



Harvest City

CHRISTIAN ACADEMY

TO BE COMPLETED AND BROUGHT TO SCHOOL OFFICE PRIOR TO INTERVIEW

- ☐ Fully completed Application Form
- ☐ Tuition Worksheet Form
- ☐ Standard of Conduct Form
- ☐ Pastoral Reference Form
- ☐ Copy of Birth Certificate
- ☐ Copy of Health Care Card
- ☐ Copy of Immunization Record
- ☐ Copy of Permanent Resident Card OR Student Visa OR Study permit if student is not a Canadian Citizen
- ☐ Copy of most recent Report Card

APPLICATION FORM



Harvest City
CHRISTIAN ACADEMY

HARVEST CITY CHRISTIAN ACADEMY

Date _____ 20____



This application must be filled out completely prior to your interview. All forms in the application package must be brought to the main school office a minimum of 2 days before your scheduled interview.

An interview with the parents and the child will be required before final acceptance. If at that time we feel that your family and Harvest City Christian Academy are a good fit, you will be contacted to complete the registration process.

How did you hear about this school? _____

Reason for selecting a Christian school: _____

PART 1 — STUDENT DEMOGRAPHICS (PLEASE PRINT CLEARLY)

Student's Legal Name: _____
(Last) (First) (Middle)

Name Used (If different than legal name): _____

Birthdate: _____ / _____ / _____ (mm/dd/yyyy) Age: _____ Gender: ☐ Male ☐ Female

Grade Completed: _____ Entering HCCA in Grade: _____ Start Date: _____

Home Phone: _____ ☐ Listed ☐ Unlisted

Address: _____

Apartment # House # Street City Postal Code

Student Resides with (check one that applies): ☐ Mother & Father ☐ Mother Only ☐ Father Only ☐ Guardian

Names of Sibling(s) at this school: _____

Former Schools Attended: School Name: _____ date: _____

School Name: _____ date: _____

School Name: _____ date: _____

Emergency Contact Name (Other than Parent): _____

Phone No. of Emergency Contact: _____

MEDICAL INFORMATION

Health Services Numbers (HSN): _____ This number is collected and used at the school level to address emergent medical situations. The Ministry of Education uses the HSN to ensure students' educational needs are being met. The Ministry of Education will not use the HSN for any other purpose.

School registration information, including HSN, may also be provided to the Regional Health Authority (RHA) for the purpose of arranging, assessing the need for, providing, continuing or supporting the provision of a service requested or required by the student. PLEASE NOTE: Prior to any service being provided to the student by the RHA, express consent will be obtained from the parent/guardian or student (if older than 18 years.)

Medical Information or allergies the school should be aware of: _____

Additional Information: (Custody, Medical, etc.): _____

Does your child have any medication and/or procedures that are required to be administered during the regular school hours?
_____ YES _____ NO

If you answered YES to the above question, please ask for a Parental Release & Authorization Form from the school office, before the first day of your child's attendance in school.

Please provide a copy of the student's Birth Certificate.

COPY PROVIDED ____ (CHECK)

Country of Birth: _____ Country(ies) of Citizenship: _____

First Language Spoken at Home: _____

Second Language Spoken at Home: _____

In the last school year, has the student received English-language support? ☐ yes ☐ no

Is one or more parent a Canadian/Permanent Resident? ☐ yes ☐ no *If no, please contact Newcomer Welcome Center for registration.*

If the Student is **NOT** a Canadian Citizen, please check one of the below to indicate what type of Resident applies to the Student:

☐ Permanent Resident ☐ Temporary Resident ☐ Refugee ☐ Student/Visitor Visa

FOR OFFICE USE ONLY: Please visually inspect student and parent documents.

☐ Proof of Canadian Status for student was visually witnessed by: _____

Document Witnessed: ☐ Canadian Birth Certificate ☐ Canadian Citizenship Certificate ☐ Canadian Passport ☐ Indian Status Card

If the Student is not a Canadian Citizen, please provide a copy of a Permanent Resident Card OR Student Visa OR Study Permit.

