APPLICATION FORM

Teaching to change lives the Bible Way

Date: ______________________________

CHILD'S INFORMATION:

Full Name: ______________________________ Preferred Name: ______________________________

Sex: ____________________ Address ______________________________

Address ______________________________ City ____________________ Province __________

Postal Code ______________________________ Telephone No. ______________________________

Mother's Name			
Address (If different from above			
		Postal Code	
Employer		Home Phone	
Business Phone:		Cell Phone:	

Father's Name			
Address (If different from above			
		Postal Code	
Employer		Home Phone	
Business Phone:		Cell Phone:	

EMERGENCY INFORMATION:

In case of emergency and we are unable to contact either parent, who can we call?

Name: ______________________________ Phone No: ______________________________

Relationship to child: ______________________________ Business No: ______________________________

Persons authorized to take child from centre

Please note: Advanced, written authorization must be provided for anyone who is not on the list:

Name	Relationship to Child	Address	Phone No's

Signed: ______________________________ Date: ______________________________

CITIZENSHIP:

❐Canadian ❐Landed Immigrant ❐Student Visa ❐Other Visa

If not Canadian citizen, please specify date of entry to Canada: ____________________

HEALTH INFORMATION:

Name of Child: ____________________

Sex ____________ Birth Date ____________ Age ____________

Doctors Name ____________ Health Card No: ____________

Doctors Address ____________ Postal Code: ____________

Has the child suffered from any contagious illness within the past two weeks (measles, chicken pox

❐Yes ❐No (If yes, please specify) ____________________

Does the child suffer from any ongoing illness (asthma, epilepsy, allergies, diabetes, etc)

❐Yes ❐No (If yes, please specify) ____________________

Consent for Emergency Medical Treatment

In the case of an emergency due to an accident, sudden illness or any other emergency situation, Medical treatment may be administered by a physician or hospital staff including aneshetic if necessary. However, if at anytime emergency medical treatment is required every possible effort will be made to contact the parent or guardian of the child.

Medication can be administered by a staff member provided it is a current prescription in the original container with the child's name on the label. Non-prescription medicaiton will not be administered by a staff member. All medication must be given to a staff member to be stored in the appropriate lockable container. A medication form must be signed daily by the parent/guardian to authorize staff to administer medication.

Name ____________ Signature ____________ Date ____________

OFFICE USE ONLY

Admission Date: ____________________

❐S.K **❐Grade 1-8** **❐Before and After School**

Fees Monthly: $ ____________ Bi-Weekly $ ____________

Drop off Time: ____________ Pick up Time: ____________

Proof of Age and Name

❐Birth Certificate ❐Passport ❐Baptismal Certificate ❐OSR ❐Other