SURREY CHRISTIAN SCHOOL

EDUCATING FOR WHOLENESS

Dear Parents and Guardians:

Children are natural learners and creation enjoyers of God's world. Our mission at Surrey Christian Early Learning Centre's is to offer safe, diverse, experiential learning opportunities to recognize the full potential and individuality of each child. We believe each child is created in the image of God and has an important and unique role to play in sharing His redeeming love with the world around them.

We want to thank you for partnering with us, for entrusting your child to us as they begin their educational journey and for allowing us to speak truth and love into your child's life. Our promise to all our parents is to educate for wholeness by engaging God's world in the servant way of Jesus. Our hope is that your child begins to unpack all the gifts that make them completely unique as they become fully alive in God's story at Surrey Christian School.

We invite you to return the completed application forms as soon as possible as space is limited.

Melanie Yzerman
Director, Early Learning Programs

Danny Nagtegaal
Principal, Fleetwood Campus

Genny Buchanan
Manager, Cloverdale Campus

Matthew Beimers
Principal, Cloverdale Campus

Miranda Correia
Manager, Clayton Campus

SURREY CHRISTIAN SCHOOL

EDUCATING FOR WHOLENESS

APPLICATION CHECKLIST FOR CHILDCARE

Please include the following items with your application, all due upon registration:

- ❑ The completed registration form(s)
- ❑ The non-refundable registration fee ($40)
- ❑ Field trip fee ($40)
- ❑ First month's payment
- ❑ A copy of your child's birth certificate
- ❑ A copy of your child's immunization record and/or immunization status form
- ❑ A copy of any court order pertaining to your child(ren) if applicable
- ❑ A copy of any medical and/or additional developmental assessment information if your child has had a diagnosis or is in the process of a diagnosis
- ❑ A current close-up picture of your child(ren) and emergency card
- ❑ Financial Commitment Form
- ❑ Pre-Authorized Debit Form with a void cheque for monthly payments

Upon completion of your application (all of the above) you will receive a welcome letter to confirm your child's acceptance into Surrey Christian School's Early Learning Program.

30 days written notice is required for withdrawal. Payment will be required for the 30 day period after notice is given.

SURREY CHRISTIAN SCHOOL
EDUCATING FOR WHOLENESS

APPLICATION FOR CHILDCARE 2020-2021
(Clayton Campus)

Date Rec'd: _____

THIS FORM IS TO BE COMPLETED ON BOTH SIDES BY THE CHILD'S PARENT/GUARDIAN.

Start Date: _____

Family Surname: Home Ph:

1. Student's full legal name: _____
First Middle Last Name Name child responds to

Gender: M ❑ F ❑ Birthdate: ____ / ____ / ____ (*YYYY MM DD*) BC Personal Health #: __ __ __ __ __ __ __ __ __ __

Residency Status: Cdn. Citizen ❑ Permanent Resident ❑ On student visa ❑ Language spoken at home: English ❑ Other: _____

Please check which program you wish to register for:

FULL DAYS	✓ days you prefer	**PARTIAL DAYS**	
☐ 1 day - $162/mo ☐ 4 days $640/mo	☐ M ☐ TU ☐ W ☐ TH ☐ F	☐ M/W/F 9:00am-1:00 pm	$250/mo
☐ 2 days - $320/mo ☐ 5 days $800/mo	Approx. drop-off time_____	☐ T/TH 9:00am-1:00pm	$210/mo
☐ 3 days - $475/mo	Approx. pick-up time _____		

2. Student's full legal name: _____
First Middle Last Name Name child responds to

Gender: M ❑ F ❑ Birthdate: ____ / ____ / ____ (*YYYY MM DD*) BC Personal Health #: __ __ __ __ __ __ __ __ __ __

Residency Status: Cdn. Citizen ❑ Permanent Resident ❑ On student visa ❑ Language spoken at home: English ❑ Other: _____

Please check which program you wish to register for:

FULL DAYS	✓ days you prefer	**PARTIAL DAYS**	
☐ 1 day - $162/mo ☐ 4 days $640/mo	☐ M ☐ TU ☐ W ☐ TH ☐ F	☐ M/W/F 9:00am-1:00 pm	$250/mo
☐ 2 days - $320/mo ☐ 5 days $800/mo	Approx. drop-off time_____	☐ T/TH 9:00am-1:00pm	$210/mo
☐ 3 days - $475/mo	Approx. pick-up time _____		

HOUSEHOLD INFORMATION

Primary Phone Number: _____ Primary Email Address: _____

The child(ren) will live with: Both parents ❑ Mother ❑ Father ❑ Guardian ❑ Foster parent ❑

If a court order has been made concerning the care/custody of the student(s) please attach a copy.

Mother/Guardian: _____ _____
First Name Surname E-mail (if different than above)

_____ _____
Occupation Employer

_____ _____
Work Phone Cell Phone

Father/Guardian: _____ _____
First Name Surname E-mail (if different than above)

_____ _____
Occupation Employer

_____ _____
Work Phone Cell Phone

Mailing address of child(ren) while attending our centre:

_____
House & Street City Postal Code

Doctor/Walk-in Clinic: Doctor/Walk-in Clinic Ph:

Please specify any known allergies or medical conditions of which we should be aware (attach an extra sheet if necessary).

Is the student currently taking any medication on a regular basis? Yes ❑ No ❑ If yes, please provide details. below

If the family attends a church, full name of church that family attends:

Name of Pastor: Church address:

Church Phone:

Are there any special family circumstances the school should know about?

Emergency Contact and persons who have permission to pick up your child from our centre:

1. _____
Name *Relationship to Student* *Phone*

2. _____
Name *Relationship to Student* *Phone*

3. _____
Name *Relationship to Student* *Phone*

Out of Area Contact in the event local telephone lines are out of order:

_____
Name *Relationship to Student* *Phone*

How did you hear about our school? Friend/family ❑ Newspaper ❑ Website ❑ other_____
Is there someone we can thank for referring you to our centre?

Name: Phone:

Why are you considering our centre?

Names of others living in the household

1. _____
Name *Relationship to Child* *Age* *Gender*

2. _____
Name *Relationship to Child* *Age* *Gender*

3. _____
Name *Relationship to Child* *Age* *Gender*

4. _____
Name *Relationship to Child* *Age* *Gender*

PERSONAL INFORMATION

What are some of your child's interests? _____

Has your child previously attended daycare/preschool? _____

Can your child dress and toilet him/herself? _____

Please explain if there is anything else you want us to know about your child? (health concerns, speech, hearing or vision problems etc.)

CONSENT SIGNATURES

1. Photograph Publishing Consent: Throughout the school year photographs are taken of various student activities. By signing below, I/we consent to have the student's picture published in the school newsletter, publications, on teacher's blog or on our website. The school only publishes first names of students.

_____
Parent/guardian signature

2. Protecting Your Personal Information: Surrey Christian School collects and uses personal information for the sole purpose of maintaining accurate student records in the administrative offices, and to respond immediately to an emergency. SCS commits to using and storing this information responsibly and will not release this information to a third party without your verbal or written consent unless permitted under the PIPA (Personal Information Privacy Act) legislation. If you have questions about SCS's use, storage or disclosure of personal information, please contact our privacy officer.
I/We consent to having SCS collect, use and disclose this personal information as outlined above.

_____
Parent/guardian signature

3. Medical Treatment Consent: In case of an emergency where parents cannot be contacted I authorize the Principal or school representative to contact the family doctor or take the necessary steps to ensure the health and safety of my child.

_____
Parent/guardian signature

4. I have read and understand the information handbook posted on school website. _____
Parent/guardian signature

5. I acknowledge my financial obligation to the school. If during the course of the school year I intend to withdraw my child I understand that I must give 1 month's written notice to the school at month-end, or pay 1 month of tuition in lieu of notice.

