



APPLICATION FOR OUT OF SCHOOL CARE 2018-2019

SURREY CHRISTIAN SCHOOL

EDUCATING FOR WHOLENESS

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

Date rec'd _____ Start date: _____

1. Student's full _____
 legal name: *First* _____ *Middle* _____ *Surname* _____ *Name child responds to* _____
 Grade in Sept. 2018: _____
 Gender: M F Birthdate: ____ / ____ / ____ BC Personal Health #: _____
 YYY Y MM DD
 Registering for: Before school care Which days does your child need care?
 After school care _____
 Before and after school care

2. Student's full _____
 legal name: *First* _____ *Middle* _____ *Surname* _____ *Name child responds to* _____
 Grade in Sept. 2018: _____
 Gender: M F Birthdate: ____ / ____ / ____ BC Personal Health #: _____
 YYY Y MM DD
 Registering for: Before school care Which days does your child need care?
 After school care _____
 Before and after school care

HOUSEHOLD INFORMATION

Primary Phone Number: _____ Primary Email Address: _____

The child(ren) will live with: Parents Guardian Mother Father Foster parent

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

Mother: _____
First Name _____ *Last Name* _____ *E-mail (if different than above)* _____

Occupation _____ Employer _____

Work Phone _____ Cell Phone _____

Father: _____
First Name _____ *Last Name* _____ *E-mail (if different than above)* _____

Occupation _____ Employer _____

Work Phone _____ Cell Phone _____

Mailing address of family:

House & Street _____ City _____ Postal Code _____

Family Doctor:

Doctor Phone:

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.

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

Emergency Contact and persons who have permission to pick up your child from Out of School Care:

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

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? _____

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. **Field Trip Consent:** Students occasionally go on a walk through the neighbourhood or go on a field trip (transportation provided by school).

I/We consent to having my child go on field trips during the school year 2018-2019

Parent/guardian signature

2. **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, yearbook, publications or on our website. The school only publishes first names of students.

Parent/guardian signature

3. **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

4. **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

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 notice to the school at month-end, or pay 1 month of tuition in lieu of notice.

Parent/guardian signature