

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

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)	
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. Your application is incomplete without these.

Please note

<input type="radio"/> Birth Certificate	Select one: <input type="radio"/> First month's post-dated cheque or cash <input type="radio"/> Pre-authorized payment form	Select one: <input type="radio"/> Immunization Record <input type="radio"/> Child not immunized
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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">1. for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with BVCS;2. for additional purposes identified when or before personal information is collected, and;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>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>		<p><input type="radio"/> YES <input type="radio"/> NO</p>
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>		<p><input type="radio"/> YES <input type="radio"/> NO</p>
Phone directory		
<p>The school may include my information (car pool list, class list, etc.) for a school phone directory.</p>		<p><input type="radio"/> YES <input type="radio"/> NO</p>
Authorization		
PRINT NAME	SIGNATURE	DATE

Preschool Handbook

The BVCS Preschool Handbook contains important information and policies. It is available online (www.bvcs.ca/preschool) as well as in print format upon request at the BVCS office. We require all parents to read this document and indicate agreement by signing below.

Preschool Handbook Agreement		
<p>I have read the Preschool Handbook (available at www.bvcs.ca/preschool) in its entirety, and understand the goals, structures, policies and procedures of the Bulkley Valley Christian preschool program as they have been outlined.</p>		<p><input type="radio"/> YES <input type="radio"/> NO</p>
PRINT NAME	SIGNATURE	DATE

Student Medical Information Form

It is important that the information on this card is current and correct, as it will accompany your child to the hospital in an emergency.

STUDENT INFORMATION

USUAL FIRST NAME		MIDDLE NAME	LAST NAME
<input type="radio"/> MALE <input type="radio"/> FEMALE	BC SERVICES CARD #		DATE OF BIRTH
BIRTH PLACE (City, Prov, Country)			PRIMARY LANGUAGE SPOKEN AT HOME

FAMILY INFORMATION (PARENT OR LEGAL GUARDIAN)

LAST NAME		
MOTHER'S NAME	MOTHER'S CELL	WORK PHONE
FATHER'S NAME	FATHER'S CELL	WORK PHONE
HOME ADDRESS		

IMPORTANT ALTERNATE CONTACTS *to be contacted if parent/legal guardian cannot be reached*

NAME	RELATIONSHIP	PHONE
DOCTOR		PHONE
DENTIST		PHONE

STUDENT MEDICAL INFORMATION *Responsibility lies with the parent/legal guardian to advise the school if any change occurs in the medical or physical condition of the student.*

CHECK ANY THAT APPLY

PLEASE NOTE: BVCS does not supply Epipens or other medications. If your child requires an Epipen or other medications please contact the office.☐ DIABETES

NOTES

☐ EPILEPSYANY SEIZURES IN THE PAST YEAR? ☐ YES ☐ NO

NOTES

☐ RESPIRATORY CONDITIONSANY EMERGENCY CARE IN THE PAST YEAR? ☐ YES ☐ NO

NOTES

☐ ALLERGIESEPIPEN REQUIRED? ☐ YES ☐ NOLIFE THREATENING? ☐ YES ☐ NO

NOTES:

☐ FOOD RESTRICTIONSEPIPEN REQUIRED? ☐ YES ☐ NOLIFE THREATENING? ☐ YES ☐ NO

NOTES:

☐ ACTIVITY RESTRICTIONS

NOTES

☐ HEART CONDITIONS

NOTES

☐ BLOOD DISORDER

NOTES

☐ IMMUNOCOMPROMISED

NOTES

☐ MEDICATIONS

SPECIFY MEDICATIONS:

DO THESE MEDICATIONS NEED TO BE GIVEN DURING SCHOOL HOURS BY APPOINTED STAFF? ☐ YES ☐ NO☐ OTHER MEDICAL PROBLEMS
OR HEALTH CONCERNS

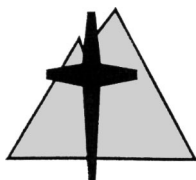
NOTES

AUTHORIZATION *The information supplied on this form is to be regarded as strictly confidential and shall be made available only to appropriate persons as deemed necessary by BVCS.*

IN CASE OF EMERGENCY: I hereby give permission to qualified health personnel to provide treatment for my child. It is understood that the teacher and the BVCS board are not responsible for medical care costs incurred.

PARENT SIGNATURE

DATE



BULKLEY VALLEY CHRISTIAN SCHOOL SOCIETY

Box 3635, Smithers, B.C. V0J 2N0

Phone: 250-847-4238 Fax: 250-847-3564

www.bvcs.ca

PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS FOR TUITION PURPOSES.

Student(s) registered by: **Parents Full Name:** _____

Address: _____

Phone: _____

Tuition payor's name & address:

This payment is made on behalf of ☐ an individual ☐ a business

☐ Same as above, or

☐ Payor's name _____
(given name) (surname)

(address)

(city) (province) (postal code)

Payor's Financial Institution (the "Processing Institution")

☐ New applicant, void cheque attached

☐ Change in banking information, void cheque attached

Void cheque to be attached
for new applicant or change in
banking information.

Payee's name and Address: **Bulkley Valley Christian School Society**
Box 3635
Smithers, B.C. V0J 2N0

- I/We warrant that the provided information is accurate.
- I/We will inform the payee, in writing, of any change in the information provided in this section of the authorization 5 business days prior to the next due date of the Pre-Authorized debit (the "PAD").
- I/We acknowledge that the authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my/our account as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association.
- I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the account have signed the authorization below.
- I/We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule H4 of the Rules of the Canadian Payments Association) drawn on the Account, for the following purpose: **Student Tuition at Bulkley Valley Christian School.**
- I will ensure funds are available for withdrawal on the due date.
- I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including but not limited to, the amount, Payor's Name, address and financial institution.
- I/We may cancel the Authorization at any time upon providing written notice of 30 days to the payee. I/We may obtain a cancellation form, or further information at my financial institution or by visiting www.cdnpay.ca.
- I/We may dispute a PAD only under the following conditions:
 1. The PAD was not drawn in accordance with the Authorization. I/We have certain recourse rights if any debits do not comply with this agreement and have the right to reimbursement for any debit that is not authorized and is not consistent with this PAD agreement. I/We have certain recourse rights and can obtain more information only recourse rights, by contacting my financial institution or visiting www.cdnpay.ca.
 2. The Authorization was revoked. In order to be reimbursed for a PAD in dispute, written notification must be received within one month of the posting of such PAD. I/We have certain recourse rights and can obtain more information on my recourse rights, by contacting my financial institution or visiting www.cdnpay.ca.
- **The Payee may issue a PAD once/twice (please select one) a month on either the 1st / 15th (please select one) in the amount of \$_____ from (mm/yy) ____/____ to (mm/yy) ____/____.** Additional payments may be processed with prior verbal consent.
- Revocation of the Authorization does not terminate any contract for tuition that exists between me/us and the Payee. The authorization applies only to the method of payment and does not otherwise have any bearing on the contract for services exchanged.
- I/We consent to having the School collect personal information that may include names, addresses, telephone numbers, name of financial institution, bank account numbers and any similar information required for processing tuition payments. I/We further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of the School for the purpose of processing tuition payments to the School.

I/we understand and accept the terms of participating in this plan.

Account Signature

(Print Name)

Joint Account Signature (if applicable)

(Print Name)

(Date)