_____
Parent/guardian signature

SURREY CHRISTIAN SCHOOL
EDUCATING FOR WHOLENESS

FINANCIAL COMMITMENT FORM
Childcare 2020-2021 • Clayton Campus

Name of parents: _____
First Name *Last Name*

Name of 1st child to be registered: _____
First Name *Last Name*

Name of 2nd child to be registered: _____
First Name *Last Name*

Home address: _____
House *Street* *City* *Postal Code*

Home phone: _____ Cell phone: _____

Parent email address: _____ Start date: _____

I consent to pay the school fees as outlined below: _____
Parent/guardian signature

Full day monthly rates

- ❑ $162—1 day
- ❑ $320—2 days
- ❑ $475—3 days
- ❑ $640—4 days
- ❑ $800—5 days

Partial day monthly rates

- ❑ $250 — M/W/F 9:00am-1:00pm
- ❑ $210 — T/TH 9:00am-1:00pm

❑ I will pay the fees monthly on the first of the month by pre-authorized payments.
A Pre-Authorized Debit Consent Form is required. Please complete and return to school with a void cheque as soon as possible to complete registration. (For new families only.)

Who will be paying the tuition fees?

- ❑ Parent
- ❑ Government subsidy—note there is always a parent portion that is required to be paid
- ❑ Other: _____
  Full Name *Phone #* *Email Address*

SURREY CHRISTIAN SCHOOL

EDUCATING FOR WHOLENESS

IMMUNIZATION RECORD

FRASER HEALTH IMMUNIZATION RECORD DECLARATION

Community Care Facilities (CCF) licensed to provide care to children or youth are required to have a copy of the Immunization Record on file for each person in care in the event that an outbreak of a communicable disease should occur. This information will assist in the immediate exclusion of those who are unimmunized.

In recent years, CCF's appear to be having difficulty in acquiring a copy of the Immunization Record from families and facilities are being coded for being in non-compliance with the legislation.

Although Licensing expects a copy of the immunization record to be on file for each person in care, this form has been provided to:

- Assist in identifying those children who are not fully immunized and
- Assist CCF's in meeting Section 21 (1) (a) of the Child Care Licensing Regulation.

To be completed by Parent/Guardian:

_____ _____

Child's/Youth's Name Date of Birth

Complete Immunization:

☐ Written proof of vaccinations attached
☐ Written proof of vaccinations unavailable

Received immunization in:

_____ _____ _____ _____

Year of last Vaccine City Province Country (if not in Canada)

Incomplete Immunization:

☐ My child has had some vaccinations
☐ My child has no vaccinations
☐ I do not know

_____

Parent's/Guardian's Printed Name Date

_____

Parent's/Guardian's Signature Date

SURREY CHRISTIAN SCHOOL

EDUCATING FOR WHOLENESS

CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK PreK-Grade 12

To the Parent(s)/Guardian(s) of: _____ Grade:_____

(first and last name of student)

PROGRAM ACTIVITY INFORMATION

Students may participate in field trips or exploratory day trips during the school year that provide invaluable learning experiences. If the activities on the trip are considered to be medium to high risk, an additional permission form with potential risks and detailed information will be provided. For low risk day trips throughout the 2020-2021 school year we ask that you read through the information below and consent to your child's participation by signing at the bottom. Further details will be provided to parents prior to each individual activity, however if you sign below you will not need to return a signed permission slip for every low-risk day trip.

RESPONSIBILITIES OF SCHOOL ADMINISTRATION

The school will make every reasonable effort to ensure or ascertain that:

a. The mode of transportation is safe.
b. Parent drivers have a valid driver's license and a vehicle capable of transporting students safely to and from the activity area.
c. The staff, volunteers and/or service providers involved are suitably trained and qualified.
d. The students are adequately supervised over all aspects of the program/activity.
e. The location(s) used are appropriate and safe for the activity(ies) and group.
f. Equipment used has been deemed appropriate and safe.
g. A Safety Plan is in place to identify and manage known potential risks.
h. An Emergency Plan is in place to deal with an injury or illness to any of the students.

