

Please ✓

**Bulkley Valley Christian School
2017-2018 Preschool Registration Form**

Tues.-Thurs. AM	
Wed.-Fri. AM	
Wed.-Fri. PM	

NAME: _____
(First) (Full Middle) (Last) (Gender m/f)

PARENTS' NAMES: _____

STUDENT'S BIRTHDATE: _____
(Month) (Day) (Year)

STUDENT'S BIRTHPLACE: _____
(City) (Province/State) (Country)

MAILING ADDRESS: _____
(Postal Code)

PHYSICAL ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ DOCTOR: _____ Phone _____

CONTACT NUMBERS: _____ / _____
(Father Workplace) (work phone) (Mother workplace) (work phone)

CONTACT PERSON IN EMERGENCY: _____
(Not the Parents) (Name) (Number)

MEDICAL CARE CARD NUMBER: _____

IMPORTANT MEDICAL INFORMATION AND ALLERGIES: _____

BEHAVIORAL PROBLEMS: _____

Immunization Record received and in student file. Birth Certificate ATTACHED

First month's post-dated cheque or cash ATTACHED

Please check if there is a legal custody agreement in place or pending You will be contacted by the secretary for legal documentation.

I give my consent for the staff of BV Christian School to seek emergency medical attention or call an ambulance for my child, if necessary in the event that I am unable to be contacted. I will be responsible for any charges that may result if such an emergency shall arise.

CONSENT FOR EMERGENCY MEDICAL TREATMENT: _____
(Parent's signature)

Parent/Guardian (please print)

Signature

Date

**Please complete the privacy information on the back of this form.
Student's photo will be taken the first day of preschool.**

Respecting Your Privacy



Bulkley Valley Christian School respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver services and to keep you informed and up-to-date on the activities of BVCS, including programs, services, special events, funding needs, opportunities to volunteer or to give, open houses and more through periodic contacts. If at any time you wish to be removed from any of these contacts, simply contact the secretary at 847-4238 and we will gladly accommodate your request.

1	<p>I consent to having Bulkley Valley Christian School (BVCS) collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and e-mail address, behavioral, academic and health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration.</p> <p>I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of BVCS</p> <p>(1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with BVCS</p> <p>(2) for additional purposes identified when or before personal information is collected, and</p> <p>(3) as otherwise provided in BVCS' Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of BVCS.</p> <p><i>This information is required in order to register your child at this school and assist the school authority in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For more information, the privacy officers for BVCS are Wilma Numan and Chris Steenhof. They may be reached at 847-4238.</i></p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
2	<p>I consent to having photographs and work samples of my child(ren) used by BVCS in the yearbook, newsletters, web page and other promotional material.</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
3	<p>The school may prepare a phone list (car pool list, class list, etc.) for a school phone directory.</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
4	<table border="1"><tr><td colspan="2" data-bbox="256 1753 1385 1837">PRINT YOUR NAME</td></tr><tr><td data-bbox="256 1837 857 1915">SIGNATURE</td><td data-bbox="857 1837 1385 1915">DATE</td></tr></table>	PRINT YOUR NAME		SIGNATURE	DATE
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