

# Kindergarten, Here I Come – Registration Form

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parents' (Legal Guardians') Names: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Does your child have any allergies or a medical condition of which the teacher needs to be aware? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check the school in which your child will be attending the Kindergarten Here I Come program.

Alonsa

Grass River

McCreary

Parkview

Ste. Rose

Please feel free to return this form to your local school or forward this registration form to:

**Attention: KHIC**

**Turtle River School Division**

**Box 309**

**McCreary, MB**

**R0J 1B0**

**Please note: Bus transportation regulations do not permit us to transport students by school bus until they are enrolled and attending Kindergarten. Unfortunately, Kindergarten Here I Come students will need to be transported to and from school by parents.**

**A snack and juice will be provided for mid-morning and mid-afternoon snacks. For the all day session, your child will need a lunch; snacks will still be provided.**

**Please phone (204) 835-2067 if you have any questions.**

## **Indigenous Identity Declaration - Authorization and Statement of Understanding**

*Indigenous Identity Declaration helps to support the efforts of Manitoba Education and Training and school divisions to plan and improve programs in a way that is responsive to Aboriginal learners. (Providing this personal information is voluntary and optional. It is being collected in compliance with section 36(1)(b) of The Freedom of Information and Protection of Privacy Act as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver and improve programs.)*

1. I, \_\_\_\_\_, (name of parent/guardian, please print clearly):
  - Am submitting my child's Indigenous Identity Declaration for the first time
  - Am making changes to my child's Indigenous Identity Declaration
  - Already submitted my child's Indigenous Identity Declaration and have no further changes to make at this time.
  
2. Is your child an Indigenous person, that is, First Nation (North American Indian), Métis, or Inuk (Inuit)? **Note: First Nations (North American Indian) include Status and Non-Status Indians**  
If "Yes", mark the square(s) that best describe(s) your child now:
  - Yes, First Nation (North American Indian)
  - Yes, Métis
  - Yes, Inuk (Inuit)
  
3. Which best describes your child's Indigenous cultural-linguistic identity?  
Please select up to two choices:
  - Anishinaabe (Ojibway/Saulteaux)
  - Ininiw
  - Dene (Sayisi)
  - Dakota
  - Oji-Cree
  - Michif
  - Inuktitut
  - Other-please specify: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*This personal information is being collected under the authority of The Public Schools Act for School related purposes. It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act. If you have any questions about the collection, please contact your school principal.*

## IDENTIFICATION OF CHILDREN THAT ARE ELIGIBLE FOR URIS GROUP B HEALTH CARE SUPPORT

### **Unified Referral and Intake System (URIS)**

The Unified Referral and Intake System (URIS) is a provincial program that assists community programs in providing a safe and supportive environment for children with special health care needs. It is managed by an interdepartmental committee that includes representatives from the Departments of Health, Healthy Living and Seniors, Family Services and Education and Advanced Learning, with input from others with appropriate expertise.

### **Classification of Health Care Needs**

URIS provides a standard means of classifying the complexity of health care needs/interventions and establishes the level of qualification required by staff that supports the child.

- **Group A** - health care procedures that are complex and must be performed by a registered nurse.
- **Group B** - health care needs that can be delegated to non-health-care personnel that are trained and monitored by a registered nurse.

### **Identifying a child with URIS Group B health care needs**

It is the community program's responsibility to identify children that have a URIS Group B health care need(s).

### **Individual Health Care Plans (IHCP)**

An Individual Health Care Plan (IHCP) is completed when the child is eligible for one or more of the following URIS Group B health care needs.

**Please indicate (✓) all health care needs that apply to your child:**

- Anaphylaxis
- Asthma
- Bleeding disorder
- Cardiac condition
- Clean intermittent catheterization
- Diabetes
- Endocrine Conditions
- Gastrostomy care
- Osteogenesis imperfecta
- Ostomy care
- Pre-set oxygen
- Seizure disorder
- Suctioning (oral/nasal)

***If you have checked any of the above health care needs, the school will provide you with information on services available from the Unified Referral and Intake System (URIS).***

### ***Helpful Tip***

If a doctor has not prescribed medication for asthma (i.e. reliever medication) or anaphylaxis (i.e. adrenaline auto-injector), the child is NOT eligible for URIS Group B service. The child must also bring this medication to community program to be eligible for URIS Group B support.