



New Heights Learning Services

1323 McKnight Blvd. NE

Calgary, AB T2E 5T4

Phone: (403) 240-1312 Fax: 769-0633

Email: new.heights@newheightscalgary.com

Website: www.newheightscalgary.com

***SCHOOL AGE
APPLICATION***

PACKAGE

2010/2011



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Thank you for your interest in seeking admission for your child at New Heights Learning Services School. Please read through the procedures below and complete all forms as thoroughly as possible. Everything listed below must be completed and returned to us before we can consider your child for New Heights.

A completed School Registration Application

A completed Student Information form

Recent assessment reports on your child

Recent therapy/intervention reports on your child

Your child's most recent Individual Program Plan (IPP)

A completed Declaration form

Copy of your child's birth certificate or proof of citizenship

A completed Social Responsiveness Scale (SRS)

A completed Behavior Assessment System for Children (BASC)

Children Communication Checklist (CCC-2)

\$100 non-refundable application fee

Once we have received your completed forms and the application fee, we will make an appointment to meet with you and your child. We will meet with you to answer any questions you may have and to discuss your child's school history and the assistance that New Heights might provide. We will also interview your child. After the interviews and document review, we will determine if New Heights is a suitable program to address your child's needs and strengths. We will contact you as quickly as possible concerning your child's enrolment in our program.

Transportation

We recommend that parents attempt to carpool with other families to share driving responsibilities.



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Student Information		Date form completed: _____	
Legal Surname:		First Name:	
Middle Name(s):		Preferred Name/Nickname:	
Birthday (M/D/Y):		Age:	
Address:			
City:		Postal Code:	
Home Phone:			
Parent/Guardian Information			
Name of Parent:		Relationship to Student:	
Address: <input type="checkbox"/> as above			
City: <input type="checkbox"/> as above		Postal Code: <input type="checkbox"/> as above	
Home Phone: <input type="checkbox"/> as above		Fax:	
Work Phone:		Cell Phone:	
Company Name (if applicable):		Email:	
Name of Parent:		Relationship to Student:	
Address: <input type="checkbox"/> as above			
City: <input type="checkbox"/> as above		Postal Code: <input type="checkbox"/> as above	
Home Phone: <input type="checkbox"/> as above		Fax:	
Work Phone:		Cell Phone:	
Company Name (if applicable):		Email:	
Family Information			
Sibling Name:		Gender:	Age:
Sibling Name:		Gender:	Age:
Sibling Name:		Gender:	Age:
Sibling Name:		Gender:	Age:
Pet Name:		Type of Pet:	
Pet Name:		Type of Pet:	

FSCD Information	
Name of FSCD worker:	
FSCD contract status: <input type="checkbox"/> approved <input type="checkbox"/> under review <input type="checkbox"/> Other (specify):	
Date of contract: from _____ to _____	
Type of services: <input type="checkbox"/> Specialized Services <input type="checkbox"/> Aide Support Services	
Preference for location of home-based program: <input type="checkbox"/> family home <input type="checkbox"/> Other (specify address and phone number):	
Preference for home-based program team meetings: <input type="checkbox"/> morning <input type="checkbox"/> afternoon	
Preference for location of home-based program team meetings: <input type="checkbox"/> home <input type="checkbox"/> work/office <input type="checkbox"/> Other (give address): _____	
Health Information	
Alberta Health Care Number:	
Physician's Name:	Phone Number:
Pediatrician's Name:	Phone Number:
Any known allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:	
Any diet restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:	
Is your child on any routine medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:	
Any health problems? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:	
To complete the application process, complete this form and attach a non-refundable application fee of \$100.	
_____ Parent/Guardian Signature	_____ Date
_____ Parent/Guardian Signature	_____ Date
FOR OFFICE USE ONLY	
Documents Reviewed:	Documents Requested:
Date of commencement:	Authorization:



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Student's Name:		Date:
Person completing this form:		
What assessments has your child had in the past? Please attach most recent reports.		
Agency		Date
What therapy/intervention has your child had in the past? Please attach recent reports.		
Agency/Therapist		Date
Has your child attended other schools and/or programs? Please attach your child's most recent Individual Program Plan (IPP).		
Program/School		Date

<p>Does your child have a formal diagnosis? If yes, what is it?</p>
<p>What are your child's greatest strengths?</p>
<p>Does your child have an exceptional memory? If so, in what areas?</p>
<p>What are your child's greatest challenges?</p>
<p>What strategies or accommodations have been most effective for your child to help him/her learn?</p>
<p>What are your child's favourite:</p> <p>Activities: _____</p> <p>Books: _____</p> <p>Movies or TV shows: _____</p> <p>Computer software: _____</p> <p>TV or movie characters: _____</p>
<p>What activities does your child really enjoy:</p> <p><input type="checkbox"/> Arts, crafts</p> <p><input type="checkbox"/> Reading</p> <p><input type="checkbox"/> Games</p> <p><input type="checkbox"/> Computer</p> <p><input type="checkbox"/> Outside activities</p> <p><input type="checkbox"/> Sports</p> <p><input type="checkbox"/> Other(s) _____</p>
<p>What activities does your child really dislike (please list): _____</p> <p>_____</p> <p>_____</p>

