

KINDERGARTEN APPLICATION



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)

Preferred 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/Other

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: _____

Emergency Contact #2 Name (Other than Parent): _____

Phone No. of Emergency Contact: _____

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

Additional Information: (Custody, Medical, Social 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 Residency 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 Certificate of Indian Status

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 ____ Guardian/Other: Christian? Yes ____ No ____

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

If yes, brief description: _____

PART 3 — KINDERGARTEN BACKGROUND INFO (PLEASE PRINT CLEARLY)

Additional Information:

Has this child received a hearing test by an audiologist? ___ yes ___ no

Does this child stutter? ___ yes ___ no

Can others understand this child's speech without difficulty? ___ yes ___ no

Do you have any concerns about this child's voice (hoarseness, low pitch, high pitch)? ___ yes ___ no

Does this child often leave off word endings (-s, -ed, -ing)? ___ yes ___ no

Does this child have difficulty retelling the events of stories or TV shows? ___ yes ___ no

Has this child received a vision test by an optometrist? ___ yes ___ no

Does this child wear eye glasses? ___ yes ___ no

Please describe how this child plays (with others, by himself): _____

Please describe how this child expresses his/her feelings: _____

Please describe how this child responds to conflict or correction from others: _____

Please add any additional information that would help us to know this child better: _____

Is there any additional information about your family that you feel this child's teacher/principal should know?



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

Has this 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

Most recent eye examination: _____ Most recent hearing test: _____
Date Date

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/Guardian Name - Please Print Parent/Guardian 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 Name (Student) - Please Print

Parent/Guardian Name - Please Print (Parent's/Guardian's signature) (Date signed)

Parent/Guardian Name - Please Print (Parent's/Guardian's signature) (Date signed)

STATEMENT OF COMMITMENT:

The education of children is a cooperative venture between parents and the school, and therefore, 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/Guardian Name - Please Print Parent/Guardian signature (Date signed)

Parent/Guardian Name - Please Print Parent/Guardian 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.



Harvest City **KINDERGARTEN READINESS CHECKLIST**

CHRISTIAN ACADEMY

It is our desire to give each of our students the best education we can. We believe that in order to give our students a great start to their educational journey, it is important to know as much about each child as possible before they begin their time at school. Please check off all of the boxes that apply to your child. There is no pressure for your child to be able to do everything, but knowing where they are at will help us to support them moving forward.



Student's Name: _____

(First Name)

(Last Name)

1. Academically, my child:

- Can recite the alphabet
- Can recognize and/or name colours
- Knows body parts (ie. head, shoulders, knees, etc.)
- Can put puzzles together
- Talks in sentences
- Is able to retell stories
- Can recognize their name in print
- Attempts to write their first name
- Attempts to write their last name
- Tries to write, scribble or draw
- Is able to recognize upper and lower case letters
- Is able to count to 20
- Is able to write the numbers 1-10
- Is able to identify simple patterns
- Is able to recognize simple rhyming words (ie. cat/bat, go/no, get/met)
- Is able to follow 2-3 step instructions (i.e. "Get your shoes and put them on")

2. Socially/Emotionally, my child:

- Is able to ask how and why questions
- Is able to sit still/quietly while listening to a short story
- Uses words to solve problems when angry or frustrated
- Is able to share with others
- Is able to have patience and wait their turn
- Is able to interact appropriately with peers
- Shows positive listening behaviours



2. Socially/emotionally, my child continued:

- Can follow simple safety rules
- Responds well to correction
- Talks about everyday experiences
- Attempts new tasks knowing it's okay to make a mistake
- Is able to ask for help when necessary
- Is able to stick with an activity until completion
- Is able to comply with rules, limits, and routines
- Is able to separate easily from parents/guardians
- Is able to respect the rights, property, and feelings of others

3. Physically, my child:

- Can cut with scissors
- Enjoys outdoor play such as running, jumping, and climbing
- Can ride a tricycle
- Visits the dentist regularly
- Eats healthy foods
- Is toilet trained
- Can do things on their own such as dress self and put toys away
- Can bounce and catch a ball
- Has good health habits
- Regularly gets 10-12 hours of sleep
- Tries to tie his/her shoes
- Is able to hold a pencil or crayon correctly



TUITION REGISTRATION WORKSHEET 2022/2023

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 31/2022:

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	\$1,767.00	\$180.50	\$150.42
1 in Grade 1-12	\$2,650.50	\$270.75	\$225.63
2 in Grade K-12	\$4,045.50	\$413.25	\$344.38
3 in Grade K-12	\$5,208.00	\$532.00	\$443.33
4 in Grade K-12	\$5,580.00	\$570.00	\$475.00
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 31/2022:

Number of Children enrolled	Full Year Tuition	Pay over 10 months (September to June)	Pay over 12 months (September to August)
1 in Kindergarten	\$1,900.00	\$190.00	\$158.34
1 in Grade 1-12	\$2,850.00	\$285.00	\$237.50
2 in Grade K-12	\$4,350.00	\$435.00	\$362.50
3 in Grade K-12	\$5,600.00	\$560.00	\$466.67
4 in Grade K-12	\$6,000.00	\$600.00	\$500.00
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 29, 2022:

Number of Children enrolled	Full Year Tuition (if Paid before August 29th)
	(5% discount)
1 in Kindergarten	\$1,805.00
1 in Grade 1-12	\$2,707.50
2 in Grade K-12	\$4,132.50
3 in Grade K-12	\$5,320.00
4 in Grade K-12	\$5,700.00
Select your payment plan:	Payment in Full
	<input type="checkbox"/> \$ _____

If you enroll more than 4 children, add \$500/year for each additional child (\$50/month over 10 months or \$41.67/month over 12 months) ... see next page ...

PART 2 — NON-REFUNDABLE REGISTRATION DEPOSIT

The registration deposit is ***due at the time of registration*** and will not be processed until the student/s have been accepted by the Principal to the school. The registration deposit will be applied to your account if your child/children attend school in the fall.

Enclose payment as follows:

- \$75 per student or
- \$150 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 the Financial Assistance Officer.