POTENTIAL KNOWN RISKS

Potential known risks for low-risk day trips include the following:

- Injuries related to vehicles crashes en-route to and from activity area
- Becoming lost or separated from the group or the group becoming split up
- Injuries related to slips, trips, or falls
- Injuries related to collisions with movable or immovable objects
- Allergic reactions to natural substances (e.g. bee or wasp stings etc.)
- Injuries related to the physical demands of the activity and/or lack of activity skill
- Other risks normally associated with participation in the activity and environment

Additional comments/requirements:

ALTHOUGH FIRST AID KITS ARE AVAILABLE, PARENTS ARE RESPONSIBLE TO PROVIDE AN EPI-PEN OR OTHER MEDICATION REQUIRED TO ATTEND TO A KNOWN ALLERGY SHOULD A REACTION OCCUR WITH YOUR CHILD.

CONSENT AND ACKNOWLEDGEMENT OF RISK

1. I acknowledge my right to obtain as much information as I require about the field trip or activity and associated risks and hazards including information beyond that provided to me by the school.
2. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
3. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service providers administrators, instructors, and supervisors over all phases of the program/activity.
4. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements and I will be responsible for any costs associated.
5. I acknowledge that it is my duty to advise the lead teacher of any medical/health concerns of my child that may affect his/her participation.
6. I acknowledge that the school may choose to cancel the trip if travel conditions are deemed unsafe (e.g., weather, health advisory). I accept that the school will not be liable for any costs associated with such a cancellation.
7. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
8. Based on my understanding, acknowledgement, and consents as described herein, I agree that

(First and last name of student) _____ (Date of Birth) _____ has my permission to participate in all low-risk day trips for the 2020-2021 school year.

Date: _____ _____ _____

Name of Parent/Guardian (please print) *Signature of Parent/Guardian*

PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS FOR CHILDCARE FEES PURPOSES

SURREY CHRISTIAN SCHOOL SOCIETY
Finance Department, 8930 162 Street, Surrey, BC, V4N 3G1
604-498-3233 / accounting@surreychristian.com

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize Surrey Christian School., and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring Childcare fees payments and/or one-time Childcare fees payments from time to time, for payment of all charges arising under my/our Surrey Christian School account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st day of each month. Surrey Christian School will provide at least 30 days written notice of the amount of monthly withdrawal for the school year. Surrey Christian School will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Surrey Christian School has received written notification from me/us of its change or termination. This notification must be received at least thirty (30) days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.payments.ca.

Surrey Christian School may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca;

Tuition payor's name & address: **Date:**_____

_____ _____
(last name) *(first name)*

_____
(house number) *(street)* *(city)* *(province)* *(postal code)*

_____ _____
(phone number) *(email address)*

This payment is made on behalf of: ☐ an individual ☐ a business

Parent/Guardian name if different than tuition payor above: _____

Name of student(s): _____

Payment will be withdrawn on the 1st of the month.

By signing below:
1. I/we acknowledge my/our financial obligation to the school and will ensure that payments will be forwarded as per the current school year's tuition grid. If during the course of the school year I intend to withdraw my child, I understand that I/we must give 1 month's notice to the school at month-end or pay 1 month of tuition in lieu of notice.
2. I/we understand and accept the terms of participating in this pre-authorized debit plan.
3. If the pre-authorized debit is rejected by the school's financial institution, I/we understand that a $50 NSF fee will be charged. If I/we put a stop payment on our pre-authorized debit without notifying the finance office, a $20 administrative fee will be charged.

Authorized Signature(s): _____

PLEASE ATTACH VOID CHEQUE OR BANK ACCOUNT INFORMATION SHEET

Updated 4/2019