What, in your opinion, are the five most important areas of learning for your child?
1.
2.
3.
4.
5.
What are your expectations for your child at New Heights?
<p>How would you prefer to be involved in your child’s program at New Heights?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Daily communication between school and home <input type="checkbox"/> Volunteering in the classroom <input type="checkbox"/> Organizing activities, events <input type="checkbox"/> Fund raising <input type="checkbox"/> Technical support (e.g. setting up or maintaining computer systems) <input type="checkbox"/> Sports <input type="checkbox"/> Music <input type="checkbox"/> Art <input type="checkbox"/> Other(s)
How did you hear about New Heights?
Is there any other information you wish to share? Feel free to use the back in order to add more information.



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The following information is required by Alberta Education and can affect the funding New Heights receives for each student. Please note, your answers here will not affect the extent or quality of programming your children receives at New Heights.

Child's Name:

Birthday (M/D/Y):

Address:

City:

Postal Code:

Birth Certificate, passport or immigration number:

(Please provide a photocopy of one piece of identification for your child. Alberta Education requires that we confirm each child's identity.)

Child's citizenship status:

Canadian citizen Landed Immigrant Other

Francophone Rights

All Canadians have the right to be educated in French.

New Heights does not provide instruction in French. Do you waive your right to francophone instruction for this school year?

Yes, I waive my child's right to francophone instruction

No, I do not waive my child's right to francophone instruction

By not waiving your child's rights to francophone instruction, you must transfer your child to a school jurisdiction where French instruction is available.

Parent/Guardian Signature

Date

Witness Signature

Date



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AUTHORIZATION TO OBTAIN INFORMATION

Child's Name: _____ Birth date: _____

I/We, the undersigned, being the parent(s)/legal guardian(s) of the above-named child, do authorize New Heights Learning Services to obtain all pertinent information concerning my child's medical, psychological and developmental history. This includes, but is not restricted to, health therapy evaluations and records, medical records, psychological evaluations, and neurological evaluations. These records will be held in strict confidence by the teachers, staff, and contracted therapists at New Heights Learning Services.

Agency/Professional: _____

Address: _____

Phone: _____ Fax: _____

Agency/Professional: _____

Address: _____

Phone: _____ Fax: _____

This release shall remain in full force and effect from the date of my signature until the completion of my child's education at New Heights Early Learning Services, unless I submit a written revocation.

Name of Parent

Date

Parent/Guardian Signature

Witness Signature

Please forward records to New Heights Learning Services at the address above.

Authorization to Obtain Information - 2010/2011 School Year (School Age)



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AUTHORIZATION TO RELEASE INFORMATION

Child's Name: _____ Birth date: _____

I/We, the undersigned, being the parent(s)/legal guardian(s) of the above-named child, do authorize New Heights Early Learning Services to release all pertinent information concerning my child's educational and developmental history. This includes but is not restricted to health therapy evaluations and records, educational records, and psychological evaluations.

I, _____, authorize Agency/Professional _____

To disclose the following information _____

Address: _____

Phone: _____ Fax: _____

Disclose to: _____

For the following purpose(s) only: _____

Phone: _____ Fax: _____

This release shall remain in full force and effect from the date of my signature until the completion of my child's education at New Heights Early Learning Services, unless I submit a written revocation.

I understand why I have been asked to disclose this information & am aware of the risks or benefits of consenting or refusing to consent to disclose this information.

Name of Parent

Date

Parent/Guardian Signature

Witness Signature

Authorization to Release Information - 2010/2011 School Year (School Age)



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AUTHORIZATION TO RELEASE PHOTOGRAPHS

New Heights regularly updates our Website, Brochures and Fundraising materials. We would like to use various photographs taken of the students in the school over the school year to enhance the presentation of our promotional information. As these photographs are being released into the public sphere both within Calgary and on the Internet, parental authorization is required before the photographs can be published.

This release shall remain in full force and effect from the date of my signature until the dissolution of New Heights Learning Services, unless I submit a written revocation.

Authorization TO Release Photographs	
Child's Name:	
I/We, the undersigned, being the parent(s)/legal guardian(s) of the above-named child, DO authorize New Heights Learning Services to publish photographs of my child on the New Heights Website at www.newheightscalgary.com , in the New Heights promotional Brochure, and/or any Fundraising Materials to be released into the public sphere.	
Name of Parent:	Date:
 _____	 _____
Parent/Guardian Signature	Witness Signature

OR

I/We, the undersigned, being the parent(s)/legal guardian(s) of the above-named child, DO NOT authorize New Heights Learning Services to publish photographs of my child on the New Heights Website at www.newheightscalgary.com , in the New Heights promotional Brochure, and/or any Fundraising Materials to be released into the public sphere.	
Name of Parent:	Date:
 _____	 _____
Parent/Guardian Signature	Witness Signature



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Student's Name:

2010/2011 School Program Tuition Fees

Parents play a major role in keeping tuition costs down by generously giving their time, energy and resources to fundraising for our school. The estimated cost per student is over \$30,000. These costs are funded through a combination of grants from Alberta Education, tuition fees and fundraising.

