



**Kindergarten Student Registration Form**

<b>Registration Date</b>		<b>Register for Grade</b>	
<b>Pre Kindergarten Program</b>			
Circle Days: Mon Tues Wed Thurs Fri		<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Start Date:
<b>Junior or Senior Kindergarten Program</b>			
<input type="checkbox"/> Mon, Wed, Fri	<input type="checkbox"/> Mon, Tues, Wed, Fri	<input type="checkbox"/> Mon, Wed, Thurs, Fri	<input type="checkbox"/> Mon, Tues, Wed, Thurs, Fri
<b>Student Information</b>			
Legal Last Name		Legal First Name	Middle Name
Preferred Last Name		Preferred First Name	Sex: Male Female
Date of Birth DD/MM/YY		Language Spoken In The Home	Is the Student on an IEP
Student Address			Unit #
City		Prov.	Postal Code
Home Phone		Health Card #	
<b>Parent Guardian Information</b>			
Father/Guardian Last Name		Father/Guardian First Name	Email
Emergency Contact Order	Employer	Work #	Cell #
Mother/Guardian Last Name		Mother/Guardian First Name	Email
Emergency Contact Order	Employer	Work #	Cell #
<b>Special Custody</b>			
Does the student have special custody		If Yes, who has legal custody (circle one) Both Mother Father Legal Guardian Other	
Student Lives With		Can both parents have contact/pick up child from school?	
<b>In case of emergency or illness, when the parents cannot be contacted, please supply the name of a relative, friend or neighbour you would like us to contact.</b>			
Last Name		First Name	
Relation to Student		Emergency Contact Order	
Home #		Cell #	
Last Name		First Name	
Relation to Student		Emergency Contact Order	
Home #		Cell #	
<b>Student Medical</b>			
Doctor Name		Doctor Contact #	
Special Health Information (chronic health problems, serious illness, allergies, regular medication, speech, hearing, vision, etc)			

Additional Academic /Social Information: Please describe any academic or social challenges or supports required (i.e. Individual Educational Plans, exceptionalities, learning disabilities, etc.)

Should there be a medical emergency, I give permission for my child to be taken to a hospital or doctor, to seek medical aid at your discretion if I cannot be contacted. In a situation when emergency medical or hospital services are required by the above listed students of Calvary Christian School and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes medical and/or hospital to administer and/or surgical services, including an aesthesia and drugs. I understand that any costs will be my responsibility. I will not hold Calvary Christian School or any representative of Calvary Christian School responsible for any mishap or accident which may occur.

Parent/Guardian Signature:

### Additional Information

Church Denomination	Church Name
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### Prior School History

School Name	School Address
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School Name	School Address
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Please give a brief reason for enrolling your child(ren) at Calvary Christian School.

Siblings (please indicate name and ages)

**Legal documentation of birth date and proof of immunization must be provided.**

### Freedom of Information

**Do you consent to the student's photographs being released:**

In school publications (newsletters, yearbook, etc.)      YES      NO

To the media (radio, television, newspapers)      YES      NO

Electronic Publications (school website, etc)      YES      NO

**To receive electronic communications from the school, Canada's Anti-Spam Legislation requires you to provide us with your consent:**

Father/Guardian Email	Mother/Guardian Email
<input type="checkbox"/> Yes I Consent <input type="checkbox"/> No I do not consent	<input type="checkbox"/> Yes I Consent <input type="checkbox"/> No I do not consent

### Registration Fee

A non refundable \$200 registration fee per family is due upon registration of students at Calvary Christian School. The registration fee will be applied to the family tuition account at the commencement of the school year.

**"That in all things He may have preeminence." Col 1:18**