



The Edmonton Society for Christian Education

14304 – 109 Avenue
Edmonton, AB T6N 1H6

Phone: 780-476-6281 Fax: 780-454-0261
Website: www.edmchristian.net

Application for Enrolment in the Edmonton Christian Preschool 2010/2011

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE ENROLMENT FORM

This enrolment form is a legal document. It must be accurate and complete.

Before a student can be registered in Edmonton Christian Preschool, an application for enrolment must be completed in its entirety, signed by the parent or guardian and accepted by The Edmonton Society for Christian Education (ESCE).

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPP)

The personal information collected on this form is part of ESCE's enrolment process. All personal information collected during the enrolment process will be used to determine if the Preschool program will be in the best interests of your child(ren) and ensure a safe and secure school environment.

ESCE believes the uses listed below are part of a vital, healthy and functioning preschool and participation of all students is important and encouraged. The following are activities where personal information may be used by ESCE:(subject to your approval – see questions 7 & 8 on the following page):

- 1) Publishing your child(ren)'s work and/or photographs of your child/(ren)/family taken during public ESCE or Preschool events in ESCE publications, including the website.
- 2) Publishing family names, addresses and phone numbers in our annual directory.

If you have any questions or concerns regarding the collection and the intended purposes of this information, please contact the Development Coordinator of the Edmonton Society for Christian Education @ 780-408-7933.

Parent (or Legal Guardian) Information

First Parent/Guardian		Second Parent/Guardian	
Name:		Name:	
Address:		Address (if different):	
City, Province, Postal Code:		City, Province, Postal Code:	
Relationship to Student: Father: <input type="checkbox"/> Mother: <input type="checkbox"/> Other: _____		Relationship to Student: Father: <input type="checkbox"/> Mother: <input type="checkbox"/> Other: _____	
Home Phone:	Business Phone:	Home Phone:	Business Phone:
Cell Phone:		Cell Phone:	
E-Mail Address:		E-Mail Address:	
Church Currently Attending:		Church Currently Attending:	

Student Information

Student First Name:	Middle Name:	Last Name:
Address (If different):	Birth Date:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>

Please provide brief answers to the following questions:

1. How did you learn about Edmonton Christian Preschool?

2. Why do you desire a Christian Preschool for your child? _____

3. Do you have other children in Edmonton Christian School?

_____Yes _____No

4. Have you read and do you agree with the **Vision, Mission and Program Guiding Principles** of The Edmonton Society for Christian Education (*enclosed*)?

_____Yes _____No

5. How are you providing a home environment that supports and reinforces our Christian program?

6. Are there any questions or concerns regarding the Preschool program that you would like to discuss at the pre-enrolment interview?

7. Do you give the Society permission to publish your names, addresses and phone numbers in our annual directory? (Names will **NOT** be published unless you give specific permission)

_____Yes _____No

8. Do you give the Society permission to publish your child's school work and/or photographs of your children/family taken during public Society or school events in Society publications and promotions, including the Society website?

____Yes _____No

New and Important:

The Edmonton Christian Preschool is a parent participation program. Parents of each child in the program assist the teacher for an entire class on a rotating basis, usually once every 6-8 weeks. Parents may also ask grandparents or other relatives to assist on this roster. The government of Alberta now requires all teachers, parents and adults who supervise children in Preschools to consent to a police information check including a vulnerable sector search. Children can be registered in Edmonton Christian Preschool only when all of their relatives on the roster are cleared by this search. For more information, go to: <http://www.edmontonpolice.ca/communitypolicing/operationalservices/policeinformationcheck.aspx>

9. Do you give the Society permission to obtain police information checks for all parents, legal guardians and adults that will be supervising your Preschool child in 2010-11?

_____Yes _____No

Classes Available

Please choose the Preschool you would like your child to attend:

Northeast Preschool
5940 159 Avenue

West Preschool
14345 McQueen Road

Please choose the class you would prefer for your child. Choose classes for one preschool only! At West Preschool you may choose a one day option: Wednesday mornings. That morning can also be used as a three-day option.

