# **Preschool Application**



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

REGISTRATION INFORMATION							
REGISTRATION DATE			SESSION				
START DATE			END DATE				
FAMILY INFORMATION All par	rents with legal custody of th	e child named in this form <b>mu</b>	<b>ist sign</b> this form.				
LAST NAME							
MOTHER'S NAME			MOTHER'S CELL				
FATHER'S NAME			FATHER'S CELL				
MARITAL STATUS OF PARENTS	○ Married (	Separated ODivorce	d OSingle Other:				
HOME CONTACT INFORMATION O Both parents	OF: STREET ADDRE	STREET ADDRESS					
○ Mother ○ Father	MAILING ADDF	RESS					
<ul><li>Legal guardian</li><li>Other:</li></ul>	PHONE		EMAIL				
CHILD INFORMATION							
FULL NAME (FIRST, MIDDLE, LAS	т)				GENDER O M O F		
DATE OF BIRTH			DI ACE OF BIRTH (CITY BROV)	COLINITRY)	GENDER O IVI		
Medical information			PLACE OF BIRTH (CITY, PROV, o	COUNTRY			
BC SERVICES CARD NUMBER (CARE CARD)		DOCTOR'S NAME		DOCTOR'S PHONE			
THOMBER (CARLE CARLE)	O Laive my concept fo		ov Christian School to sook	Bootokathone			
CONSENT FOR EMERGENCY MEDICAL TREATMENT  O I give my consent for the staff of Bulkley Val emergency medical attention or call an ambi in the event that I am unable to be contacte charges that may result if such an emergence			ance for my child if necessary . I will be responsible for any				
IMPORTANT MEDICAL INFORMATION AND ALLERGIES We may request additional information.							
BEHAVIOURAL ISSUES, IF ANY We may request additional information.							
Custody information							
STUDENT LIVES WITH	O Both parents in one	e home $\bigcirc$ Father $\bigcirc$ Mo	ther $\bigcirc$ Legal Guardian $\bigcirc$ Ot	her:			
ARE ANY OF THE FOLLOWING IN PLACE OR PENDING?	Custody and/or parenting agreement(s) Court order(s)  Other custody arrangements (provide details)  If you checked any of these, you will be contout school for legal documentation			will be contacted by the			
EMERGENCY CONTACTS	NAME 1		PHONE				
Provide up to two contacts (not parents)	NAME 2		PHONE				
	NAME 1		PHONE				
LIST OF PERSONS ALLOWED TO PICK UP YOUR CHILD	NAME 2		PHONE				
Provide up to three contacts	NAME 3		PHONE				
Documents You must provide each of the following with this application. Your application is incomplete without these.							
O Birth Certificate	Select one:  Original First month's post-dated cheque or cash Ore-authorized payment form  Select one:  Original Select one:  Origin						
SIGNATURES All parents with legal custody of the child named in this form must sign this form.							
SIGNATURE P	RINT NAME	DATE	SIGNATURE	PRINT NAME	DATE		

### **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					
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.  I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of BVCS					
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.					
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.					
Social Media					
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.					
Phone directory					
The school may include my information (car pool list, class list, etc.) for a school phone directory.					
Authorization					
PRINT NAME SIGNATURE DATE					

### **Preschool Handbook**

The BVCS Preschool Handbook contains important information and policies. It is available online (<a href="www.bvcs.ca/preschool">www.bvcs.ca/preschool</a>) 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						
I have read the Preschool Handbook (available at <a href="www.bvcs.ca/preschool">www.bvcs.ca/preschool</a> ) in its entirety, and understand the goals, structures, policies and procedures of the Bulkley Valley Christian preschool program as they have been outlined.						
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 NAM	E			LAST NAME	
O MALE O FEMALE	BC SERVICES CARD #					DATE OF BIRTH	
BIRTH PLACE (City, Prov, Count		PRII	MARY L	ANGUAGE SPOKE	EN AT HOME		
FAMILY INFORMATION (F	FAMILY INFORMATION (PARENT OR LEGAL GUARDIAN)						
LAST NAME							
MOTHER'S NAME		MOTHER'S CELL				WORK PHONE	
FATHER'S NAME		FATHER'S CEL	FATHER'S CELL		WORK PHONE		
HOME ADDRESS							
IMPORTANT ALTERNATE	CONTACTS to be contacted i	f parent/legal guar	rdian cannot be re	ached			
NAME		RELATIONSHI	P			PHONE	
DOCTOR				PHO	NE	1	
DENTIST				PHON	NE		
FOLD							FOLD
STUDENT MEDICAL INFO	RMATION Responsibility lies	with the parent/le	gal guardian to ac	lvise the	e school if any chang	ge occurs in the medical or phys	ical condition of the student.
CHECK ANY THAT APPLY	PLEASE NOTE: BVCS d	oes not supply Epi	pens or other med	dication	<b>s.</b> If your child requi	res an Epipen or other medication	ons please contact the office.
○ DIABETES	NOTES	NOTES					
○ EPILEPSY	ANY SEIZURES IN THE F	ANY SEIZURES IN THE PAST YEAR? O YES O NO NOTES					
RESPIRATORY CONDITION	ANY EMERGENCY CARE	ANY EMERGENCY CARE IN THE PAST YEAR? O YES O NO NOTES					
○ ALLERGIES	EPIPEN REQUIRED?	YES O NO	ES ONO LIFE THREATENING? OYES ONO NOTE			NOTES:	
○ FOOD RESTRICTIONS	EPIPEN REQUIRED?	YES O NO	ES ONO LIFE THREATENING? OYES ONO NOT		NOTES:	NOTES:	
○ ACTIVITY RESTRICTIONS	NOTES	NOTES					
O HEART CONDITIONS	NOTES						
○ BLOOD DISORDER	NOTES						
○ IMMUNOCOMPROMISED	NOTES						
SPECIFY MEDICATIONS:							
○ MEDICATIONS  DO THESE MEDICATIONS NEED TO BE GIVEN DURING SCHOOL HOURS BY APPOINTED STAFF? ○ YES ○ NO			NO				
OTHER MEDICAL PROBLEM OR HEALTH CONCERNS	NOTES						
<b>AUTHORIZATION</b> 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 he treatment for my child. It is und	erstood that the teacher and t			DVD	ENT SIGNATURE		DATE
responsible for medical care costs incurred.			1.00	L. TI SIGITATORE		27.11.2	



### **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	e:			
	Address:				
	Phone:	<del> </del>			
Tuition payor's name & address:					
This payment is made on beha	alf 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 proved for the benefit of the Payee and the Processing
  Institution and is proved 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:
  - 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.
  - 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 my 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.
	processing taken paymone to the concent
	I/we understand and accept the terms of participating in this plan.
	(D: (N)
	Account Signature (Print Name)
	Joint Account Signature (if applicable) (Print Name)
	(1 mil Hamo)

(Date)