



Little Chiefs Primary School Registration Package 2026-2027

Me7 Kupkùkwpi7 re Kwoyi7 (e)se te Kupkùkwpi7
Little Chiefs become Future Chiefs

Mission Statement:

Our Mission is to provide a nurturing and safe environment that balances academically Guided Learning that fully integrates our Secwépmemc Language, Traditions, and Culture. This integration will encompass all subject areas.

Vision Statement:

Our vision is to enable all students to develop lifelong leadership qualities in our students.

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Introduction

Welcome to Little Chiefs Primary School! We are thrilled to embark on this educational journey with you and your child. To ensure a smooth start to the academic year, we kindly request that you complete the registration package provided. Your cooperation in filling out these forms accurately and promptly will help us tailor our educational programs to meet the needs of your child effectively.

- Should you have any questions or require assistance, please don't hesitate to reach out to our receptionist, Judy Brigham, at 250-296-3507, extension 118 or 129. Or by e-mail judy.brigham@WLFN.ca

We look forward to welcoming your family into our vibrant school community.

School Bus Agreement and Schedule will be provided once school commences.

Sincerely,

LCPS Staff

Registration Check list:

When registering your child(ren) at Little Chiefs Primary School, please ensure you have the following documents ready for submission:

New Students:

- Completed registration forms.
- Status Card
- BC Care Card
- Birth Certificate
- Previous school records or transcripts Ex. Report Card (if transferring from another school).
- Any relevant legal custody documents Ex. Shared Custody (if applicable).
- Special education or medical documentation Ex. Allergies, Special Needs (If necessary)
- Any additional documents requested by the school administration.

Returning Students:

*Please check and provide new changes or documentation to the Following:

- Child(s) Name: _____
- Status Card Registration: _____
- Address: _____
- Phone Number: _____
- Emergency Contact Number: _____
- After School Care: _____
- Guardian/Parent: _____
- Court Documentation: Please provide new documentation. _____
- Other: _____

We appreciate your cooperation in providing these documents to facilitate a seamless enrollment process for your child(ren) at Little Chiefs Primary School. Should you have any questions or require further assistance, please do not hesitate to contact our school office.

New Student Information

Legal Last Name _____ Usual Last Name _____

Legal First Name _____ Preferred First Name _____

Middle Name _____

Male / Female (Circle One)

Birth Date (DD-MMM-YYYY) _____

Proof of Age (Please attach copy of Birth Certificate)

Province or Country of Birth _____

Last Preschool or School _____

Last School & District _____

Kindergarten Grade One Grade Two Grade Three Grade Four

(Circle one)

SIBLINGS

Full Name _____ Full Name _____

Full Name _____ Full Name _____

Inuit/First Nation/Metis: Yes No (Circle)

Band Name: _____

Status Number: _____

Living on Reserve? Yes No (Circle)

Primary Language Spoken at Home: _____

Proof of Status (Please attach copy of Status Card)

Parent/ Guardian Information

Parent/Guardian Mr. /Mrs. / Ms. / Dr. (Circle One)

Last Name _____ First Name _____

Relationship to Student _____ Living with Student - Yes / No (Circle One)

Address _____

_____ Postal Code: _____

Home Phone (____)-____ - _____ Unlisted – Yes / No (Circle One)

Cell Phone (____)-____ - _____ Primary Number – Yes/No (Circle One)

Work Phone (____)-____ - _____ Available at work – Yes /No (Circle One)

Father: Parent/Guardian with 50/50 Custody Information

Parent/Guardian Mr. /Mrs. / Ms. / Dr. (Circle One)

Last Name _____ First Name _____

Relationship to Student _____ Living with Student - Yes / No (Circle One)

Address (if different)

_____ Postal Code: _____

Home Phone (____)-____ - _____ Unlisted – Yes / No (Circle One)

Cell Phone (____)-____ - _____ Primary Number – Yes/No (Circle One)

Work Phone (____)-____ - _____ Available at work – Yes /No (Circle One)

Email _____

Emergency Contact Information

Last Name _____ First Name _____

Relationship _____ Home Number (____)-____-_____

Cell Number (____)-____-_____ Work Number (____)-____-_____

Last Name _____ First Name _____

Relationship _____ Home Number (____)-____-_____

Cell Number (____)-____-_____ Work Number (____)-____-_____

Medical Information

Doctor _____ Phone Number (____)-____-_____

Care Card No. _____

Ear Trouble Eye Problems Allergies

Other: _____

Life Threatening illness - Yes / No **(Circle One)**

If Yes, Please Explain:

Disability:

If Yes, Please Explain:

After School Care

Please Note: This program pertains to working parents/guardians and full-time students ONLY.

The after-school care runs from 2:30-5:00pm

Does your child (ren) require after school care? Yes / No **(Circle One)**

Full Name _____ Full Name _____

Full Name _____ Full Name _____

Lead Teacher Signature: _____ Date: _____

AS Program Coordinator Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Food Program

At Little Chiefs Primary School, we prioritize the health and well-being of our students by offering a comprehensive food program. Our dedicated team, comprised of the LCPS lead teacher and Healthy Meals Coordinator, ensures that each day, your child receives a nutritious breakfast, snack, and lunch, prepared with utmost safety. We are pleased to inform you that this invaluable service is provided at no cost to families, ensuring all children have access to healthy meals and snacks.

To best accommodate your child's dietary needs, we kindly ask that you complete and return the attached permission slip, detailing any allergies, food intolerances, or health conditions that may require special consideration. While we strive to maintain consistency in our menus, occasional changes may occur. We appreciate your understanding and encourage you to review the monthly menu sent out at the beginning of each month.

