

PLEASE PRINT

FM # _____

Student Information

_____	_____	_____	_____
Legal Last Name	Legal First & Middle Name(s)	M/F	Birthdate (y/m/d) Child must be 5 years old by February 28, 2013
_____	_____		
Preferred Last Name	Preferred First Name		
Parents: _____	_____	_____	_____
Mother Last Name	First Name	(Area Code) Home Phone	Work Phone Cell Phone/Other
_____	_____	_____	_____
Father Last Name	First Name	(Area Code) Home Phone	Work Phone Cell Phone/Other
Address: _____	_____	_____	_____
Mailing Address	City/Town	Province	Postal Code
_____	_____	_____	_____
Street Address, if different	City/Town	Province	
Email: _____			
Email address			

Funding in the amount of \$50 is available for those families with a sibling registered in grade 1 to 12 with The Center for Learning@HOME.

Sibling registered with The Centre for Learning@HOME: _____
Name Grade 2012-2013

***** Copy of birth certificate must accompany application *****

I understand and agree:

1. that The Centre for Learning@HOME will provide professional guidance;
2. that the instruction and evaluation of my child's progress is my responsibility;
3. that this program does not follow the guidelines set out in the Kindergarten Program Statement published by Alberta Education; and
4. that my child cannot be enrolled in an Early Childhood Education Services (kindergarten) program while participating in the Reading Readiness@HOME program.

Signature of Supervising Parent or Legal Guardian

Date

Application Approved by Principal

Date

The information requested on this form is being collected pursuant to Section 33(c) of the F.O.I.P.P. Act. If you have any questions or concerns, please contact the F.O.I.P.P. coordinator at Box 1318, 1 McRae Street, Okotoks, AB T1S 1B3 or telephone (403)938-2659/1-800-737-9383.