

KINDERGARTEN APPLICATION



Harvest City

CHRISTIAN ACADEMY

HARVEST CITY CHRISTIAN ACADEMY

Date _____ 20____



This application must be filled out completely prior to your interview. All forms in the application package must be brought to the main school office a minimum of 2 days before your scheduled interview.

An interview with the parent(s)/guardian(s) and the student will be required before final acceptance. If at that time we feel that your family and Harvest City Christian Academy are a good fit, you will be contacted to complete the registration process.

How did you hear about this school? _____

Reason for selecting a Christian school: _____

PART 1 — STUDENT DEMOGRAPHICS (PLEASE PRINT CLEARLY)

Student's Legal Name: _____
(Last) (First) (Middle)

Preferred Name Used (If different than legal name): _____

Birthdate: ____/____/____ (mm/dd/yyyy) Age: _____ Gender: Male Female

Did student attend a preschool: _____ If yes which preschool: _____

Is student currently attending a Kindergarten program? _____ If yes, at which school? _____

Please list any additional previous schools: _____

Home Phone: _____

Address: _____

Apartment # House # Street City Postal Code

Student Resides with (check one that applies): Mother & Father Mother Only Father Only Guardian/Other

Names of Sibling(s) at this school: _____

Emergency Contact Name (Other than Parent): _____

Phone No. of Emergency Contact: _____

Emergency Contact #2 Name (Other than Parent/Guardian): _____

Phone No. of Emergency Contact: _____

Medical information or allergies the school should be aware of: _____

Additional Information: (Custody, Medical, Social etc.): _____

Does this student have any medication and/or procedures that are required to be administered during the regular school hours?
This would include an asthma inhaler. _____ YES _____ NO

If you answered YES to the above question, please ask for a Parental Release & Authorization Form, and/or an Asthma Management Plan Form from the school office, before the first day of your student's attendance in school.

Please provide a copy of the student's Birth Certificate.

COPY PROVIDED ____ (CHECK)

Country of Birth: _____ Country(ies) of Citizenship: _____

First Language Spoken at Home: _____

Second Language Spoken at Home: _____

In the last school year, has the student received English-Language support? yes no

Is one or more parent/guardian a Canadian/Permanent Resident? yes no *If no, please contact Newcomer Welcome Center for registration.*

If the Student is **NOT** a Canadian Citizen, please check one of the below to indicate what type of Residency applies to the Student:

- Permanent Resident Temporary Resident Refugee Student/Visitor Visa

FOR OFFICE USE ONLY: Please visually inspect student and parent documents.

Proof of Canadian Status for student was visually witnessed by: _____
Document Witnessed: Canadian Birth Certificate Canadian Citizenship Certificate Canadian Passport Certificate of Indian Status

If the Student is not a Canadian Citizen, please provide a copy of a Permanent Resident Card OR Student Visa OR Study Permit.

COPY PROVIDED ____ (CHECK)

SELF-DECLARATION INFORMATION:

Information on Indigenous ancestry is collected by the Ministry of Education to inform educational services and program decisions at the local and provincial levels. Self-declaration is voluntary and is not mandatory. Schools are required to provide students with the opportunity to self-declare their ancestry.

Indigenous people are those who identify themselves to be First Nations/Registered/Treaty/Status, First Nations/Non-Registered/Non-Status, Métis, or Inuit. Based on this definition, do you consider the student that you are registering to be an Indigenous person? Yes ____ No ____

If **Yes**, please check the box that best identifies the student.

- First Nations/Registered/Treaty/Status
 First Nations/Non-Registered/Non-Status Métis Inuit

PART 2 — PARENTAL CONTACT INFORMATION (PLEASE PRINT CLEARLY)

- Married Single Widowed Remarried Blended Family Separated/Divorced

Parent/Guardian Contact #1:

____ Mr. ____ Mrs. ____ Ms. _____
First Name Last Name

Relationship to Student : _____
(i.e. Mother, Father, Guardian, etc.)

____ Lives with student ... OR give address below

Address: _____
Apartment #/House # Street City Postal Code

Daytime Phone (Business): _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Parent/Guardian Contact #2:

____ Mr. ____ Mrs. ____ Ms. _____
First Name Last Name

Relationship to Student : _____
(i.e. Mother, Father, Guardian, etc.)

____ Lives with student ... OR give address below

Address: _____
Apartment #/House # Street City Postal Code

Daytime Phone (Business): _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Church Attending _____ Pastor _____

Father: Christian? Yes ____ No ____ Mother: Christian? Yes ____ No ____ Guardian/Other: Christian? Yes ____ No ____

Has applicant (student) ever made a profession of faith in Christ? Yes ____ No ____

If yes, brief description: _____

PART 4 — STUDENT HISTORY (PLEASE PRINT CLEARLY)

Has this student ever been TESTED for, or DIAGNOSED as having any of the following:

Psychological Assessment	Tested: No <input type="checkbox"/>	Yes <input type="checkbox"/>	In Progress <input type="checkbox"/>	Date: _____	Diagnosis: _____
ADD / ADHD / ADD atypical type:	Tested: No <input type="checkbox"/>	Yes <input type="checkbox"/>	In Progress <input type="checkbox"/>	Date: _____	Diagnosis: _____
Auditory Processing Disorder:	Tested: No <input type="checkbox"/>	Yes <input type="checkbox"/>	In Progress <input type="checkbox"/>	Date: _____	Diagnosis: _____
Autism Spectrum Disorder:	Tested: No <input type="checkbox"/>	Yes <input type="checkbox"/>	In Progress <input type="checkbox"/>	Date: _____	Diagnosis: _____
Learning Disability:	Tested: No <input type="checkbox"/>	Yes <input type="checkbox"/>	In Progress <input type="checkbox"/>	Date: _____	Diagnosis: _____
Physical or sensory difficulties:	Tested: No <input type="checkbox"/>	Yes <input type="checkbox"/>	In Progress <input type="checkbox"/>	Date: _____	Diagnosis: _____
Other: _____	Tested: No <input type="checkbox"/>	Yes <input type="checkbox"/>	In Progress <input type="checkbox"/>	Date: _____	Diagnosis: _____

Most recent eye examination: _____ Most recent hearing test: _____
(date of examination) (date of test)

TRANSPORTATION AGREEMENT:

I/we are aware that the school does not offer bussing or transportation. I/we will arrange our own transportation or call other families to arrange for carpooling.

Parent/Guardian Name - Please Print (Parent/Guardian signature) (Date signed)

CONSENT TO CONTACT FORMER SCHOOL(S):

I/we hereby give permission for the exchange of information between Harvest City Christian Academy and the students' former school(s)

Student Name - Please Print

Parent/Guardian Name - Please Print (Parent/Guardian signature) (Date signed)

Parent/Guardian Name - Please Print (Parent/Guardian signature) (Date signed)

STATEMENT OF COMMITMENT:

The education of children is a cooperative venture between parents and the school, and therefore, I/we agree to abide by the policies and regulations of Harvest City Christian Academy, and agree to uphold the decisions of the school administration. By signing this form, you have agreed that all information given is true, current and correct. Any information knowingly omitted or falsified by a parent may result in an application being rejected or the possibility of that student being removed from enrollment in the program.

Parent/Guardian Name - Please Print Parent/Guardian signature (Date signed)

Parent/Guardian Name - Please Print Parent/Guardian signature (Date signed)

Our Mission

To assist parents by providing a quality, Bible-based education in a Christian environment. This is accomplished by nurturing each child to grow spiritually, academically, socially, and physically, with an emphasis on Christian values and character development.