

## RETURNING STUDENTS REGISTRATION AND PAYMENT PLAN

### STUDENT INFORMATION

Legal Last Name	Legal First Name	Middle Name
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### STUDENT INFORMATION CHANGES – Please fill in changes to original application only

Street number and address		City
Province	Postal Code	Country
Home Phone	Cell Phone	Email Address
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)		

### PARENT OR LEGAL GUARDIAN INFORMATION – Please fill in changes to original application only

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

### FAMILY PAYMENT PLAN

Tuition and Fees	Per month	Per year	Discounted Tuition (5% for full payment)	Less Family Discount (2 <sup>nd</sup> Child 15%) (3 <sup>rd</sup> Child 30%) (Additional Children 50%)	Total
Kindergarten – Grade 2	\$275	\$2750	\$2,613 / year		
Grade 3 - 5	\$300	\$3000	\$2,850 / year		
Grade 6 - 9	\$325	\$3250	\$3,088 / year		
Activity Fee			\$100		
Volunteer Commitment Fee			\$100		
				<b>Total School Fees</b>	

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 1<sup>st</sup> day of each month, September – June.

Parent or Guardian Signature

Date

# 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 field trip 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 or on a field trip, detailed medication information must be filled out and signed by the parent or guardian. Please provide the medication to the staff or field trip supervisor, 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 or trip supervisors administer these medications as directed above.*

Parent or Guardian Signature

Date

## IN CASE OF EMERGENCY

*I hereby request the physician selected by the trip supervisor to provide treatment for my child named above.*

Parent or Guardian Signature

Date

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