



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

PRESCHOOL APPLICATION

PACKAGE

2010/2011

New Heights Early Learning Services Preschool Registration Information Sheet

Thank you for your interest in seeking admission for your child at New Heights Early Learning Services. Please read through the procedures below and complete all forms as thoroughly as possible.

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, discuss your child's school history and the assistance that New Heights might provide. 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 can be provided to preschool students at a monthly cost of \$230.00

When your child enrolls at New Heights you automatically become members of the Parent Advisory Committee (PAC) and are voting members of the New Heights Early Learning Services Society. We encourage you to become active participants in your school community. Working together we can continue to enrich our students learning environment.

- | |
|---|
| <input type="checkbox"/> A completed School Registration Application Package |
| <input type="checkbox"/> Recent assessment reports on your child |
| <input type="checkbox"/> Recent therapy/intervention reports on your child |
| <input type="checkbox"/> Your child's most recent Individual Program Plan (IPP) |
| <input type="checkbox"/> Copy of your child's birth certificate or proof of citizenship |
| <input type="checkbox"/> \$100 non-refundable application fee |

If available/applicable:

- | |
|---|
| <input type="checkbox"/> A completed Social Responsiveness Scale (SRS) |
| <input type="checkbox"/> A completed Behavior Assessment System for Children (BASC) |
| <input type="checkbox"/> Children Communication Checklist (CCC-2) |



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Child 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 Child:	
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 Child:	
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. (For preschool students only)	
_____ Parent/Guardian Signature	_____ Date
_____ Parent/Guardian Signature	_____ Date
FOR OFFICE USE ONLY	
Documents Reviewed: _____	Documents Requested: _____
Date of commencement: _____	Authorization: _____



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AUTHORIZATION TO OBTAIN INFORMATION

Child's Name: _____ Birthdate: _____

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.



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AUTHORIZATION TO RELEASE INFORMATION

Child's Name: _____ Birthdate: _____

I/We, the undersigned, being the parent(s)/legal guardian(s) of the above-named child, do authorize New Heights 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 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 (Preschool)



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Child's Name:	
Person completing this form:	
What assessments has your child had in the past? Please attach reports.	
Agency	Date
What therapy/intervention has your child had in the past? Please attach reports.	
Agency/Therapist	Date
Has your child attended other Program Unit Funded (PUF) programs?	
Program	Date
Has your child's hearing been checked? If so, what were the results?	
Has your child had frequent ear infections in the past?	
Has your child's vision been checked? If so, what were the results?	

How does your child usually react to other children?	
Younger children	
Same age children	
Older children	
How well do the following people understand what your child says?	
Strangers	
Family members	
<p>Describe your child's typical eating habits (check all that apply):</p> <p><input type="checkbox"/> Eats just about anything, foods only</p> <p><input type="checkbox"/> Eats just about anything, including inedibles (e.g. soil, dryer lint)</p> <p><input type="checkbox"/> Eats only a few things (please list): _____</p> <p>_____</p> <p><input type="checkbox"/> Has food allergies (please list): _____</p> <p><input type="checkbox"/> Is fed by an adult</p> <p><input type="checkbox"/> Uses his/her fingers only</p> <p><input type="checkbox"/> Uses utensils (spoon, fork)</p> <p><input type="checkbox"/> Eats with the family</p> <p><input type="checkbox"/> Eats quickly, often putting too much food in mouth</p> <p><input type="checkbox"/> Eats very slowly</p> <p><input type="checkbox"/> Refuses to try new foods</p> <p><input type="checkbox"/> Will try just about any food</p>	
<p>Describe your child's toileting (check all that apply):</p> <p><input type="checkbox"/> Not potty trained; child shows no interest</p> <p><input type="checkbox"/> Not potty trained but child shows some interest</p> <p><input type="checkbox"/> Potty trained during the day</p> <p><input type="checkbox"/> Potty trained during the night</p> <p><input type="checkbox"/> Using the toilet with assistance</p> <p><input type="checkbox"/> Needing reminders to use the toilet</p> <p><input type="checkbox"/> Using the toilet independently</p> <p><input type="checkbox"/> Washing hands without reminding</p> <p><input type="checkbox"/> Flushing the toilet without reminding</p>	
<p>Describe your child's dressing/undressing (check all that apply):</p> <p><input type="checkbox"/> Needs help undressing</p> <p><input type="checkbox"/> Undresses but needs help with dressing</p> <p><input type="checkbox"/> Completely independent in dressing and undressing</p> <p><input type="checkbox"/> Dresses independently if clothes are selected by an adult</p> <p><input type="checkbox"/> Chooses clothes appropriate to the weather/season</p>	

