



APPLICATION FOR CHILDCARE 2019-2020
(Fleetwood Campus)

Date Rec'd: _____

Start Date: _____

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

Family Surname: _____ Home Ph: _____

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

Gender: M F Birthdate: ____ / ____ / ____ BC Personal Health #: _____
YYYY MM DD

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

CHOOSE ONE

Junior Kindergarten M/W 9:00am-1:00pm \$268/mo. **3&4 year old program** T/TH 9:00am-1:00pm \$220/mo.
4 year olds only Friday 9:15am-1:15pm

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

Gender: M F Birthdate: ____ / ____ / ____ BC Personal Health #: _____
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Residency Status: Cdn. Citizen Permanent Resident On student visa Language spoken at home: English Other: _____

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HOUSEHOLD INFORMATION

Primary Phone Number: _____ Primary Email Address: _____

The child(ren) will live with: 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 preschool:

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:
Phone:	Church
Are there any special family circumstances the school should know about?	
Emergency Contact and persons who have permission to pick up your child from preschool:	
1. _____	_____
<i>Name</i>	<i>Relationship to Student</i>
2. _____	_____
<i>Name</i>	<i>Relationship to Student</i>
3. _____	_____
<i>Name</i>	<i>Relationship to Student</i>
Out of Area Contact in the event local telephone lines are out of order:	
_____	_____
<i>Name</i>	<i>Relationship to Student</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 preschool?	
Name:	Phone:
Why are you considering our preschool?	
Names of others living in the household	
1. _____	_____
<i>Name</i>	<i>Relationship to Child</i>
2. _____	_____
<i>Name</i>	<i>Relationship to Child</i>
3. _____	_____
<i>Name</i>	<i>Relationship to Child</i>
4. _____	_____
<i>Name</i>	<i>Relationship to Child</i>
Personal Information for the Preschool	
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 preschool 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