



CAPE BRETON-VICTORIA

Regional School Board

The Cape Breton-Victoria Regional School Board welcomes your child to Pre-Primary!

We look forward to partnering with you as your child begins their important educational journey. The following outlines information for registration as well as some important links you may wish to review.

To register for Pre-Primary:

The Pre-primary Program is open to all children who have reached the age of four years on or before December 31 of the year they enroll.

Children can attend the program only for one year.

Children must live within the catchment area, as defined by the school board, of a school that is offering the Pre-primary Program.

- Parents/guardians must present the following:

- the child's proof of age - original document : birth certificate, passport, immigration papers or adoption papers. The application for a birth certificate can be accessed at <http://novascotia.ca/sns/access/vitalstats/birth-certificates.asp>
- any legal documents related to custody arrangements if applicable
- health card number and expiry date at the time of registration.
- **Proof of residency of the parent or guardian and student.** This must include two items, at least one being from Category A below:

Category A: proof of ownership of dwelling or long-term lease or rental of dwelling; legal documents indicating NS residence; parent or guardian filing income tax returns as a NS resident

Category B: NS hydro bill, NS cable bill, Provincial driver's license, Provincial registration of automobile, Canadian bank accounts or credit cards

- A child must be registered in the neighbourhood school where they reside. If not sure which school serves your home address, call the CBVRSB Transportation Division at 902-562-4595.

Parents/guardians who reside separately and have joint custody must choose which of their neighbourhood schools their child(ren) will attend.

Additional Information:

There is a section on the registration form to identify Ancestry and Aboriginal Identity which you are encouraged to complete. Accurate demographic information allows our school board to support children and their families by acknowledging and celebrating our rich cultural, racial and ethnic backgrounds. This information also assists our school board when seeking out resources and planning supports to better serve our children now and into their future. **Therefore we encourage all parents and children to identify their Ancestry and Aboriginal Identity.**

Parents/Guardians are encouraged to communicate, upon registration, any special needs of the child or area of concern ie: medical, behavior, speech, hearing etc so that appropriate planning for pre-primary entry can take place.

Questions: Rhoda Muller (Pre-Primary Program Manager with the Cape Breton-Victoria Regional School Board) 902-562-6859 or rhoda.muller@gnspe.ca

Pre-Primary Program
Application

Student ID# _____
(office use only)

School: _____ Date of enrollment: _____

Surname: _____ Given name: _____

Common first name: _____

Date of Birth: _____ Gender: _____

Phone number: _____ Address: _____

_____ Postal Code: _____

Language: (most often spoken in the home)

<input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> French	<input type="checkbox"/> Mi'kmaq <input type="checkbox"/> Gaelic <input type="checkbox"/> Other (please specify) _____ Language comprehension: _____
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Aboriginal Identity

Ancestry

<p>For the purpose of this form, Aboriginal Peoples are persons who consider themselves to be First Nations, Metis or Inuit.</p> <p>Is your child considered to be an Aboriginal person? Y or N</p> <p>If yes, please check the group that best applies.</p> <p><input type="checkbox"/> Status On-Reserve <input type="checkbox"/> Non-status on reserve <input type="checkbox"/> Non-Status On Reserve <input type="checkbox"/> Status off-reserve <input type="checkbox"/> Inuit (please specify community) <input type="checkbox"/> Metis (please specify community)</p> <p>First Nations (Band) Please Specify:</p> <p><input type="checkbox"/> Acadia <input type="checkbox"/> Eskasoni <input type="checkbox"/> Membertou <input type="checkbox"/> Potlotek <input type="checkbox"/> Annapolis Valley <input type="checkbox"/> Glooscap <input type="checkbox"/> Millbrook <input type="checkbox"/> Wagmatcook <input type="checkbox"/> Bear River <input type="checkbox"/> Indian Brook <input type="checkbox"/> Paq'tnkek <input type="checkbox"/> We'koqma'q <input type="checkbox"/> Non-Nova Scotia Band (please specify)</p> <p>_____</p>	<p>Please indicate the ancestry with which your child identifies*</p> <p><input type="checkbox"/> Acadian descent <input type="checkbox"/> Asian descent <input type="checkbox"/> European descent <input type="checkbox"/> African descent <input type="checkbox"/> East Asian descent <input type="checkbox"/> Middle Eastern descent <input type="checkbox"/> Not Listed (please specify)</p> <p>_____</p> <p>*check as many as you wish*</p>
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Parent/Guardian Contact Information

Name (first/last):	Name (first/last):
Relationship:	Relationship:
Civic Address: (if different from child)	Civic Address: (if different from child)
City/Town, Province and Postal Code	City/Town, Province and Postal Code
Home phone:	Home phone:
Work phone:	Work phone:
Cell phone:	Cell phone:
Email:	Email:

Emergency Contact

Name:	Name:
Phone:	Phone:

Custody Arrangements (appropriate documentation must be provided)

Are special custody arrangements in place for this child? Y or N (please specify)
Description/Details (including any special instructions)

Support/Medical Info

Medical information: Doctor: Phone: Health Card #: Expiry Date:		
Special Considerations: Medical Concerns: Vision _____ Hearing _____ Speech _____ Kidneys _____ Other _____		
Medical Conditions: Allergies: Medication:		
Secondary Conditions: Medication:		
Other: (health concerns, behavior etc)		

Is your child currently seeing any outside agencies or community supports (such as NS Early Childhood Development Intervention Services, Hearing and Speech, EIBI, Apsea etc) Y or N

Child Information

(These questions are designed to help us to get to know your child - answers are voluntary)

Did your child previously attend a play based learning program (daycare, play-group, etc) ?

How does your child react to stressful situation?

Are there any fears that we should know about?

What are some motivators for your child? What type of things do they enjoy?

Comments
(Please use this space to tell us anything you think would be beneficial for us to get to know your child better)

Pick-Up List

(a person other than yourself that may pick up your child)

Name	Phone	Relationship



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Appendix A: Consent for Publication of Student Personal Information and Student Work

From time to time, the schools, school boards, and the Department of Education and Early Childhood Development would like to publish examples of student work, or personal information about a student such as the student's name, photograph, and school attended. This is done to recognize and encourage student achievement or learning, and to inform others about the school and its programs and activities. Showcasing students, their work, and their achievements is an important part of school life, and is a very positive experience for students.

• Before the school, school board, or the department does these things, we need your permission. Please sign this form to let us know whether or not you give your permission.

Consent for Publication of Student Personal Information and Student Work

I _____, consent to the school, to the Cape Breton Victoria Regional School Board, and the Nova Scotia Department of Education and Early Childhood Development publishing my child's name, image (photo), grade, course, and school attended, including being photographed or interviewed by the media.

I also consent to the Cape Breton Victoria Regional School Board publishing my child's student work, and the department using my child's student work (such as student writing) for the purposes of teacher professional development, and photos in a publication or on its website. This consent is limited to the purposes of recognizing and encouraging student achievement, teacher professional development, building school community, and informing others about the school and its programs and activities.

I understand that I may withdraw this consent at any time by contacting my child's school principal, in writing. This consent is valid for one year after the date of signing.

Yes, I consent

No, I do not consent

Name of student: _____

School attended: _____

Signature of parent/guardian: _____ Date: _____

** If you have any questions or concerns about how the school, school board, or the department is managing information about your child, or about anything in this consent form, please contact your child's principal, or the school board's information access and privacy officer.