

Preschool Application

This form is only for **preschool admissions**. It cannot be used for K - 12 admissions.

REGISTRATION INFORMATION

REGISTRATION DATE	SESSION <input type="radio"/> Tues/Thurs AM <input type="radio"/> Wed/Fri AM <input type="radio"/> Wed/Friday PM
START DATE	END DATE

FAMILY INFORMATION *All parents with legal custody of the child named in this form must sign this form.*

LAST NAME	
MOTHER'S NAME	MOTHER'S CELL
FATHER'S NAME	FATHER'S CELL
MARITAL STATUS OF PARENTS	<input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Single <input type="radio"/> Other:
HOME CONTACT INFORMATION OF: <input type="radio"/> Both parents <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Legal guardian <input type="radio"/> Other:	STREET ADDRESS
	MAILING ADDRESS
	PHONE
	EMAIL

CHILD INFORMATION

FULL NAME (FIRST, MIDDLE, LAST)	GENDER <input type="radio"/> M <input type="radio"/> F
DATE OF BIRTH	PLACE OF BIRTH (CITY, PROV, COUNTRY)

Medical information

BC SERVICES CARD NUMBER (CARE CARD)	DOCTOR'S NAME	DOCTOR'S PHONE
CONSENT FOR EMERGENCY MEDICAL TREATMENT	<input type="radio"/> I give my consent for the staff of Bulkley Valley 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.	
IMPORTANT MEDICAL INFORMATION AND ALLERGIES <i>We may request additional information.</i>	PARENT'S SIGNATURE	
BEHAVIOURAL ISSUES, IF ANY <i>We may request additional information.</i>		

Custody information

STUDENT LIVES WITH	<input type="radio"/> Both parents in one home <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Legal Guardian <input type="radio"/> Other:	
ARE ANY OF THE FOLLOWING IN PLACE OR PENDING?	<input type="radio"/> Custody and/or parenting agreement(s) <input type="radio"/> Court order(s) <input type="radio"/> Other custody arrangements (provide details)	<i>If you checked any of these, you will be contacted by the school for legal documentation</i>
EMERGENCY CONTACTS <i>Provide up to two contacts (not parents)</i>	NAME 1	PHONE
	NAME 2	PHONE
LIST OF PERSONS ALLOWED TO PICK UP YOUR CHILD <i>Provide up to three contacts</i>	NAME 1	PHONE
	NAME 2	PHONE
	NAME 3	PHONE

Documents **You must provide each of the following with this application.**

Immunization Record Birth Certificate First month's post-dated cheque or cash

SIGNATURES *All parents with legal custody of the child named in this form must sign this form.*

SIGNATURE	PRINT NAME	DATE	SIGNATURE	PRINT NAME	DATE
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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.

Collection of Personal Information		
<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, behavioural, 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> <ol style="list-style-type: none"> for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with BVCS; for additional purposes identified when or before personal information is collected, and; 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>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 250-847-4238.</p>		<input type="radio"/> YES <input type="radio"/> NO
Social Media		
<p>I consent to having photographs and work samples of my child(ren) used by BVCS in the yearbook, newsletters, web page, school Facebook site, and other promotional material.</p>		<input type="radio"/> YES <input type="radio"/> NO
Phone directory		
<p>The school may include my information (car pool list, class list, etc.) for a school phone directory.</p>		<input type="radio"/> YES <input type="radio"/> NO
Authorization		
<p>PRINT NAME</p>	<p>SIGNATURE</p>	<p>DATE</p>