

Enrollment Package



HERITAGE COMMUNITY
CHRISTIAN SCHOOL

Application Procedures

Please complete and submit to the office. Thank you.

Admission to HCCS is based on:

- completion of enrollment forms
- a meeting between the principal and parent(s)
- student screening either through interviews/testing or review of previous report cards

All school age children are eligible for enrollment. Parents must be in agreement with the principles and mission of the school as practiced in the daily operation of HCCS. Parents are invited to become members of the HCCS Society. Once approved, membership privileges include serving on committees and the Board of Directors, plus they may vote on school decisions at membership meetings. You may request a membership application form from the office.

The HCCS Board reserves the right to withhold or withdraw enrollment privileges for any of the following reasons:

- when a student cannot or will not benefit from the school's program
- when facilities are at capacity
- when a student is suspended for serious misbehavior
- when the school and home cannot reach mutual agreement about the nurturing of the child(ren) and/or when there is no desire by the parents to nurture their children in the ways of the Lord thereby conflicting with the purpose and goals of our school.

By signing the enrollment application I/we accept the following:

- As (a) Christian parent(s), I/we desire to have my/our child(ren) receive a Christ-centred education at HCCS.
- I/we agree that my/our child(ren) shall be educated in a manner consistent with the beliefs and objectives of HCCS.
- I/we am/are aware of the Board's policies regarding enrollment and behaviour.
- I/we agree to accept the financial obligation of the tuition rates for the school year.
- I/we understand that I/we are entitled to access to the normal channels and process available to all parents and students regarding the daily educational program at HCCS.

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

Please answer the following questions:

1. Why would you like to enrol your child(ren) in HCCS?

2. How did you first learn about HCCS?

3. Is there additional information your require? If yes, please connect with our office and we can help! Contact ***info@hccs.ca***.

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:

- in maintaining high moral and spiritual standards
- in enforcing established rules and regulations in school programs and projects (for example Bible class, Health class, novel studies)
- in the discipline taken to ensure good order and a proper learning environment
- by fulfilling my financial obligations monthly
- by providing prayerful support for the school community.

C. I/We agree to support and encourage a safe and caring school environment which is conducive to effective learning, and to nurture attitudes of mutual respect and trust of leadership, parents and staff. Communications will be done in a Christian manner of love, acceptance and seeking the welfare of others.

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

Family/Parent Information

Family Surname	Father's First Name
	Mother's First Name
Home Address	
Home Telephone Number	Email Addresses 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 (<i>Father</i>)	Cell Phone (<i>Mother</i>)
Church Membership Religious Denomination (<i>for statistical use only</i>)	

Child/Children's Information

Surname	First Name	M/F	Date of Birth	Last Grade Completed	Last School Attended
1.					
2.					
3.					
4.					

For Mid-Year Transfers Only Start Date: _____

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.*

Yes No Parent/Guardian Signature: _____

Comments/Concerns: _____

Do you grant permission to transfer student files (Ontario Student Record) to HCCS? Yes No

A clear **vulnerable sector check** is required for volunteering with students or participating in class trips.

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

**For Office Use Only:*

Vulnerable Sector Check Received and on File _____ Date Received: _____

Student Registration Form

Child One

Student Information Sheet

Given Name: _____

Middle Name: _____

Surname: _____

If different than given name, please indicate your child's preferred name:

List of Siblings: _____

Date of Birth: _____

Gender: _____

Verification of birth is needed for Ontario Student Records. Please attach a copy of the following:

- Birth Certificate
- Baptismal Certificate
- Passport
- Other: _____

Health Information

Family Doctor: _____

Allergies: _____

Other Health Concerns:

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

- Hearing
- Vision
- Heart
- Speech
- Asthma
- Diabetes

Note: You must report our child's immunizations to the local [Health Unit](#). See this link for more information.

Does your child have any special needs (academic, health, personal, behavioral)? Please attach additional documentation as given by your family doctor or specialist.

I give permission for my child to be taken to a doctor or hospital if the need arises and I cannot be contacted.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact

Emergency contact person if parents are unavailable.

Name: _____

Relationship: _____

Home #: _____

Cell #: _____

Please list the names of people, other than parents/guardians, who have permission to pick up your child from school. This list can be altered any time through the office.

Person 1: _____

Person 2: _____

Student Registration Form

Child Two

Student Information Sheet

Given Name: _____

Middle Name: _____

Surname: _____

If different than given name, please indicate your child's preferred name:

List of Siblings: _____

Date of Birth: _____

Gender: _____

Verification of birth is needed for Ontario Student Records. Please attach a copy of the following:

- Birth Certificate
- Baptismal Certificate
- Passport
- Other: _____

Health Information

Family Doctor: _____

Allergies: _____

Other Health Concerns:

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

- Hearing
- Vision
- Heart
- Speech
- Asthma
- Diabetes

Note: You must report our child's immunizations to the local [Health Unit](#). See this link for more information.

Does your child have any special needs (academic, health, personal, behavioral)? Please attach additional documentation as given by your family doctor or specialist.

I give permission for my child to be taken to a doctor or hospital if the need arises and I cannot be contacted.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact

Emergency contact person if parents are unavailable.

