



# **Little Learners**

A Christian PreSchool Program

ENROLLMENT

FORMS

## Family/Parent Information

Family Surname	Father's First Name
	Mother's First Name
Home Address	
Home Telephone Number	Email Address to Use for School Communication
Father's Occupation	Mother's Occupation
Father's Place of Work	Mother's Place of Work
Work Telephone	Work Telephone
Cell Phone	Cell Phone
Church Membership	Religious Denomination <i>(for statistical use only)</i>
Additional Email Address to Use for School Communications	

## Child/Children's Information

Surname	First Name	M/F	Date of Birth
1.			

**Are you registering for**  **Tuesday**  **Thursday**  **Both Days**

The cost is \$32 per day. Payment is required by cash or cheque payable to HCCS at the end of the month for the number of days that the child was in attendance.

**For Mid-Year Transfers Only** Start Date: \_\_\_\_\_

The day starts at 8:15 and ends at 3:15. Does your child require after hours care? (Available 3:30-4:45)

Yes  No. If yes, pick up time is expected to be: \_\_\_\_\_ The cost is \$5.00 per hour.

Do you give permission for your child's picture to be taken at school and on school trips? We'd like to use photos in our classrooms, newsletters, promotional material, on the website, and on Facebook. Reporters from local newspapers may also be at the school occasionally. HCCS respects the privacy of our students and so will not put student names with photos on our promotional material or on the website. Names may go in the newspaper and in school newsletters. *If your response to these questions is No then your child will be removed from the group before the pictures are taken. We won't post unflattering images.*

Yes  No Parent/Guardian Signature: \_\_\_\_\_

Comments/Concerns: \_\_\_\_\_

HCCS publishes a student and parent directory each year for use by school families. This helps parents to facilitate birthday parties and play dates. Do you give permission for your family name, address, and email address to be published in this directory?  Yes  No. If no, please indicate which information you would like kept confidential:

\_\_\_\_\_

Please include a copy of a recent police check if you would like to accompany students on field trips or volunteer in the school. Police check attached  yes  no  on order

How did you first learn about HCCS?

Road sign  Referred from: \_\_\_\_\_  Facebook  
 At church  Poster (if so, where: \_\_\_\_\_)  Other: \_\_\_\_\_

## Statement of Support

It is the purpose of Heritage Community Christian School to provide a sound academic education integrated with the basic principles of the Christian faith and view of God and His world. This foundation is the basis of our educational goals and gives form to our instructional program. We understand that the concepts of a Christian education philosophy include at least the following:

1. God is the Creator and Sustainer of all things, and the source of all truth. God has revealed Himself in a general way in His world and universe and in a specific way in the Bible, through Jesus Christ and the working of the Holy Spirit.
2. The home, the church, and the school should complement each other, promoting the student's spiritual, academic, social and physical growth. The teacher represents the parental care during the school day.
3. God has given different abilities to each student. It is the teacher's responsibility to challenge each child according to his/her ability and to seek to teach him/her at the appropriate academic level.
4. The Christian is not to be conformed to the world, but must recognize his/her responsibility and his/her role in our democratic society. The teaching of the discernment is an integral part of education at HCCS.
5. The student's home, church, school experience and training should be a preparation for life; a life of fellowship with God and service to man.
6. God's word gives parents the primary responsibility for nurturing their children, so HCCS is a school with a high degree of parental participation and it is encouraged through volunteering.
7. The foregoing principles are integrated into each area of curriculum.

## Consent

- A. I have read the Statement of Support and understand the state purpose and philosophy of HCCS, and fully support such a Christian educational program for our child(ren).
- B. In making application for my child(ren) to attend HCCS, I agree to support the school:
1. in maintaining high moral and spiritual standards
  2. in enforcing established rules and regulations
  3. in school programs and projects (for example Bible class, Health class, novel studies)
  4. in the discipline taken to ensure good order and a proper learning environment
  5. by fulfilling my financial obligations monthly
  6. by providing prayerful support for the school community.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Student Information Sheet

Please submit one page for each student that will be enrolled. This forms will be used by staff on school trips.

### Student Information:

Given Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Surname: \_\_\_\_\_  
If a different version of your child's given name is preferred please spell it here: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Names of Brothers: \_\_\_\_\_ Names of Sisters: \_\_\_\_\_

Verification of Birth: (please attach a copy for the student file)

Birth Certificate: \_\_\_\_\_ Baptismal Certificate: \_\_\_\_\_ Passport: \_\_\_\_\_ Other: \_\_\_\_\_

**Health Information:** Health Card Number: \_\_\_\_\_ Family Doctor: \_\_\_\_\_

Health Problems (Are there any physical, emotional, or other difficulties that we should be aware of?):

Hearing \_\_\_\_\_ Vision \_\_\_\_\_ Heart \_\_\_\_\_ Speech \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_

Allergies \_\_\_\_\_

Other health information: \_\_\_\_\_

### Please answer the following questions:

Do you give permission for this child to be taken to the doctor or the hospital if the need arises and you cannot be contacted? \_\_ Yes \_\_ No Parent/Guardian signature: \_\_\_\_\_

### Emergency Person to Contact if Parents are Unavailable:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Does your child have any special needs (academic, health, personal, behavioral)? You may attach additional documentation if preferred.

Please list the names of people (other than the child's parents/guardians) who have permission to pick your child up from school. You can add to this list at any time in person or by email or phone.

- 1.
- 2.
- 3.
- 4.