COPY PROVIDED ____ (CHECK)

PART 2 — PARENTAL CONTACT INFORMATION (PLEASE PRINT CLEARLY)

☐ Married ☐ Single ☐ Widowed ☐ Remarried ☐ Blended Family ☐ Separated/Divorced

Parent/Guardian Contact #1:

____ Mr. ____ Mrs. ____ Ms. _____
First Name Last Name

Relationship to Student : _____
(i.e. Mother, Father, Guardian, etc.)

____ Lives with student ... OR give address below

Address: _____
Apartment #/House # Street City Postal Code

Daytime Phone (Business): _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Parent/Guardian Contact #2:

____ Mr. ____ Mrs. ____ Ms. _____
First Name Last Name

Relationship to Student : _____
(i.e. Mother, Father, Guardian, etc.)

____ Lives with student ... OR give address below

Address: _____
Apartment #/House # Street City Postal Code

Daytime Phone (Business): _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Church Attending _____ Pastor _____

Father: Christian? Yes _____ No _____ Mother: Christian? Yes _____ No _____

Has applicant (student) ever made a profession of faith in Christ? Yes _____ No _____

If yes, brief description: _____

PART 3 — STUDENT BEHAVIOUR AND HISTORY (PLEASE PRINT CLEARLY)

What are some of your child’s strengths or things you would like us to know: _____

Has the student ever had academic or behaviour challenges?

Yes ____ No ____ If yes, please explain: _____

Has this student previously been on a school-designed personal program plan in school for learning or behavioural challenges?

Yes ____ No ____ If yes, please explain: _____

Has student ever repeated a grade in school?

Yes ____ No ____ If yes, provide detail: _____

Has the child ever had disciplinary difficulties?

Yes ____ No ____ If yes, provide detail: _____

Has the child ever been expelled, dismissed, suspended, or refused admission to another school?

Yes ____ No ____ If yes, explain: _____

Has child ever been in trouble with the law, arrested, etc. ?

Yes ____ No ____ If yes, explain: _____

Has the child ever used alcohol, tobacco or drugs of any kind?

Yes ____ No ____ If yes, explain: _____

PART 3 — STUDENT BEHAVIOR AND HISTORY CONT. (PLEASE PRINT CLEARLY)

Has the child ever been TESTED for or DIAGNOSED as having any of the following:

ADD / ADHD / ADD atypical type:	Tested:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	/	Diagnosed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Autism Spectrum Disorder:	Tested:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	/	Diagnosed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Learning Disability:	Tested:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	/	Diagnosed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical or sensory difficulties:	Tested:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	/	Diagnosed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: _____	Tested:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	/	Diagnosed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

TRANSPORTATION AGREEMENT:

I/we are aware that the school does not offer bussing or transportation. I/we will arrange our own transportation or call other families to arrange for carpooling.

(Parent's/Guardian's Name - Please Print)

(Parent's/Guardian's signature)

(Date signed)

CONSENT TO CONTACT FORMER SCHOOL(S):

I/we hereby give permission for the exchange of information between Harvest City Christian Academy and the students' former school(s)

Applicant's Name (Student) - Please Print

(Parent's/Guardian's Name - Please Print)

(Parent's/Guardian's signature)

(Date signed)

(Parent's/Guardian's Name - Please Print)

(Parent's/Guardian's signature)

(Date signed)

STATEMENT OF COMMITMENT:

Because the education of children is a cooperative venture between parents and the school, I/we agree to abide by the policies and regulations of Harvest City Christian Academy, and agree to uphold the decisions of the school administration. By signing this form, you have agreed that all information given is true, current and correct. Any information knowingly omitted or falsified by a parent may result in an application being rejected or the possibility of that student being removed from enrollment in the program.

