



New Heights School & Learning Services
4041 Breskens Drive SW
Calgary, AB T3E 7M1
Phone: (403) 240-1312
Email: info@newheightscalgary.com
Website: www.newheightscalgary.com

New Heights School & Learning Services

Preschool/Kindergarten

Admissions Application Package

2018-2019

Student Name:



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Admissions Application Preschool/Kindergarten

A student's placement at New Heights School & Learning Services is only considered upon receipt of a completed application, required documents and application fee.

Steps in the Admissions Process:

- Parents meet with the Admissions Coordinator for a tour of the school and to learn more about New Heights School & Learning Services. This meeting can be scheduled before or after submitting an application.
- Submit the admissions application along with the application fee.
- Following a review of the application, an appointment may be made to meet with you and your child. The purpose of this meeting is for you to better understand the services provided by New Heights and for us to better understand the needs of your child. We will answer any of your questions and have a discussion about how the New Heights program may benefit your child.
- If New Heights is determined to be an appropriate program to address your child's needs and strengths, there is availability in the classroom, and New Heights has the staff, supports and services necessary for the student's future success, you will be notified by letter of your child's acceptance status, and will receive all the necessary information to enroll your child. *New Heights may request a trial or probationary period before confirming enrolment.*

Please note:

A student's name may be added to the wait list before parents have met with Administration. The application fee secures a space on the wait list. However, a position on the list does not guarantee placement at the school.

When space in the classroom becomes available, we consider the specific needs of not only the prospective student, but also the students currently in the class. The goal when selecting students for the class is to ensure we are able to provide an ideal learning environment for both the prospective student and the existing class. Therefore, placement is dependent upon the suitability of the position for a specific student.



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Thank you for your interest in seeking admission for your child at New Heights School & Learning Services. To ensure that you have all the necessary information and documents, we have provided a checklist. An incomplete form will result in a processing delay of your child's application.

- | |
|--|
| <input type="checkbox"/> A \$100.00 non-refundable application fee |
| <input type="checkbox"/> All questions completed in the Early Intervention Preschool Application Package |
| <input type="checkbox"/> A copy of your child's birth certificate or proof of citizenship |
| <input type="checkbox"/> A recent wallet size color photo of your child |
| <input type="checkbox"/> Your child's Alberta Health Care number |
| <input type="checkbox"/> Your child's Alberta Education student identification number (if applicable) |
| <input type="checkbox"/> Copy of your child's diagnosis letter (if applicable) |
| <input type="checkbox"/> Copies of your child's most recent Individual Program Plans (if applicable) |
| <input type="checkbox"/> Copies of recent Psychological assessments and/or Speech assessments |
| <input type="checkbox"/> Recent therapy/intervention reports on your child |
| <input type="checkbox"/> A copy of parent custodial agreement (if parents are separated or divorced) |
| <input type="checkbox"/> Signed Parent Volunteer Commitment Form and Post-Dated Cheque |
| <input type="checkbox"/> Additional materials (if applicable) |

The \$100.00 non-refundable application fee includes:

1. The addition of your child's name to the New Heights Preschool wait list
2. A preliminary file and document review

Please note: This application fee is completely non-refundable



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Child Information		Date of Application: _____	
Legal Surname:		First Name:	
Middle Name(s):		Preferred Name/Nickname:	
Birthday (M/D/Y):		Age:	Gender:
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 Status: Single Parent Family___ Couple Family___ Blended Family___ Skip Generation Family___			
Languages spoken at home:			
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 (if applicable)			
Have you applied for FSCD: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments:			
Name of FSCD worker:			
<i>Please note: New Heights Home & Community Support provides specialized services for 2½ to 6 year olds with a diagnosis on the Autism Spectrum or a related diagnosis. For more information, please contact Karen Unger at 403-250-1317.</i>			
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:	
ASN:			



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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 - 2018/2019 School Year



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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
_____ Parent/Guardian Signature	_____ Witness Signature

Authorization to Release Information - 2018/2019 School Year



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

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><input type="checkbox"/> Gorges</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?

What are your child's greatest challenges?

What are your child's favorite:

- Songs: _____
- Toys: _____
- Books: _____
- Movies or TV shows: _____
- Computer/Video programs: _____
- Characters (e.g. Bob the Builder): _____

What activities does your child really enjoy:

- Arts, crafts
- Sand and water play
- Stories
- Games
- Computers
- 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): _____

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



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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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Videography/Photography/Audio Release Form 2018.19

Student's Name: _____

Parent/Guardian's
Name: _____

I understand that the images and/or audio records are confidential material and will not be used outside the educational program without my specific consent. I understand that I may withdraw my permission by written request at any time.

New Heights School & Learning Services may use these photographic images, video segments or audio segments for reasons other than academic or therapeutic purposes; including the website, advertising, and brochures:

Initial Please choose one:

I give **consent** for my child's image and/or voice to be used for educational, training, and research purposes (e.g., in-services, conferences, events, etc.).

I **decline** to give consent for my child's image and/or voice to be used for educational, training, and research purposes (e.g., in-services, conferences, events, etc.).

Initial Please choose one:

I give **consent** for my child's image and/or voice to be used for New Heights promotional purposes (e.g., brochures, academic posters, banners, website, etc.).

I **decline** to give consent for my child's image and/or voice to be used for New Heights promotional purposes (e.g., brochures, academic posters, banners, website, etc.).

Initial Please choose one:

I give **consent** for my child's image and/or voice to be used for communication purposes in the New Heights newsletter published on the website.

I **decline** to give consent for child's image and/or voice to be used for communication purposes in the New Heights newsletter, published on the website.

Parent/Guardian
signature _____

Date: _____



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2018/2019

Dear Families,

We welcome you as you get to know this exceptional New Heights community!

Throughout the year, there are a number of ways to volunteer and be involved in the New Heights community. We have community events, our Parent Advisory Council, and fundraisers.

We are a small school and as such, we always welcome your help. In order to run our fundraisers, we need the support of our parents. There are many ways to help out. This is a great way to build our New Heights community, meet other parents, and enhance the educational opportunities of your child.

Our Parent Advisory Council (PAC) is an elected group of parents that promote the well-being and overall effectiveness of the school community. They also organize school community events and organize fundraising opportunities that, in the past, have provided financial resources and support for the school, thereby enhancing school programs, providing educational and therapy supplies, and ongoing educational opportunities for staff and parents. The PAC executive meets on the first Friday of each month at the school.

School community and fundraising events are a great chance to connect with other families and students and we encourage you to come out and join us! For any questions or comments, please contact our community liaison, Cassie Smith at cassie.smith@newheightscalgary.com.

Thank you,

New Heights School



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Parent Volunteer Commitment Agreement 2018.2019

As a family of New Heights, I/we choose:

Option 1: All of the below:

- To provide volunteers to cover at least 1 shift at the casino fundraiser (if held for 2018.2019)
- To provide one item for the PAC silent auction
- To volunteer a minimum of 5 hours of time for the 2018.2019 school year directed toward PAC or school organizational needs.

*(A post-dated cheque in the amount of \$350 must be attached on return and dated **January 1, 2019**. This cheque will only be cashed if volunteer hours are not fulfilled.)*

OR

Option 2:

In lieu of volunteering, I/we shall pay New Heights School & Learning Services \$350.00. A cheque must be attached on return and dated **October 1, 2018**. This cheque will be cashed on October 1, 2018.

Name(s):

(Please print)

Phone: _____

Email: _____

I/we choose:

Option 1: _____

Option 2: _____

Signature(s):

Please return form and cheque with your 2018.2019 registration package
All cheques are to be made out to **New Heights School & Learning Services**