Northeast Preschool

Morning class: 8:30 – 11:00
Afternoon class: 12:15 – 2:45
First Choice Second Choice

Monday & Wednesday Morning _____ _____

Monday & Wednesday Afternoon _____ _____

West Preschool

Morning classes: 8:45 – 11:15
First Choice Second Choice

Monday & Thursday morning _____ _____

Tuesday & Friday morning _____ _____

Wednesday morning _____ _____

****Please Note:**

- 1) The class maximum is 16 children. Classes will not run unless 10 or more children are registered.
- 2) Four-year-old children are given priority for admission. Three-year-olds are admitted after August 15 as space permits. Two-year-olds cannot be admitted to a Preschool program.
- 3) Children must be toilet trained.
- 4) The Edmonton Christian Preschool does not have the facilities or license to accommodate children with special needs.

PARENT COMMITMENT:

The undersigned hereby indicate that we:

- Understand and agree with the Vision, Mission and Program Guiding Principles of The Edmonton Society for Christian Education (*enclosed*).
- Enrol our child because of our desire that my/our child receive a Christian education.
- Agree to support the policies of The Edmonton Society for Christian Education.
- Will attend a pre-enrolment interview together with my/our child.
- Will assist in our child's class when assigned or find our own replacement if necessary.
- Agree, as a condition of enrolment, to pay the fees in the manner indicated on the back of this application.

We certify that the facts in the above application are true and complete to the best of my/our knowledge.

First Parent/Guardian's Signature

Second Parent/Guardian's Signature

Office Use Only:

Enrolment Accepted by: _____ Date: _____
Peter Buisman, Executive Director

Campus: _____ Class: _____ Start Date: _____

Edmonton Christian Preschool Program Fees

**These fees
may change
for 2010-11**

Program Fees	Yearly Amount (9 months)	Monthly Amount
One student – One day a week	\$315.00	\$35.00
One student – Two days a week	\$630.00	\$70.00
One student – Three days a week	\$945.00	\$105.00

Application Fee: A \$25 **non-refundable** application fee (payable to the Edmonton Society for Christian Education) must be attached to this application form. This fee is used to process your application; it is not applied to your program fees.

METHOD OF PAYMENT

PAYMENT IN FULL BY CHEQUE* OR CASH by September 1

POST-DATED CHEQUES* (payments should be divided equally over 9 months)
Please have cheques in to the Society office by September 1

****Please make cheques payable to The Edmonton Society for Christian Education***

IF PAYING BY CREDIT CARD:

In full by September 1

Monthly Payments on the last business day of each month.

Card # _____ Expiry Date _____

Cardholder's Name _____ Signature _____

IF PAYING BY AUTOMATIC BANK WITHDRAWAL:
A VOID cheque must be attached to this application.

The undersigned:

- Authorize the Edmonton Society for Christian Education (the Society) to debit my/our account for monthly payments on the 1st or 15th of each month.

Applicant Signatures: _____ Date: _____

Applicant Name (Please print) : _____

Medical Information

Child's Name _____

This information is being collected for preschool purposes only so that we can meet any special needs your child may have. The information will be made available to the preschool teacher; otherwise it will be kept in confidential files at the Society Office.

Doctor Name:	Doctor Address:	Doctor Phone:
Alberta Health Care Number:		
Emergency Contact (not a parent/guardian) Name:	Phone:	Relationship:
Emergency Contact Address		
Emergency Contact 2 (not a parent/guardian) Name:	Phone:	Relationship:
Emergency Contact 2 Address		
Individuals who may pick up child: Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

1) List all medications your child is currently taking:

2) List allergies and other health related issues:

3) Is your child fully immunized ? ___ Yes ___ No. If not, when and what was the last immunization: _____

4) Are there any social/behavioral concerns we should be aware of? _____

I, parent/guardian, agree to allow Edmonton Christian Preschool to obtain emergency medical care for my child, should the need arise. I, parent/guardian, agree to reimburse all costs incurred by the Society.

Parent/ Guardian Name (Please Print) _____

Parent/ Guardian Signature _____ Date: _____

(Please also complete the Emergency Card included in this package)