<p>Describe your child's sleeping habits:</p> <p><input type="checkbox"/> Goes to bed late (after 8 pm)</p> <p><input type="checkbox"/> Sleeps well through the night</p> <p><input type="checkbox"/> Wakes up during the night</p> <p><input type="checkbox"/> Wakes up very early (before 6 am)</p> <p><input type="checkbox"/> Wakes up later (after 8 am)</p> <p><input type="checkbox"/> Other: _____</p>
<p>Is your child sensitive to any of the following (check all that apply):</p> <p><input type="checkbox"/> Loud noises (please specify): _____</p> <p><input type="checkbox"/> Smells (please specify): _____</p> <p><input type="checkbox"/> Textures (please specify): _____</p> <p><input type="checkbox"/> Light (please specify): _____</p> <p><input type="checkbox"/> Physical touch (please specify): _____</p> <p><input type="checkbox"/> Changes in routine (please specify): _____</p>
<p>How does your child usually respond to visitors to your home?</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>Can your child read?</p>
<p>What are your child's greatest challenges?</p>
<p>What are your child's favorite:</p> <p>Songs: _____</p> <p>Toys: _____</p> <p>Books: _____</p> <p>Movies or TV shows: _____</p> <p>Computer software: _____</p> <p>Characters (e.g. Dora the Explorer): _____</p>
<p>What activities does your child really enjoy:</p> <p><input type="checkbox"/> Arts, crafts</p> <p><input type="checkbox"/> Sand and water play</p> <p><input type="checkbox"/> Stories</p> <p><input type="checkbox"/> Games</p> <p><input type="checkbox"/> Computer</p>

Outside activities (playground)
 Coloring
 Pretend play
 Active games (e.g. chase, tag)
 Other(s) _____
 How long does your child typically play with a single favored toy or activity? _____
What activities does your child really dislike (please list): _____

Academic/Cognitive Skills

	Recognizes/Understands			Names/Labels		
	Yes	No	Inconsistent	Yes	No	Inconsistent
Upper case letters						
Lower case letters						
Letter sounds						
Numbers						
Color names						
Shape names						
Days of the week						
Months of the year						
Seasons						
Names of family members						

Communication and Social Skills

	To express emotion	To ask for things or actions	To make comments, explain things
Uses facial expressions			
Looks at things or people			
Points or gestures			
Makes sounds, vocalizes			
Points to or hands pictures			
Uses sign language			
Uses single words			
Uses word combinations			
Uses short sentences			
Uses long sentences			

Does your child do any of the following (check all that apply):

- Follow simple directions
- Follow longer directions
- Take turns
- Share with others
- Start conversations with others
- Greet others
- Respond appropriately to emotions in other people
- 'Echo' or repeat what others say
- Engage in repetitive behaviours (specify): _____

Fine Motor Skills

Does you child engage in any of the following (check all that apply):

- Cutting
- Coloring
- Drawing
- Gluing
- Stringing beads
- Completing puzzles
- Stacking blocks
- Other (specify): _____

Large/Gross Motor Skills

Does you child engage in any of the following (check all that apply):

- Walking
- Running
- Jumping
- Hopping on both feet together
- Hopping on one foot
- Skipping
- Spinning
- Arm flapping
- Climbing
- Crawling
- Catching a ball
- Throwing a ball
- Kicking a ball
- Other (specify): _____

What 'unusual' things frighten your child?	
How does your child usually respond when s/he is:	
Upset	
Tired	
Hungry	
Angry	
Frightened	
Not feeling well	
Does your child have 'appropriate' fears:	
<input type="checkbox"/> Strangers <input type="checkbox"/> Crossing the street <input type="checkbox"/> Hot objects <input type="checkbox"/> Heights <input type="checkbox"/> Deep water <input type="checkbox"/> Other (specify): _____	
Does your child have tantrums? If yes, what usually causes them? What techniques or strategies tend to calm your child?	
What three areas of your child's development and learning need the most help?	
1.	
2.	
3.	
What are your expectations for your child while a child at New Heights?	
How did you hear about New Heights?	
Is there any other information you wish to share?	



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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

If you wish to declare that you are an Aboriginal person, please specify:

- Status Indian/First Nations Non-Status Indian/First Nations
 Métis Inuit

Alberta Education is collecting this personal information pursuant to section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success. This information will also be used to determine the provincial First Nations, Métis and Inuit funding allocation provided to school authorities.

Pursuant to section 7 and 8 of the Personal Information Protection Act (PIPA) accredited private schools in Alberta are collecting this information for the purposes of measuring system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success. It will also be used to determine the provincial First Nations, Métis and Inuit funding allocation available to the school and will be disclosed to Alberta Education accordingly.

(PIPA requires signed consent (below) from the student or parent/guardian.)

Student or Parent/Guardian Consent:

Signature
Date

For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Alberta Education, 10155-102 Street, Edmonton AB, T5J 4L5, (780) 427-8501.



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Computer Information Request

To help us work most effectively with each student, we need to know about his or her computer skills and preferences at home. Please complete this survey and let us know what skill areas would you like us to focus on.

Child's Name: _____		Date: _____		
Check all that apply:				
We have a computer at home			Yes	No
My child plays on the computer		Frequently	Sometimes	Never
My child's skills with a mouse are:	Strong	Developing	Just beginning	Weak
My child's keyboarding skills are:	Strong	Developing	Just beginning	Weak
The term that best describes my child's style with computers is:				
<input type="checkbox"/> <i>Surfer</i> – quickly samples every activity, completes none of them, then requests a different program or considers computer time finished				
<input type="checkbox"/> <i>Problem solver</i> – chooses one activity, works it through to the end before trying any other activity				
<input type="checkbox"/> <i>Free spirit</i> – prefers to create, produce a finished project, preferably one they can print				
<input type="checkbox"/> <i>Non-believer</i> – needs lots of support and encouragement, guaranteed success in the beginning, before they even consider accepting the activity				
My child's favourite software programs are:				
My child's favourite television shows, videos and books are:				

Please feel free to add your questions and comments on the back.



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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



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 favourite 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 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):
