

LAKEVIEW CHRISTIAN PRESCHOOL/DAYCARE REGISTRATION PACKAGE



STUDENT INFORMATION

Legal Last Name		Legal First Name		Middle Name
Preferred Name			Gender (M/F)	Birthdate
Street number and address				City
Province		Postal Code		Country
Home Phone		Cell Phone		Email Address
Language spoken at home		Student lives with <input type="radio"/> both parents <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Guardian <input type="radio"/> Other		
Are there any custodial or legal arrangements regarding the student of which the school should be aware? (attach copy of court/custodial documents)				
Faith or Religion			Denomination	
If Seventh-day Adventist, please complete the following:				
	Student	Mother	Father	Legal Guardian
Baptised Member Y/N				
Name of SDA Church				
Pastor				

PARENT OR LEGAL GUARDIAN INFORMATION

	Mother	Father	Legal Guardian
Full Name			
Work Phone			
Cell Phone			
Email			
Employer			
Occupation			
Home Phone			
Home Address (if not the same as above)			

SIBLINGS

Name	Age	Name	Age

Parent or Guardian Signature

Date

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MEDICAL FORM

STUDENT INFORMATION

Student	BC Medical Services Plan #
Address	
Family Doctor's Name	Family Doctor's Phone Number
Private Insurance Company	Private Insurance Plan #
Does the student have any medical conditions or history of which we should be aware? (i.e., heart condition, diabetes, asthma, epilepsy severe allergies etc.)	<input type="radio"/> Yes <input type="radio"/> No
If yes, please provide details:	
Does the student have any ailments or issues that might affect participation in school activities? (i.e., ear infection, bronchitis, sinus infection, etc.)	<input type="radio"/> Yes <input type="radio"/> No
If yes, please provide details:	
Is the student taking any medications on a regular basis?	<input type="radio"/> Yes <input type="radio"/> No

If yes, please note that the school cannot administer any medications without written parental/guardian permission. If the student needs to take this medication while at school, detailed medication information must be filled out and signed by the parent or guardian. Please provide the medication to the staff, clearly labeled with the following: student name, medication name, reason for medication and dosage.

Name of Medication	Reason for Medication	Instructions	Dosage

By Signing below, I am requesting that staff administer these medications as directed above.

Parent or Guardian Signature

Date

ALTERNATE EMERGENCY CONTACTS

In case parents cannot be reached in an emergency

Contact Name	Home Phone	Cell Phone	Relationship to Student

ADMISSION POLICY, EDUCATION HISTORY AND COMMITMENT

ADMISSION POLICY

Lakeview Christian School (LCS) seeks to enroll students whose families desire Christian community and education. Both students and parents should be aware of LCS's Seventh-day Adventist Christian principles and agree to support the school's Christian approach to education. Please refer to the LCS Student Handbook for more detailed information concerning our admission policies.

EDUCATION NEEDS

Special Learning or Behavioural Needs (Full disclosure is necessary to make sure your child's needs can be met successfully)		
Up to the present time, has the student seen or had services provided or recommendations made from professionals or specialists such as (but not limited to) speech pathology, occupational therapy, counseling, etc.? If yes, please provide details. (A copy of reports, recommendations or evaluations must be attached)	<input type="radio"/> Yes	<input type="radio"/> No
Has the student received Special Education services or been placed on an IEP (individualized Education Plan)? If yes, please provide details.	<input type="radio"/> Yes	<input type="radio"/> No
What special gifts / talents does the student have? Please provide details.		
Are you prepared to attend regular parent/teacher meetings and student led parent conferences?	<input type="radio"/> Yes	<input type="radio"/> No
The strength of LCS's family-oriented community is in our parent volunteers. Studies show that parental involvement can improve academic achievement and have a very positive impact on the school environment. Please list your strengths, interests, talents and education as a parent, so together we can assist in supporting your child's education.		