Should your child have preferences or dietary restrictions, please feel free to provide a bagged lunch accordingly. Your cooperation in communicating any medical conditions affecting your child's diet is vital, ensuring their safety and well-being while in our care. Thank you for entrusting us with your child's nutrition and health.

Does your child have any food allergies? Yes/No (Please Circle)

If yes, please specify: _____

Parent Signature: _____

Consent of Photography

Dear parents/guardians,

During the school year, there may be times when photographers are present at Little Chiefs Primary School, capturing images of school and community events. These pictures may subsequently be printed in newspapers, included in publications of other organizations, or featured on the school website.

Please indicate below whether you agree or disagree to have your child's picture taken for possible distribution outside of school pictures and the yearbook. Your cooperation in completing the following form and returning it to the school is greatly appreciated.

Thank you for your continued support.

Full Name _____ Full Name _____

Full Name _____ Full Name _____

Parent Guardian Signature: _____

Electronic Communications Systems In Schools Student Acceptable Use

Regulations and Expectations Regarding Student Use of All School Electronic Communication Systems:

1. Students are accountable for their computer accounts, ensuring access only on authorized computers and maintaining the confidentiality of their passwords, which must not be shared.
2. Unless expressly permitted by a teacher, students must refrain from using another person's account or computer.
3. Teachers and Principals are entrusted with the responsibility of enforcing disciplinary measures in cases of policy violation.

Illegal activities conducted on or through school electronic communication systems may be reported to legal authorities. These activities may encompass hacking, unauthorized file deletion, virus introduction, or copyright infringement.

Regarding Inappropriate Material:

- Students are encouraged to promptly notify their teacher if they encounter any content, information, or situations that evoke discomfort or concern.
- They should refrain from responding to messages that cause unease or discomfort.
- Students are prohibited from posting, sending, or downloading inappropriate material.

Respect for Personal Information:

- Students must refrain from posting personal information about individuals, including family members, peers, teachers, school staff, or friends.
- Personal information includes full names, school locations, interests, extracurricular activities, occupations, addresses, or phone numbers.

Posting Personal Information Online:

- Students must abstain from posting personal information online, including on personal homepages, unless approved for school projects by their teacher.
- Just as students are cautioned about meeting or speaking with strangers in person, the same vigilance applies to online interactions. They should not meet with individuals they encounter online without parental or guardian supervision.

Parent Guardian Signature: _____

Date: _____

Electronic Email:

I understand that the use of email will be at the discretion of the school, teacher, or principal. Students will exclusively communicate using District-provided email addresses, with no usage of third-party email or chat applications (such as MSN or Yahoo) permitted.

I, _____ (Parent Name), Parent of: _____ (Student Name), acknowledge that my child is personally accountable their actions, errors, and omissions when using the school's communication system and accessing the internet. I further comprehend that failing to adhere to the terms and conditions of these regulations may result in consequences extending beyond school disciplinary measures, potentially including criminal investigations, civil suits, or both.

Responsible Use of Resources:

- I agree to utilize my online time efficiently, engaging in posting and using services such as browsing and downloading files.
- I commit to maintaining the secrecy of my password.
- I will refrain from engaging in any illegal activities.
- I will uphold my responsibilities as a student under the Student Acceptable Use of Communications Systems when utilizing the school's networked information or the internet.
- I will adhere to all regulations regarding student conduct established by the school.
- I will employ appropriate language when communicating online.

Parent Permission Form for Accessing Electronic Communications Systems:

I, _____, Parent/Guardian have reviewed the attached." I understand that our daughter or son may access school electronic communications systems for resource access, communication, and publishing of their work. Furthermore, I acknowledge that should our child's work be published, it will be accompanied by a copyright notice prohibiting use without written permission, and personal and private information, such as identifying pictures, home addresses, or phone numbers, will not be included. I also acknowledge that filtering or blocking software applied to the electronic communications systems is not foolproof and cannot guarantee 100% effectiveness. Therefore, we grant permission for our daughter or son to access the electronic communications systems and to publish their work as described above.

I grant permission I **DO NOT** grant permission

Signature (Parent/Guardian): _____ Date: _____

Lead Teacher Signature: _____ Date: _____

School Special Activity Permission

Little Chiefs Primary School Community Trips

Date: September to June Time: During School Hours

Location: Williams Lake First Nation Community

I, [Parent/Guardian Name], hereby grant permission for my child, [Child's Name], to leave school grounds with their class to participate in various activities that may take place within the Williams Lake First Nation Community. These activities may include but are not limited to:

- Trip to the band office
- Visit to Elizabeth Grouse Gymnasium
- Visit to the Health Centre
- Trip to the fire hall
- Visit to powwow grounds
- Participation in Orange Shirt Day events
- Observance of Veterans' Day at the graveyard

I understand that the school staff will take appropriate measures to ensure the safety and well-being of the students during these activities. I release the school, its staff, and any accompanying adults from any liability for accidents, injuries, or incidents that may occur during these activities, provided that reasonable care and supervision are exercised.

I also understand that my child will be expected to follow all school rules and guidelines during these outings and to behave in a respectful and responsible manner.

In case of an emergency, I give permission for my child _____, (Child's Name) to receive emergency medical treatment and/or transportation if deemed necessary by medical professionals.

Signature (Parent/Guardian): _____ Date: _____

Lead Teacher Signature: _____ Date: _____