline?

16. Has your child experienced any significant changes in his or her family life in the past? (e.g., death of family member, moving, birth of baby, separation or divorce)

Physical and Health Information

17. At what age did your child:

Walk _____

Become toilet trained _____

Talk _____

18. Health History:

a) Date of most recent hearing assessment _____

b) Date of most recent vision assessment _____

c) Has your child experienced any of the following? (Please share specific health reports with your child's teacher)

| Health Information | Yes | No | If yes, please comment |
|---------------------------------|-----|----|------------------------|
| Birth complications | | | |
| Hearing loss | | | |
| Ear infections | | | |
| Vision problems | | | |
| Asthma | | | |
| Serious sleeping irregularities | | | |
| Headaches | | | |
| Nose bleeds | | | |
| Fainting spells | | | |
| Allergies | | | |
| Skin irritations | | | |
| Epilepsy | | | |
| Surgery | | | |
| Notable accidents/injuries | | | |
| Bowel, bladder problems | | | |
| Stomach problems | | | |
| Other | | | |

d) Does your child require any medication on a regular basis? Yes or No

If yes, please describe _____

e) Has your child ever been hospitalized? _____

If yes, please describe _____

19. Has your child received Resource assistance during the preschool years?
(e.g., Speech & Language Therapy, Preschool Resource, Physical Therapy,
PIATS or CPRI) Yes or No (please circle one)

If yes, please describe the concern and treatment:

20. Is there any regular physical activity in which your child cannot or should not
participate? Yes or No (please circle one)

If yes, please describe:

21. At what age did your child begin to speak in two-word utterances?
(e.g., me go; Daddy milk; all gone; etc.) Please describe:

22. What is your child's first language? _____

23. What language(s) are spoken at home? _____

24. Is your child easily understood by? _____

Other children _____

Family Members _____

Other adults _____

25. If your child speaks another language at home, is your child understood by you?
Yes / No / Not applicable (please circle one)

Please describe _____

26. Does your child enjoy listening to stories?

Daily _____ Weekly _____

- a) What are your child's favourite kinds of books?

27. Does your child like to:

| Activities | Yes | No |
|---------------------------|-----|----|
| Sing | | |
| Recite nursery rhymes | | |
| Do fingerplays | | |
| Tell stories | | |
| Scribble | | |
| Print letters and numbers | | |
| Draw, colour or paint | | |

Please describe:

Parent Information

What are your goals/expectations for child during his/her first year at school?

Additional comments:

Thank you for taking the time to complete this form!