



Christ the Teacher

ROMAN CATHOLIC SEPARATE SCHOOL DIVISION #212

45A Palliser Way, Yorkton, Saskatchewan, S3N 4C5

Telephone: (306)783-8787 Fax: (306)783-4992

Kindergarten Registration

***Christ the Teacher
Catholic Schools are
committed to providing
young children with
opportunities for
discovery and
development within a
safe, caring,
motivating, and faith-
filled environment.***



**Kindergarten is offered at the
following schools:**

Melville

St. Henry's Jr. School (306) 728-4758

Theodore

St. Theodore School (306) 647-2762

Yorkton

St. Alphonsus School (306) 783-4121

St. Mary's School (306) 782-2889

St. Michael's School (306) 782-4407

St. Paul's School (306) 783-9212

***Registration forms can be dropped off at your local Catholic Elementary School or
at the CTTCS Division Office: 45A Palliser Way, Yorkton, SK or
visit www.christtheteacher.ca for online registration.***

ELIGIBILITY

Our Catholic Kindergarten programs are available to all children of all cultures and faiths. They offer high quality early childhood education through excellent teaching and programming in a school environment.
Children must have reached their 5th birthday by December 31st of the current school year.

SCHOOL LOCATION

Which School do you wish to apply for Kindergarten?

Melville: St. Henry's Jr. School**Theodore:** St. Theodore School**Yorkton:**
 St. Alphonsus School St. Michael's School
 St. Paul's School St. Mary's School

Considering French Immersion for Grade 1? **Yes** **No** **Undecided**

PREVIOUS SCHOOL ATTENDED

School Name: _____

School City/Town: _____

School Address (If known): _____

Last Grade your child attended: _____

Date your child last attended: _____ (YYYY/MM/DD)

STUDENT INFORMATION

SURNAME:	FIRST NAME:	MIDDLE NAME:
PREFERRED LAST NAME:	PREFERRED FIRST NAME:	PREFERRED MIDDLE NAME:
Street Address:	City:	Postal Code:

Legal Land Description (if applicable) and/or Mailing Address (Box No): _____

Home Email Address: _____

Home Telephone Number: _____

Current Age: _____	Gender: <input type="checkbox"/> Unspecified <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____ YYYY/MM/DD <small>Registrar Verification Initials (Office Use Only)</small>	Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No
Child's Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other: _____	Aboriginal Ancestry: (Voluntary) <input type="checkbox"/> Metis <input type="checkbox"/> Non-Status First Nation <input type="checkbox"/> Inuit <input type="checkbox"/> Status First Nation	Language: <input type="checkbox"/> English <input type="checkbox"/> Other: _____ <input type="checkbox"/> French	

Place of Birth: (Province) Saskatchewan, Canada Other: _____**Student Lives With:** Both Parents Father Mother Guardian**NEWCOMER STUDENT REGISTRATION****(Proof of legal status must be provided in order to register)**

Last country student attended school _____

 Permanent Resident Refugee Category
 Temporary Resident (student/visitor/worker visa's)

Parent Work Permit expires: _____ (YYYY/MM/DD)

Parent Study Permit expires: _____ (YYYY/MM/DD)

Citizenship Country: _____

Entry to Canada: _____ (YYYY/MM/DD)

Citizenship Effective Date: _____ (YYYY/MM/DD)

Country of Birth: _____

Home Language: _____

PARENT/GUARDIAN DETAILS:

Parent/Guardian Information:

Last Name:		First Name:		Relationship to Child:
Resides with Student:	Yes	No	Address (If different than Child):	
Home Phone:	Cell Phone:		Work Phone: <i>(for Emergency purposes only)</i>	
Email Address:				

Parent/Guardian Information:

Last Name:		First Name:		Relationship to Child:
Resides with Student:	Yes	No	Address (If different than Child):	
Home Phone:	Cell Phone:		Work Phone: <i>(for Emergency purposes only)</i>	
Email Address:				

Parents are: Married Common Law Separated/Divorced Single

Please indicate if there is a custody arrangement or custody order the school staff should be aware of:

- Yes *If you answered YES, you will need to provide legal documentation to the School Administration.*
 No

EMERGENCY CONTACT INFORMATION:

(Contact if parents/guardian cannot be reached. Call in order listed below, if more than one provided)

Name: _____ Relationship: _____ Phone #: _____ Cell #: _____

Name: _____ Relationship: _____ Phone #: _____ Cell #: _____

Name: _____ Relationship: _____ Phone #: _____ Cell #: _____

Are there any siblings? (home, preschool, elementary school, or high school)

Name: _____	Age: _____	Grade: _____
Name: _____	Age: _____	Grade: _____
Name: _____	Age: _____	Grade: _____
Name: _____	Age: _____	Grade: _____

STUDENT MEDICAL ALERTS:

Description: _____

Other Student Alerts (Health, family or Other Information)

Description: _____

Contact information is collected and shared with the Saskatchewan Health Authority for follow-up with families regarding the following health services: immunization, vision screening, hearing screening, dental programs and transportation. How this information is accessed, use, or disclosed is protected under the Freedom of Information and Protection of Privacy Act and the Local Authority Freedom of Information and Protection of Privacy Act.

Has your child worked with any of the following support services in our community?

- The Ministry of Social Services..... Worker's Name: _____
- Kids First..... Worker's Name: _____
- PECIP (Parkland Early Childhood Intervention)..... Worker's Name: _____
- ASD Services (Autism Spectrum Disorder)..... Worker's Name: _____
- CNIB..... Worker's Name: _____
- Speech and Language Pathologist..... Therapist's Name: _____
- Occupational Therapist..... Therapist's Name: _____
- Physical Therapist..... Therapist's Name: _____

I hereby give permission for the support service team staff of Christ the Teacher to share any of the above information in order to make an informed decision to develop an individual supportive program for my child. Only information that directly relates to the needs of the child and family will be shared between the school administrator, classroom teacher, the support service worker (school level), the Coordinator of Student Services, and any of the above services.

Parent/Guardian Signature: _____ Date: _____

BUS ROUTES:

*Refer to website for pick-up and drop off details or Contact school directly for assistance.
Website: <https://www.cttcs.ca>*

- Route 1: St. Alphonsus, St. Michael's and Sacred Heart High School** Effective Oct. 1, 2024
- Route 2: St. Michael's French Immersion & Sacred Heart High School** Effective Dec. 5, 2024
- Route 3: St. Mary's School Morning & St. Mary's-Sacred Heart Afternoon** Effective Oct. 1, 2024
- Route 4: St. Paul's School** Effective Oct. 1, 2024
- Melville Bus Transportation - Pick-Up-Drop Off Times & Locations - East & West** Effective Oct. 1, 2024

PARENT DECLARATION AND SIGNATURE

I, the undersigned, hereby represent that I have the legal authority to register the child. I declare the information that I have provided on this form is complete and accurate. I will notify the school of any changes to the information on this form.

Parent/Guardian Signature: _____ Date: _____

CATHOLIC DECLARATION (If Non-Catholic)

I wish to have my child attend a Catholic School. I intend and desire that my child participate in the spiritual formation and atmosphere of the Catholic School. I agree to and abide by and support to the best of my ability, the philosophy of the school division, the Religious Education Program, and the religious celebrations of the Catholic School Division.

Parent/Guardian Signature: _____ Date: _____

Acceptance of Student Registration (Office Use Only)

Student Name: _____ Sask. Learning I.D. # _____
 School: _____ Grade: _____
 Signature of Principal/Designate: _____ Date: _____

*Employees of Christ the Teacher Catholic Schools may use the information collected on this form to help provide appropriate educational programming and support for the student. Demographic information, is shared with the Saskatchewan Ministry of Education to support the Student Data System. Contact information is collected and shared with the Saskatchewan Health Authority for follow-up with families regarding the following health services: immunization, vision screening, hearing screening, dental programs and transportation. How this information is accessed, used, or disclosed is protected under the **Freedom of Information and Protection of Privacy Act and the Local Authority Freedom of Information and Protection of Privacy Act.***