(Parent's/Guardian's Name - Please Print)

(Parent's/Guardian's signature)

(Date signed)

(Parent's/Guardian's Name - Please Print)

(Parent's/Guardian's signature)

(Date signed)

Our Mission

**To assist parents by providing a quality, Bible-based education in a Christian environment.
This is accomplished by nurturing each child to grow spiritually, academically, socially,
and physically, with an emphasis on Christian values and character development.**

2208 8th Avenue North, Regina, Saskatchewan, Canada, S4R 7T9

PHONE 306 569 1935

EMAIL hcca.office@hccmail.ca

INTERNET www.harvestcitychristianacademy.com



TUITION REGISTRATION WORKSHEET 2021/2022

Parent/Guardian Name(s): _____ Date Registered: _____

PART 1 — TUITION FEES

This section is applicable to both EXISTING and NEW families. If you register BY March 31st use the Discount Tuition Fees section. Select your Payment Plan and enter the tuition amount you pay under the appropriate section.

☐ **Discount Tuition Fees** (includes material fees) if registered BY March 31/2021:

Number of Children enrolled	Full Year Tuition (if Paid by August 1st)	Pay over 10 months (September to June)	Pay over 12 months (September to August)
	(7% discount)	(5% discount)	(5% discount)
1 in Kindergarten	\$1,697.25	\$173.38	\$144.48
1 in Grade 1-12	\$2,557.50	\$261.25	\$217.71
2 in Grade K-12	\$3952.50	\$403.75	\$336.46
3 in Grade K-12	\$5115.00	\$522.50	\$435.41
4 in Grade K-12	\$5,487.00	\$560.50	\$467.09
Select your payment plan:	Payment in Full	10 Monthly Payments	12 Monthly Payments
	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____

☐ **Regular Tuition Fees** (includes material fees) if registered AFTER March 31/2021:

Number of Children enrolled	Full Year Tuition	Pay over 10 months (September to June)	Pay over 12 months (September to August)
1 in Kindergarten	\$1,825.00	\$182.50	\$152.08
1 in Grade 1-12	\$2,750.00	\$275.00	\$229.17
2 in Grade K-12	\$4,250.00	\$425.00	\$354.17
3 in Grade K-12	\$5,500.00	\$550.00	\$458.33
4 in Grade K-12	\$5,900.00	\$590.00	\$491.67
Select your payment plan:	Payment in Full	10 Monthly Payments	12 Monthly Payments
	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____

☐ **Paid in Full New Enrollments** if paid before August 28, 2021:

Number of Children enrolled	Full Year Tuition (if Paid before August 28th)
	(5% discount)
1 in Kindergarten	\$1,733.75
1 in Grade 1-12	\$2,612.50
2 in Grade K-12	\$4037.50
3 in Grade K-12	\$5,225.00
4 in Grade K-12	\$5,605.00
Select your payment plan:	Payment in Full
	<input type="checkbox"/> \$ _____

If you enroll more than 4 children, add \$400/year for each additional child (\$40/month over 10 months or \$33.33/month over 12 months)

PART 2 — NON-REFUNDABLE REGISTRATION DEPOSIT

The registration deposit is **due at the time of registration** to secure your spot. The registration deposit will be applied to your account if your child/children attend school in the fall.

Enclose payment as follows:

\$50 per student or

\$100 per family

Payment options (choose one):

☐ I have attached a cheque for \$_____ OR:

☐ Please charge my current account information on file for the above payment of \$_____ and withdraw on _____ (enter preferred date of withdrawal—we need 5 business day lead)

PART 3 — TUITION PAYMENT OPTIONS

Please select ONE option:

☐ **Pre-Authorized Bank Withdrawal** (please indicate below)

☐ A void cheque is attached OR

☐ My account is currently on file

Choose payment withdrawal date:

☐ 1st of the month

☐ Twice a month: half on the _____ (date) and half on the _____ (date)

☐ Monthly on the _____ (specify the date)

☐ Bi-weekly starting on _____ (date)

I hereby authorize the Conexus Credit Union/Harvest City Church to withdraw regular payments from my bank account as stated above.

Signature: _____ Date: _____

OR

☐ **Credit Card:** # _____ Expiry date: _____

Payment withdrawal date: _____ Name on credit card: _____

Security code (3 digit # on back of card): _____

Signature: _____ Date: _____

If you require financial assistance, please call 306-569-1935 ext 1051 and request an interview with Joyce Howard, The Financial Assistance Officer.