



For Office Use Only	
Date rec'd _____	Interview Date: _____
Registration Fees \$ _____	
Birth Certificate <input type="checkbox"/>	Immunization Record <input type="checkbox"/>

Kindergarten (K3, K4) Application / Information Form

** Please Print & Complete both sides of this

Student Information (This form is to be completed by the Applicant's Parent or Guardian)

Student's Full Legal Name <small>(first/middle/last)</small>		Student's Preferred Name
Date of Birth <small>(day/month/year)</small>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Student's Medicare Number:
Applying for: K3 <input type="checkbox"/> K4 <input type="checkbox"/> K4 five days <input type="checkbox"/>	Canadian Citizen Yes <input type="checkbox"/>	If No, Citizenship:

Family Information

Father's Name	Lives with the child/ren Yes <input type="checkbox"/> No <input type="checkbox"/>
Mother's Name	Lives with the child/ren Yes <input type="checkbox"/> No <input type="checkbox"/>
Guardian's Name	Lives with the child/ren Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Address	City Province
Postal Code	Home ☎ ()
E-mail Address <small>(Helpful for Home to School Communications)</small>	
Father's Business ☎ ()	Mother's Business ☎ ()
Father's Cell ☎	Mother's Cell ☎
Father's Occupation	Mother's Occupation
Emergency Contacts (When parent/guardian is unavailable)	Phone ()
1.	
2.	Phone ()

Other Children in the Family

Name	Age	School Attending
Name	Age	School Attending
Name	Age	School Attending
Language Spoken in the Home		

Additional Information

**Please bring your child's Medicare card and Immunization record when submitting this application.

Has applicant any health or physical limitations? If Yes please explain.

Any allergies or life threatening conditions? If Yes please explain.

If the applicant needs to take any type of medication regularly, please obtain and complete a more detailed Health Form from the school office.

Doctor's Name

Phone ☎ ()

Church Membership or Attendance

Address

City

Province

Postal Code

Pastor's Name

Phone ☎ ()

IF THIS IS YOUR FIRST CHILD IN VALLEY CHRISTIAN ACADEMY:
How did you learn about our school:

Your reason for applying for admissions:

Signature of Parent

Date

Signature of Guardian

Date

** To begin the registration process please include your non-refundable application fee:

Early Registration November 1st to February 28th

- \$100.00 for 1st child - \$10.00 each additional child

Late Registration March 1st to July 31st

- \$125.00 for 1st child - \$10.00 each additional child

After August 1st

- \$150.00 for 1st child - \$10.00 each additional child

** Please include a photocopy of the applicants birth certificate and immunization record.

- Students applying for The Pre-school Age 3 Program must be at least 3 years of age on or before December 31 of the year in which they enroll. Children enrolling in the K3 program must be toilet trained.
- Students applying for Kindergarten Age 4 must be at least 4 years of age on or before December 31 of the year in which they enroll.

The application process will be considered complete after an interview and payment of tuition fees (10 post dated cheques; Sept 1st to June 1st). A Letter of Acceptance will be sent prior to the first day of school.