

Ta7InewásEducation, Employment & Training
Xwemélch'stn Estimxwawtxw
Capilano Littlest Ones School

Xwemélc	h'stn Ets	símxwawtxw	y Sch	ool		
Permanent Confid				Info	rmation	
	100l Year	r of 2022-202	23			
Last Name:		Given Names:				
Date of Birth:						
Band Name & Band Number:						
Home Address:						
Grade enrolling in:						
Have I submitted Copies of: Check boxes if complete	Birth Certificate			Status Card		
Signed up for Remind App	Immunization Records]	BC Care Card		
Par	ent/Guard	lian Informati	on			
Mother's Name	Mobile:					
	Home:					
	Work:					
	Email:					
Father's Name Mobile:						
	Home:					
	Work:					
	Email:					
Does your child reside with both parents? Yes			Yes	or	No	
If No, does your child's family need 2 copies of their report card? You name:			Yes	or	No	
Are there any legal custody agreements regarding your child? Yes *If so, please attach a copy of your custody papers*			Yes	or	No	
If applicable/ Social Worker	Phone Nu	ımber:		Ema	il:	
Name:						
If applicable Guardian Info: Name:	Phone Nu	ımber		Ema	il	
Guardian Mailing Address if different:	I			1		

		rized/Emergenc			2*			
Contact 1	Name	we cannot get a hole	Relationship		-3" one Num	1		
Contact 1	Name		Relationship	PII	one Num	ber		
Contact 2	Name		Relationship	Ph	one Num	ber		
Contact 3	Name		Relationship	Ph	one Num	ber		
		Health Record	d Informati	on				
						4.		
		r child and other ch						
		Etsímxwawtxw mus 's immunization re						
		Diphtheria, Pertussi						
and other determine		orphinicita, i citassi	s, retainus, ro	nomy entis, mach	юрпения	, IIIIIuc	IIZa D	
	•	mation, see below						
Personal Health								
Doctor's Name			Doctor's Pho	one Number:				
Any Allergies: *	Please note that if a	ny medication is to b	e administered a	form needs to be	filled out*			
	<u> </u>	1	1	G : 1	. 1:.:		1	
Special Learning	•	Anaphylaxis		Serious hear	t condition	1		
or Medical Alerts Learning Assistan		(extreme allergic reaction) Severe Asthma		Pland Clatt	Blood Clotting Disorder			
Identified Special		Diabetes		Other:	ing Disoi	ucı		
		its Only (K4/New	K5 Students)	other.				
	,	, , , , , , , , , , , , , , , , , , , ,	,					
	*Please note: to	o be enrolled your ch	ild needs to be f	ully toilette trained	<u> *</u>			
							•	
If new, is your ch	v		1 1 6	1 10	Yes	or	No No	
Name of previous	s school/daycare:	Did they attend a	anywhere bei	ore our school?	Yes	or	No	
Please note	e that it is verv im	portant to keep yo	our child's red	cords updated in	case of e	merge	ncy	
		nformation, please				C	-	
604-985-1		× 1						

Parent/Guardian Consent

Permission for EMERGENCY Medical Aid In Case of Accident or Illness Consent Release

Release	
I hereby give my permission to authorized staff of Xwemélch ambulance or your physician in case of accident or illness of When I cannot be immediately reached for 2022-2023.	
*Parent/Guardian Signature:	
Permission for Day School	ol Field Trips:
I hereby give permission for my child,day field trips for 2022-2023.	, to participate in school supervised
*Parent/Guardian Signature:	
Permission for Photo/vi	ideo Taking
I authorize my child,	
*Parent/Guardian Signature:	
Consent to Obtain and Release Any information in Xwemélch'stn Etsímxwawtxw student fil assessments are strictly confidential. The sharing of these do authority of the custodial parent/guardian.	les such as: registration documents or student
Therefore, I give Xwemélch'stn Etsímxwawtxw School perm's progress using enc verbal information with others whom work directly with my and development for 2022-2023. * Note: Parents/guardians would be contacted before any the would not use therapy services without parent/guardian per	closed student documents, using written or child to benefit my child's continued growth erapy services are used with your child. <i>We</i>
. , give my permission to share • Xwemélch'stn Etsímxwawtxw School Based Team • Squamish Nation Education Department • FNESC: First Nations Education Steering Committee • FNSA: First Nations School Association • Supported Child Care Development • Pediatricians or Family Doctors • North Vancouver School District 44 (when they transfer into pul • Contracted Therapists (Speech and Language Pathologist / Occus *Parent/Guardian Name:	blic system)

Xwemélch'stn Etsímxwawtxw School 2022-2023

Bus Contract

The bus service begins at 8:00 am and Drop Off begins at 2:50pm for 2022-2023.

Once you have a <u>designated stop</u>, this is the stop for the year, and it cannot be changed. I will pick my child up at:

Please note: due to enrollment numbers, the bus schedule is tight for time and number of seats

It is important to arrive a few minutes before the bus arrives for AM and PM pick up times.

Should you not be available to drop off or pick up your child at their designated stop, it is important to have an *authorized contact person*, we will not release your child to persons who are not on the emergency/authorized contact list.

If for some reason there is no one authorized to pick up your child at their designated stop, *your child will be brought back to the school grounds*, to be picked up. Please call the school 604-985-1515 at this time and we can contact/locate the bus driver.

• If for some reason there is repeated failure to pick up your child, you will receive a phone call, then a written warning and then temporary suspension of bus service.

*The bus driver will have a cell phone for <u>emergency purposes only</u>. If you need to make arrangements about your child's bus services, please contact the school at 604-985-1515. *

It is important for our young students to understand *bus safety*. Please discuss with your child the importance of staying seated at all times on their chair and in their seat belts.

If a child is acting in an unsafe manner on the bus and is posing a danger on themselves or others the following procedure will happen:

- Student will be given a verbal warning and talked to (bus driver will inform parent)
- If unsafe actions continue, the parent/guardian will receive a written warning, and we'll work together to help solve the problem
- If unsafe actions continue further, bus service will be temporarily suspended

Please attach any special instructions re: child release to daycare or family visits/shared custody schedule.

Please indicate your authorized bus pick up.

Name Phone number Relationship

[,	, acknowledge and understand my responsibility of all th	e
above information about the bus service at Xwer	mélch'stn Etsímxwawtxw School for 2022-2023.	

*Parent/Guardian Signature:

Notification Of Newsletters/Reminders Home

Would you like to be notified electronically by email? Yes or No

If you have more than 1 student, we will give the notice to the oldest student

If yes, who would you like to receive these emails?

cross off the names that do not need an email, we will use emails above Thank you

- 1. Mother
- 2. Father
- 3. Social worker
- 4. Guardian/Other: