

Kindergarten Admissions Application



**Bulkley Valley
Christian School**
PRE K - 12 | SMITHERS, BC

This form is only for **existing BVCS families** who are enrolling kindergarten student(s).

FAMILY INFORMATION			
LAST NAME			
MOTHER'S NAME	MOTHER'S CELL	WORK PHONE	
FATHER'S NAME	FATHER'S CELL	WORK PHONE	
STREET ADDRESS			
MAILING ADDRESS			
HOME PHONE			
EMAIL			
MARITAL STATUS	<input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Widowed <input type="radio"/> Separated <input type="radio"/> Divorced <i>(provide copy of custody agreement and legal guardianship)</i>		
STUDENT(S) LIVE WITH	<input type="radio"/> Both parents <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Legal Guardian	IS YOUR FAMILY SUBJECT TO ANY OF THE FOLLOWING	<input type="radio"/> Custody and/or parenting agreement(s) <input type="radio"/> Court order(s) <input type="radio"/> Other <i>(provide details)</i>
CHURCH AFFILIATION	CHURCH NAME		

CHILD INFORMATION	
NAME	<input type="radio"/> M <input type="radio"/> F
DATE OF BIRTH (D/M/Y)	
BIRTHPLACE (CITY, PROVINCE/STATE, COUNTRY)	
Is this student of indigenous ancestry? (First Nation, Métis, Inuit) <i>NOTE: Indigenous self-identification is made on a voluntary basis.</i>	<input type="radio"/> Y <input type="radio"/> N
<input type="radio"/> STATUS <input type="radio"/> NON-STATUS	<input type="radio"/> LIVING ON-RESERVE <input type="radio"/> LIVING OFF-RESERVE
BAND NAME	STATUS #
Does your child have any of the following medical conditions?	
<input type="radio"/> Diabetes <input type="radio"/> Hearing problems <input type="radio"/> Heart conditions <input type="radio"/> Asthma <input type="radio"/> Vision problems <input type="radio"/> Contact lenses <input type="radio"/> Epilepsy <input type="radio"/> Allergies <input type="radio"/> Medications <input type="radio"/> Other <i>(provide details below)</i>	
DETAILS <i>We may request additional information.</i>	
English Language	
IS ENGLISH YOUR CHILD'S FIRST LANGUAGE? <i>We may request additional information.</i>	<input type="radio"/> Y <input type="radio"/> N
Educational Support services: Has your child:	
...RECEIVED SPEECH LANGUAGE THERAPY?	<input type="radio"/> Y <input type="radio"/> N
...BEEN DIAGNOSED WITH ADHD OR ANXIETY?	<input type="radio"/> Y <input type="radio"/> N
...RECEIVED ANY OF THE FOLLOWING SUPPORT SERVICES:	
<input type="radio"/> Developmental Therapy and/or Interventions <input type="radio"/> English Language Learning <input type="radio"/> Supported Child Development <input type="radio"/> Thomas Robinson Consulting <input type="radio"/> BV Child Development Centre <input type="radio"/> Other alternative therapies	
Other	
DO YOU HAVE ANY CONCERNS ABOUT YOUR CHILD THAT YOU THINK ARE RELEVANT TO THIS APPLICATION?	<input type="radio"/> Y <input type="radio"/> N
DETAILS <i>We may request additional information.</i>	

PARENTS' CITIZENSHIP	
MOTHER	<input type="radio"/> Canadian <input type="radio"/> Landed Immigrant <input type="radio"/> Refugee <input type="radio"/> Other (specify):
FATHER	<input type="radio"/> Canadian <input type="radio"/> Landed Immigrant <input type="radio"/> Refugee <input type="radio"/> Other (specify):

SIGNATURES <i>All parents with legal custody of the child named in this form must sign this form.</i>		
SIGNATURE	PRINT NAME	DATE
SIGNATURE	PRINT NAME	DATE

IMPORTANT:

This application must be accompanied the following documents (please check):

- Child's birth certificate
- BC Services Card (health card)

Digital copies (scans or photocopies) are acceptable as long as they are sufficiently clear.

