

# Kindergarten Admissions Application

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		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>
<input type="radio"/> Both parents <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Legal Guardian			
CHURCH AFFILIATION	DENOMINATION	HOME CHURCH	

  

CHILD 1	
NAME	<input type="radio"/> M <input type="radio"/> F
DATE OF BIRTH (D/M/Y)	
BIRTHPLACE (CITY, PROVINCE/STATE, COUNTRY)	
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?	<input type="radio"/> Y <input type="radio"/> N
DETAILS <i>We may request additional information.</i>	
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>	

  

CHILD 1	
NAME	<input type="radio"/> M <input type="radio"/> F
DATE OF BIRTH (D/M/Y)	
BIRTHPLACE (CITY, PROVINCE/STATE, COUNTRY)	
Does your child have any of the following medical conditions?	
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DETAILS <i>We may request additional information.</i>	
English Language	
IS ENGLISH YOUR CHILD'S FIRST LANGUAGE?	<input type="radio"/> Y <input type="radio"/> N
DETAILS <i>We may request additional information.</i>	
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
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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>	

MOTHER'S CITIZENSHIP	STATUS UNDER INDIAN ACT	FATHER'S CITIZENSHIP	STATUS UNDER INDIAN ACT
<input type="radio"/> Canadian <input type="radio"/> Landed Immigrant <input type="radio"/> Refugee <input type="radio"/> Other (specify):	<input type="radio"/> Status Indian <input type="radio"/> Living on reserve  BAND NAME & NUMBER	<input type="radio"/> Canadian <input type="radio"/> Landed Immigrant <input type="radio"/> Refugee <input type="radio"/> Other (specify):	<input type="radio"/> Status Indian <input type="radio"/> Living on reserve  BAND NAME & NUMBER

**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

**IMPORTANT:**

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

- Child's birth certificate
- Immunization record
- 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"> <li>for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with BVCS;</li> <li>for additional purposes identified when or before personal information is collected, and;</li> <li>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.</li> </ol> <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	
PRINT NAME	SIGNATURE
	DATE