



# Harvest City

CHRISTIAN ACADEMY

**TO BE COMPLETED AND BROUGHT TO SCHOOL OFFICE PRIOR TO INTERVIEW**

- Fully completed Application Form
- Tuition Worksheet Form
- Pastoral Reference Form
- Standard of Conduct Form
- Kindergarten Readiness Checklist
- 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

# 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)

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 — KINDERGARTEN BACKGROUND INFO (PLEASE PRINT CLEARLY)

### Additional Information:

Has your child received a hearing test by an audiologist?    \_\_\_ yes    \_\_\_no

Does your child stutter?    \_\_\_ yes    \_\_\_no

Can others understand your child's speech without difficulty?    \_\_\_ yes    \_\_\_no

Do you have any concerns about your child's voice (hoarseness, low pitch, high pitch)?    \_\_\_ yes    \_\_\_no

Does your child often leave off word endings (-s, -ed, -ing)?    \_\_\_ yes    \_\_\_no

Does your child have difficulty retelling the events of stories or TV shows? \_\_\_ yes    \_\_\_no

Has your child received a vision test by an optometrist?    \_\_\_ yes    \_\_\_no

Check if your child wears the following:    \_\_\_ eye glasses

Please describe how your child plays (with others, by themself): \_\_\_\_\_

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Please describe how your child expresses his/her feelings: \_\_\_\_\_

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Please add any additional information that would help us to know your child better: \_\_\_\_\_

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

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## 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

### 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.

It is our desire to give each of our students the best education we can. We believe that in order to give our students the best start possible, 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 know where to begin 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 (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 (cat and bat)

## 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 myself
- 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 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.**