



K-4 (Nursery) Program

REGISTRATION

We are now accepting registration applications for the 2026-2027 school year. Registered Nak'azdli Whut'en members will have priority until June 15, 2026. After June 15, 2026, the remaining seats will be on a first come first serve basis. Nak'al Bun's K-4 class has a limit of 16 students. Full time is at a cost of \$450 a month.

Applications can be picked up and dropped off at the office between 8:00 - 4:00pm.

If you have any questions or concerns, please call Chelsea Little, Administrative Assistant, at 250-996-8441.

***Students will need to be 4 years old before December 31, 2026.**



K4 (Nursery) Student REGISTRATION

P. O. Box 1390
1180 Lakeshore Drive
Fort St. James, B.C. V0J 1P0
Telephone: (250) 996-8441
Fax: (250) 996-2229



Student's Name: _____ **Grade:** _____

Male: _____ Female: _____ Gender Identity: _____ Age: _____

Birthday: _____ *Please attach a copy of the child's birth certificate*

Name of Parents/Guardians: _____

Address: Box # _____ House # _____ Street Name: _____

Cell #: _____

Does Your Child/Student Identify as Indigenous? Yes No

Does Your Child/Student Live On or Off Reserve? On Off

Does Primary Guardian/Caregiver Live On or Off Reserve? On Off

Band Name and No#: _____ *Please attach a copy of the child's Status Card*

Clan Name: _____ Name of Reserve Where Student Resides? _____

Mother/Guardian: _____

Work Name and Phone Number: _____

Cell Number: _____

Father/Guardian: _____

Work Name and Phone Number: _____

Cell Number: _____

Siblings Name: _____

Emergency Contact: _____ **Phone:** _____

Relationship: _____

Custody/Legal Orders: Yes _____ **No** _____ If Yes? Please attach copies for the student's school records.

Health Information:

Doctor's Name: _____ Phone: _____

Medical Alert: Yes: _____ No: _____ If Yes, Medical Number: _____

Care Card #: _____ *Please attach a copy of the child's care card*

Medication: _____

Allergies: _____

Immunization Status Up to Date? Yes: _____ No: _____

Person(s) Authorized to pick-up child (include Mother and Father)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Parent/Guardian Signature

Date

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EMERGENCY CONSENT FORM

Child's Name: _____ Birthdate: _____ / _____ / _____

Address: _____
 Box # House # Street Name Phone #

Mother's Work #: _____ Cell #: _____

Father's Work #: _____ Cell #: _____

Emergency Contact Name: _____ Cell #: _____

Child's Doctor Name: _____ Phone: _____

Date of Most Recent Tetanus Shot: _____

Allergies/Medication: _____

Care Card#: _____

1. It is the policy of this center to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.
2. Please sign the consent form above stating we can take the appropriate action to help your child, in case of emergency. We will be taking the signed consent form with us to the emergency centre if necessary.
3. I hereby give consent for my child _____ to be taken to the nearest emergency centre, in case of emergency, by the First Aid Staff member when I cannot be contacted.
4. I hereby give my consent for my child _____ to receive medical treatment.

Signature of Parent/Guardian

Date

Witness

Date

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GENERAL PERMISSIONS

NEIGHBORHOOD WALKS AND WALKS TO LOCAL PARKS

I give permission for my son/daughter to participate in spontaneous neighborhood walks to the local park, with the teacher, education assistant, and supervisors. I will be notified, and a separate consent will be obtained for field trips off the school grounds.

_____ Yes, I give permission for my son/daughter to go on field trips within the Nak'al Bun Elementary School area.

_____ No, I DO NOT give permission for my son/daughter to go on field trips within the Nak'al Bun Elementary School area.

SPONTANEOUS LOCAL TRIPS

I give permission for my son/daughter to participate in spontaneous local car trips (park, grocery store, etc.) with the teacher, education assistant and supervisors. I understand that the school or staff's vehicle will be used, and that my child will be in an approved child safety seat. Other field trips requiring transportation will be stated on the consent form for each specific field trip.

_____ Yes, I give permission for my child _____ to participate in spontaneous local car trips.

_____ No, I DO NOT give my permission for my child _____ to participate in spontaneous local car trips.

STUDENT PHOTOS PERMISSION

During the school year, there may be times when photographers are present at the school taking pictures of the students in school or community events. These pictures may be printed in the school newsletter, our private Face Book page or in the publications of other organizations.

_____ Yes, I agree to have my child's picture taken during school and community events. I understand they may be published in the school or other organizations newsletter.

_____ No, I do not agree to have my child's picture taken during school and community events and they cannot be published in the school or other organizations newsletter.

Parent/Guardian Signature

Date

STATUS OF PARENT/GUARDIAN (ADMISSION TO CANADA AND RESIDENCY) -FORM A

To be completed and signed by a parent or legal (court-appointed) guardian. If legal guardian, attach a copy of court order appointing you as legal guardian.

Name of Parent/Legal Guardian: _____

Name of Child(ren) _____

(Lawfully Admitted into Canada)

1. I am (please ✓one):

- A Canadian citizen (please attach a copy of parent's birth certificate, passport or citizenship paper/card).
- A Permanent Resident (please attach a copy of parent's landed immigrant status paper or Permanent Resident card).
- Lawfully admitted to Canada under the Immigration and Refugee Protection Act (Canada) with one of the following documents (please mark the appropriate box below and attach a copy of document):
 - Admission as a refugee or refugee claimant (a person claiming refugee status who has a letter of no objection).
 - Valid student permit for two or more years (or issued for one year but anticipated to be renewed for one or more additional years).
 - Valid employment authorization (work permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years).
 - A person carrying out official duties under the authority of the Visiting Forces Act or as an accredited diplomatic agent, pre-clearance officer, consular officer or official representative in Canada of a foreign government with a consular post in British Columbia.
 - Other - document description: (must be cleared with Citizenship and Immigration Canada):

(Residency in British Columbia)

2. I am a resident of British Columbia (please ✓one):

Yes Residency address: _____

(Attach a recent copy of a driver's license, utility bill, mortgage document, rental agreement or tax assessment, etc.)

No I am not a resident of British Columbia.

Confirming signatures:

3. Parent/Legal Guardian's name: _____

Parent/Legal Guardian's signature: _____

Date: _____

For Office Use Only:

Proof of Residency: _____
Initials

Date: _____