I would like to help in the following areas:

- Field Trip Driver
 Hot Lunch Program
 Uniform Sales
 Office
 Library
 Special Events Kitchen
 Special Events Setup/Cleanup
 Classroom
 Marking
 Bulletin Boards/Decorating
 Drama
 Sports
 Educational Garden Coordinator
 Maintenance
 Yard work
 Marketing/Promotional Events
 Other _____

PARENT CONTRACT

I certify that the statements contained herein are true and correct to the best of my knowledge, knowing that wilfully withholding or misrepresenting information may result in refusal of admission to Lakeview Christian School. I have read the Lakeview Christian School handbook and voluntarily agree to support the standards by pledging my cooperation to these values. My financial obligations are clearly understood and I agree to pay accordingly. I have read the Admissions Policy and agree to honor and abide by it. My signature below pledges my full support of LCS and its policies and values.

Parent or Guardian Signature

Date

PRIVACY AND INTERNET USE

PERSONAL INFORMATION PROTECTION ACT (PIPA) PRIVACY CONTRACT

I consent to have Lakeview Christian School (LCS) collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parent's work numbers, email addresses, behavioral/academic/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 LCS

1. For the purpose of establishing, maintaining, and terminating the student's or parent(s)'s relationship with LCS and
2. For additional purposes identified when or before personal information is collected, and
3. As otherwise provided in the BC Conference of Seventh-day Adventist's and LCS's Personal Information Privacy Policy, a copy of which is available upon request.

I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of LCS.

This information is required in order to register your child at LCS 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.

I consent to have photographs, videos/online streaming and work samples of my child used by LCS in the yearbook, newsletters, web site and other promotional material for the school or the BC Conference Office of Education

Initial

I consent to have my phone number included in a school family phone directory (for car pooling, class listing, etc.)

Initial

I acknowledge that my vehicle insurance information and driving record are required by the school to protect against third party liability claims in case of an accident, should I use my vehicle to drive for the school. I understand that this information will only be released in the event of an accident.

Initial

LCS acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision or instruction of your child at LCS, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all digital and hard copy parent and student personal information.

Parent or Guardian Signature

Date

LEGAL RESIDENCY OF PARENTS OR LEGAL GUARDIANS

This form is to be completed and signed by a parent or legal (court-appointed) guardian. If legal guardian, attach copy of court order designating the appointment.

LAWFULLY ADMITTED TO CANADA

I am (please X one)

- A Canadian citizen (if not born in Canada, please attach a copy of citizenship paper or card)
- A landed immigrant (please attach a copy of landed immigrant status paper).
- Lawfully admitted to Canada under one of the following documents (please X the appropriate circle below and attach a copy of document).
 - Admission as a refugee claimant
 - A person claiming refugee status who has a letter of no objection
 - 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)
 - Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in their passport)
 - Other – Document description (must be cleared with Immigration Canada)

RESIDENCY IN BRITISH COLUMBIA

I am a resident of British Columbia (please X one)

- Yes Residency address: _____
- No I am not a resident of British Columbia

CONFIRMING SIGNATURE

Parent Legal or Guardian Name	Parent Legal or Guardian Signature	Date
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Parent Legal or Guardian Name	Parent Legal or Guardian Signature	Date
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ADMISSION CHECKLIST AND PAYMENT PLAN

ADMISSION CHECKLIST

Please complete and submit the following for each student who is applying:

- Complete Registration Package
- Documentation
 - Student's Birth Certificate if born in Canada OR Student's Canadian Passport, Citizen Card, PR Card or Landing Paper if not born in Canada
 - Student's BC Care Card
 - Student's Immunization Records
 - Parent or Guardian's Birth Certificate if born in Canada OR Parent or Guardian's Canadian Passport, Citizen Card, PR Card or Landing Paper if not born in Canada
- Personal Interview: You will be contacted for a personal interview upon receipt of your application.
- Payment of all school fees and first month of tuition

FAMILY PAYMENT PLAN

Schedule

	Full Day 8:30-3:30	Mornings 8:30-11:30	Afternoons 12:00-3:30
Monday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wednesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thursday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Monthly Rates

Full days		Half days	
5 days	\$780	5 days	\$360
3 days	\$468	3 days	\$216
2 days	\$312	2 days	\$144

Please choose one of the options below:

- I agree to make full payment for the school year by the first day of school to receive 5% discount.
- I agree to make 10 monthly payments of \$ _____ by the 1st day of each month, September – June.

Parent or Guardian Signature

Date