



# APPLICATION FOR CHILDCARE 2019-2020 (Cloverdale Campus)

SURREY CHRISTIAN SCHOOL  
EDUCATING FOR WHOLENESS

Date Rec'd: \_\_\_\_\_

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

Start Date: \_\_\_\_\_

Family Surname: _____		Home Ph: _____	
<b>1. Student's full legal name:</b> _____			
<i>First</i>	<i>Middle</i>	<i>Last Name</i>	<i>Name child responds to</i>
Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Birthdate: _____ / _____ / _____ <small>YYYY MM DD</small>	BC Personal Health #: _____	
Residency Status: Cdn. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> On student visa <input type="checkbox"/>		Language spoken at home: English <input type="checkbox"/> Other: _____	
<b>Please check which program you wish to register for:</b>			
<b>FULL DAYS</b>		✓ days you prefer	<b>PARTIAL DAYS</b>
<input type="checkbox"/> 1 day \$155/mo	<input type="checkbox"/> 4 days \$610/mo	<input type="checkbox"/> Mon <input type="checkbox"/> Thurs	<input type="checkbox"/> M/W 8:45am-12:45pm; Fri 9:15am-1:15pm \$268/mo
<input type="checkbox"/> 2 days \$305/mo	<input type="checkbox"/> 5 days \$760/mo	<input type="checkbox"/> Tues <input type="checkbox"/> Fri	<input type="checkbox"/> T/TH 8:45-11:45am \$165/mo
<input type="checkbox"/> 3 days \$455/mo		<input type="checkbox"/> Wed	<input type="checkbox"/> T/TH 12:15-2:45pm \$145/mo
<b>2. Student's full legal name:</b> _____			
<i>First</i>	<i>Middle</i>	<i>Last Name</i>	<i>Name child responds to</i>
Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Birthdate: _____ / _____ / _____ <small>YYYY MM DD</small>	BC Personal Health #: _____	
Residency Status: Cdn. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> On student visa <input type="checkbox"/>		Language spoken at home: English <input type="checkbox"/> Other: _____	
<b>Please check which program you wish to register for:</b>			
<b>FULL DAYS</b>		✓ days you prefer	<b>PARTIAL DAYS</b>
<input type="checkbox"/> 1 day \$155/mo	<input type="checkbox"/> 4 days \$610/mo	<input type="checkbox"/> Mon <input type="checkbox"/> Thurs	<input type="checkbox"/> M/W 8:45am-12:45pm; Fri 9:15am-1:15pm \$268/mo
<input type="checkbox"/> 2 days \$305/mo	<input type="checkbox"/> 5 days \$760/mo	<input type="checkbox"/> Tues <input type="checkbox"/> Fri	<input type="checkbox"/> T/TH 8:45-11:45am \$165/mo
<input type="checkbox"/> 3 days \$455/mo		<input type="checkbox"/> Wed	<input type="checkbox"/> T/TH 12:15-2:45pm \$145/mo
<b>HOUSEHOLD INFORMATION</b>			
Primary Phone Number: _____		Primary Email Address: _____	
The child(ren) will live with: Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster parent <input type="checkbox"/>			
If a court order has been made concerning the care/custody of the student(s) please attach a copy.			
<b>Mother/Guardian:</b> _____			
<i>First Name</i>	<i>Surname</i>	<i>E-mail (if different than above)</i>	
Occupation _____		Employer _____	
Work Phone _____		Cell Phone _____	
<b>Father/Guardian:</b> _____			
<i>First Name</i>	<i>Surname</i>	<i>E-mail (if different than above)</i>	
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 <input type="checkbox"/> No <input type="checkbox"/> 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. _____	_____	_____	
<i>Name</i>	<i>Relationship to Student</i>	<i>Phone</i>	
2. _____	_____	_____	
<i>Name</i>	<i>Relationship to Student</i>	<i>Phone</i>	
3. _____	_____	_____	
<i>Name</i>	<i>Relationship to Student</i>	<i>Phone</i>	
Out of Area Contact in the event local telephone lines are out of order:			
_____	_____	_____	
<i>Name</i>	<i>Relationship to Student</i>	<i>Phone</i>	
How did you hear about our school? Friend/family <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> 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. _____	_____	_____	_____
<i>Name</i>	<i>Relationship to Child</i>	<i>Age</i>	<i>Gender</i>
2. _____	_____	_____	_____
<i>Name</i>	<i>Relationship to Child</i>	<i>Age</i>	<i>Gender</i>
3. _____	_____	_____	_____
<i>Name</i>	<i>Relationship to Child</i>	<i>Age</i>	<i>Gender</i>
4. _____	_____	_____	_____
<i>Name</i>	<i>Relationship to Child</i>	<i>Age</i>	<i>Gender</i>

## 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*