



New Heights School & Learning Services

1323 McKnight Blvd. NE

Calgary, AB T2E 5T4

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

Email: new.heights@newheightscalgary.com

Website: www.newheightscalgary.com

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: _____ Birth date: _____

I/We, the undersigned, being the parent(s)/legal guardian(s) of the above-named child, do authorize New Heights School & 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 School & 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 School & Learning Services, unless I submit a written revocation.

Name of Parent	Date
_____	_____
Parent/Guardian Signature	Witness Signature

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

Authorization to Obtain Information - 2011/2012 School Year (Preschool)



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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 School & 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 School & 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
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_____ Parent/Guardian Signature	_____ Witness Signature
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Authorization to Release Information - 2011/2012 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>	

Describe your child's sleeping habits:

- Goes to bed late (after 8 pm)
- Sleeps well through the night
- Wakes up during the night
- Wakes up very early (before 6 am)
- Wakes up later (after 8 am)
- Other: _____

Is your child sensitive to any of the following (check all that apply):

- Loud noises (please specify): _____
- Smells (please specify): _____
- Textures (please specify): _____
- Light (please specify): _____
- Physical touch (please specify): _____
- Changes in routine (please specify): _____

How does your child usually respond to visitors to your home?

What are your child's greatest strengths?

Does your child have an exceptional memory? If so, in what areas?

Can your child read?

What are your child's greatest challenges?

What are your child's favorite:

Songs: _____

Toys: _____

Books: _____

Movies or TV shows: _____

Computer software: _____

Characters (e.g. Dora the Explorer): _____

What activities does your child really enjoy:

- Arts, crafts
- Sand and water play
- Stories
- Games
- Computer

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 your 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 your 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



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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.