



# Early Childhood Development Program (ECDP) and Kindergarten Registration Addendum

Student's Name:	
School:	School Year: _____ - _____
Registering for: <ul style="list-style-type: none"><li><input type="checkbox"/> ECDP (This is an unfunded program with annual fees, go to <a href="https://www.fmpsdschools.ca/programs/early-learning">https://www.fmpsdschools.ca/programs/early-learning</a> for more information)</li><li><input type="checkbox"/> Kindergarten</li></ul>	

## Fort McMurray Public School Division Specialized Programs

If registering for Walter and Gladys Hill or Christina Gordon are you interested in the Reggio Inspired Early Childhood Development Program (ECDP) or Kindergarten - <a href="https://bit.ly/FMPDReggio?">https://bit.ly/FMPDReggio?</a> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li></ul>
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## Screening and Assessment Information

Are you aware of or do you suspect that the student may have a developmental (speech, language, physical, social, intellectual, emotional) delay? <ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li></ul> If yes, please describe:  
Has the student been assessed by health personnel or other agencies for developmental delays, disabilities, etc? <ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li></ul> If yes, please describe and attach any available reports:  
Is the student toilet-trained? <ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li></ul>

## Declaration By Parent Or Legal Guardian

I give permission for the student's speech and language, fine and gross motor, social-emotional and general development to be assessed by qualified personnel. <ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li></ul>
I understand that the granting of my permission is voluntary and that I may withdraw my consent at any time, by contacting the student's school.
Parent/Legal Guardian Name: _____
Parent/Legal Guardian Signature: _____ Date: _____