



**COPY OF
BIRTH CERTIFICATE
MUST ACCOMPANY APPLICATION**

**Reading Readiness@HOME
Application
2017-2018**

(PLEASE PRINT)

STUDENT INFORMATION:

_____	_____	_____	_____
Legal Last Name	Legal First & Middle Name(s)	M/F	Birthdate (y/m/d) (Child must be 5 years old by December 31, 2017)
_____	_____		
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 or Legal Land Description, if different	City/Town	Province	

EMAIL: _____
Email address

Sibling(s) registered with The Centre for Learning@HOME: _____
Name Grade 2017-2018

I understand and agree:

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

Signature of 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.

OFFICE USE:

FM # _____
BIRTH CERTIFICATE
RR HANDBOOK SENT