The portion of tuition paid by parents for the 2010/2011 School Year is \$12,000.

Parents may choose one of the payment options below:

- | | |
|---|---|
| 1. Entire year's tuition is paid by cheque or cash on or before September 1, 2010. | <input type="checkbox"/> I prefer this option |
| 2. Half of year's tuition is paid on or before September 1, 2010 and the other half is paid on or before January 1, 2010. Postdated cheques are required. | <input type="checkbox"/> I prefer this option |
| 3. Three equal payments on or before September 1st, 2010; December 1st, 2010; and March 1 st , 2011. Postdated cheques are required. | <input type="checkbox"/> I prefer this option |
| 4. Four equal payments on or before September 1st, 2010; December 1st, 2010; March 1st, 2011; and May 1st, 2011. Postdated cheques are required. | <input type="checkbox"/> I prefer this option |
| 5. Equal monthly payments made on the 1st day of each month , starting September 1st and continuing each month until tuition is paid in full on or before June 1 st , 2011. Postdated cheques are required. | <input type="checkbox"/> I prefer this option |

Parent signature

Date

There is limited funding available for qualifying families. Please contact New Heights for more information about financial assistance. Proof of income will be required.

Income Tax Credit for Tuition

Tuition paid by parents may be claimed as medical tax credits if certain conditions are fulfilled. To be eligible for such tax credits, parents must submit a letter written by a medical doctor or chartered psychologist with their income tax form. The letter must clearly state that the student has a specific learning problem that has a physiological origin and, as such, requires the services of professionals at New Heights School. The letter must be dated prior to enrolment at New Heights School. Please contact your tax advisor for clarification.

Person responsible for payment: _____

Responsible person's signature: _____

For office use only

Tuition payment received: _____



Dear Families,

2009-2010

We would like to take this opportunity to welcome each of you and your families to New Heights. As New Heights PAC board members, it is among our responsibilities to talk with you about our organization, enroll you as a member, and very importantly, encourage you to get involved in your school. But first, since this may be the first time at New Heights, for many of you, it is important for us to explain what the PAC is all about. If you are returning, welcome back!

What is the PAC?

Our PAC strives to enhance children's educational experiences.

PAC Programs & Fundraising

Our primary objective as a PAC is to provide our schools with funds, programs, resources and services that will enrich and maximize the education of every child. To meet this important objective, and afford services that are no longer covered by our school budgets, we must fundraise. Though it may not be our favorite responsibility, it is a necessary one. We are very excited about the coming school year.

This year we are planning many fundraising events and need your support to make it a successful year.

Become a Volunteer...Why YOU should get involved!

As you will see, we will be a busy little group. This is where you can come in! We need your help, and so do our children. **Over 500 independent studies on parent involvement show that when parents get involved in their children's education grades go up, test scores improve, they have fewer discipline problems and they're less likely to use drugs and alcohol. Get involved TODAY!**

Please find attached the **New Heights Commitment letter**. We, the PAC, feel strongly about this requirement to ensure our children have enhanced and successful school experiences. To do this we feel that this minimum commitment is a great starting point. Volunteering doesn't have to mean a huge time commitment. We understand it is increasingly more difficult to find time to give, but please, whatever your time schedule allows, we have need of you. We even have tasks that can be performed in the evenings, during the day or that don't even involve coming to the school at all.

Please help us by sending us your email address and contact phone numbers. Please email me at mail to: rogerlively@shaw.ca and your name will be added to our distribution list. If you do not have access to email, we will continue to send home fliers. In September you will receive contact information for our PAC board, a fall calendar of events, volunteer opportunities, parenting resources, and other useful information.

In conclusion

Our parent group is certainly about more than bake sales! We're about men and women working together toward a common goal. That goal, simply stated, is creating a better school and a better educational experience for our children. We strive to create an atmosphere where teachers, administrators, and support staff can do their best work – and so can our children. There is so much more that can be done and we need your help. We look forward to meeting you!

On behalf of the New Heights PAC we would once again like to extend a warm welcome and best wishes for a successful school year! Please contact me with questions or comments.

Sincerely,
Roger Lively
New Heights PAC

Roger Lively 403.371.3256 (hm)
 403.477.7365(cell)
 rogerlively@shaw.ca

NEW HEIGHTS PARENT ADVISORY COUNCIL COMMITMENT LETTER

As a family of New Heights, we choose:

1. To attend a minimum of 50% of the PAC meetings throughout the year (PAC meetings occur once a month), as well as 2 hours of volunteer time a month

2. To pay the PAC \$300.00 (cheque must be attached on return).

Name(s):

(Please print)

Signature(s):