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
Privacy Authorization		
<p>PRINT NAME</p>	<p>SIGNATURE</p>	<p>DATE</p>

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		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.		
<input type="radio"/> DIABETES	NOTES		
<input type="radio"/> EPILEPSY	ANY SEIZURES IN THE PAST YEAR? <input type="radio"/> YES <input type="radio"/> NO	NOTES	
<input type="radio"/> RESPIRATORY CONDITIONS	ANY EMERGENCY CARE IN THE PAST YEAR? <input type="radio"/> YES <input type="radio"/> NO	NOTES	
<input type="radio"/> ALLERGIES	EPIPEN REQUIRED? <input type="radio"/> YES <input type="radio"/> NO	LIFE THREATENING? <input type="radio"/> YES <input type="radio"/> NO	NOTES:
<input type="radio"/> FOOD RESTRICTIONS	EPIPEN REQUIRED? <input type="radio"/> YES <input type="radio"/> NO	LIFE THREATENING? <input type="radio"/> YES <input type="radio"/> NO	NOTES:
<input type="radio"/> ACTIVITY RESTRICTIONS	NOTES		
<input type="radio"/> HEART CONDITIONS	NOTES		
<input checked="" type="radio"/> BLOOD DISORDER	NOTES		
<input type="radio"/> IMMUNOCOMPROMISED	NOTES		
<input type="radio"/> MEDICATIONS	SPECIFY MEDICATIONS:		
	DO THESE MEDICATIONS NEED TO BE GIVEN DURING SCHOOL HOURS BY APPOINTED STAFF? <input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> 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

Residency & Citizenship

Bulkley Valley Christian School is required by the BC Ministry of Education to verify the parental/legal guardian lawful admission to Canada and residency in British Columbia. **This information must be included in the student records.** This form must be completed by a parent or legal (court-appointed) guardian. If legal guardian, attach a copy of court order appointing you as legal guardian.

FAMILY		
LAST NAME		
MOTHER'S NAME	MOTHER'S CELL	WORK PHONE
FATHER'S NAME	FATHER'S CELL	WORK PHONE

We require the information below for **at least one parent**.

- For married couples, either parent is fine. If one parent is not a Canadian citizen, choose the parent who is a Canadian citizen.
- For families who are divorced or separated, choose a parent who has primary care (custody, guardianship) for the student(s).

CITIZENSHIP STATUS
<input type="radio"/> I am a Canadian citizen (if not born in Canada, please attach a photocopy of Citizenship paper/card) BVCS is required to collect proof of Canadian citizenship. Provide proof of citizenship with a photocopy of any of the following : <ul style="list-style-type: none"> • Passport • Your (parent) birth certificate • Long-form birth certificate for your child. The long form birth certificate shows both parents and their location of birth.
<input type="radio"/> I am a landed immigrant (attach photocopy of landed immigrant status paper)
<input type="radio"/> I am lawfully admitted to Canada under one of the following documents (please mark the appropriate choice below and photocopy of document): <ul style="list-style-type: none"> <input type="radio"/> Admission as a refugee claimant <input type="radio"/> A person claiming refugee status who has a letter of no objection <input type="radio"/> Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
<input type="radio"/> A person carrying out official duties under the authority of the Visiting Forces Act or as an accredited diplomatic agent, preclearance officer, consular officer or official representative in Canada of a foreign government with a consular post in British Columbia.
<input type="radio"/> Other DOCUMENT DESCRIPTION (MUST BE CLEARED WITH CITIZENSHIP AND IMMIGRATION CANADA):

ARE YOU A RESIDENT OF BRITISH COLUMBIA?	
<input type="radio"/> Yes	RESIDENCY ADDRESS AS PROOF, ATTACH A COPY OF ONE OF THE FOLLOWING SHOWING HOME ADDRESS : <input type="radio"/> Drivers License <input type="radio"/> Utility Bill
<input type="radio"/> No, I am not a resident of British Columbia	

CONFIRMING SIGNATURE		
PARENT/LEGAL GUARDIAN'S NAME	PARENT/LEGAL GUARDIAN'S SIGNATURE	DATE

Return this form to the BVCS office.
 We can photocopy your supporting documents at the office if required.