Name: _____

Relationship: _____

Home #: _____

Cell #: _____

Please list the names of people, other than parents/guardians, who have permission to pick up your child from school. This list can be altered any time through the office.

Person 1: _____

Person 2: _____

Student Registration Form

Child Three

Student Information Sheet

Given Name: _____

Middle Name: _____

Surname: _____

If different than given name, please indicate your child's preferred name:

List of Siblings: _____

Date of Birth: _____

Gender: _____

Verification of birth is needed for Ontario Student Records. Please attach a copy of the following:

- Birth Certificate
- Baptismal Certificate
- Passport
- Other: _____

Health Information

Family Doctor: _____

Allergies: _____

Other Health Concerns:

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

- Hearing
- Vision
- Heart
- Speech
- Asthma
- Diabetes

Note: You must report our child's immunizations to the local [Health Unit](#). See this link for more information.

Does your child have any special needs (academic, health, personal, behavioral)? Please attach additional documentation as given by your family doctor or specialist.

I give permission for my child to be taken to a doctor or hospital if the need arises and I cannot be contacted.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact

Emergency contact person if parents are unavailable.

Name: _____

Relationship: _____

Home #: _____

Cell #: _____

Please list the names of people, other than parents/guardians, who have permission to pick up your child from school. This list can be altered any time through the office.

Person 1: _____

Person 2: _____

Student Registration Form

Child Four

Student Information Sheet

Given Name: _____

Middle Name: _____

Surname: _____

If different than given name, please indicate your child's preferred name:

List of Siblings: _____

Date of Birth: _____

Gender: _____

Verification of birth is needed for Ontario Student Records. Please attach a copy of the following:

- Birth Certificate
- Baptismal Certificate
- Passport
- Other: _____

Health Information

Family Doctor: _____

Allergies: _____

Other Health Concerns:

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

- Hearing
- Vision
- Heart
- Speech
- Asthma
- Diabetes

Note: You must report our child's immunizations to the local [Health Unit](#). See this link for more information.

Does your child have any special needs (academic, health, personal, behavioral)? Please attach additional documentation as given by your family doctor or specialist.

I give permission for my child to be taken to a doctor or hospital if the need arises and I cannot be contacted.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact

Emergency contact person if parents are unavailable.

Name: _____

Relationship: _____

Home #: _____

Cell #: _____

Please list the names of people, other than parents/guardians, who have permission to pick up your child from school. This list can be altered any time through the office.

Person 1: _____

Person 2: _____

Kindergarten Registration Form (if applicable)

Please indicate which Kindergarten program your child is registering for:

- Part Time Junior Kindergarten (Mon Wed Fri)
- Full Time (5 Day) Junior Kindergarten
- Full Time (5 Day) Senior Kindergarten

Student Information Sheet

Given Name: _____

Middle Name: _____

Surname: _____

If different than given name, please indicate your child's preferred name:

List of Siblings: _____

Date of Birth: _____

Gender: _____

Verification of birth is needed for Ontario Student Records. Please attach a copy of the following:

- Birth Certificate
- Baptismal Certificate
- Passport
- Other: _____

Health Information

Family Doctor: _____

Allergies: _____

Other Health Concerns:

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

- Hearing
- Vision
- Heart
- Speech
- Asthma
- Diabetes

Note: You must report our child's immunizations to the local [Health Unit](#). See this link for more information.

Does your child have any special needs (academic, health, personal, behavioral)?

Please attach additional documentation as given by your family doctor or specialist.

I give permission for my child to be taken to a doctor or hospital if the need arises and I cannot be contacted.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact

Emergency contact person if parents are unavailable.

Name: _____

Relationship: _____

Home #: _____

Cell #: _____

Please list the names of people, other than parents/guardians, who have permission to pick up your child from school. This list can be altered any time through the office.

Person 1: _____

Person 1: _____

Child Care Program

The Ministry of Education requires parents/guardians of students in After School Care program to sign the attached form indicating your understanding that your child is enrolled in an unlicensed child care program.

Please sign and return the form for our files.

DISCLOSURE TO PARENTS

Child Care and Early Years Act, 2014

Provider Name: Heritage Community Christian School

Provider Address: 7463 County Road 28, Addison, Ontario KOE 1A0

In accordance with the duty to disclose to parents when a child care program is not licensed, please be advised that:

This child care program is not licensed by the Government of Ontario.

In accordance with the requirement to maintain a written record of the disclosure to parents, please complete this form to acknowledge that you have received a written disclosure as required by the Act.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Nut Allergies

This letter is to inform you that some students at HCCS have a severe food allergy to peanuts/nuts. It is important that there is strict avoidance to this food in order to prevent a life-threatening allergic reaction. We are asking your help to provide the students with a safe school environment. Do not send any peanut or nut containing products to school with your child. If your child has eaten peanuts/nuts before coming to school, please be sure your child's hands and face have been thoroughly washed before entering the school.

Parents often send in treats to celebrate birthdays. Please also ensure that these are nut free.

I have read and understand the peanut/nut free classroom procedures.

Parent/Guardian Signature: _____ Date: _____