



# Harvest City

## CHRISTIAN ACADEMY

### KINDERGARTEN ADMISSION PROCEDURES

1. Submit the following items to the school office:

The Following Completed Forms:

- Application Form
  - Tuition Form
  - Kindergarten Readiness Checklist
  - Pastoral Reference Form
  - Standard of Conduct Form
  
  - Birth Certificate (copy)
  - Student Immunization Record (copy)
  - Permanent Resident Documentation or Student Visa or Study Permit if student is not a Canadian Citizen (copy)
2. Once all of your paperwork has been reviewed, you will receive a call to schedule an interview with the principal.
  3. Once a family is accepted based on whether we feel the student and Harvest City Christian Academy are a good fit, the registration deposit will be due immediately upon acceptance. The amount of the registration deposit is \$75.00/student or \$150.00/family.
  4. Fill out all forms in the Final Registration Packet.
  5. Thoroughly read the student handbook.
  6. The Academy will arrange for your child's previous academic records to be transferred to Harvest City Christian Academy.

For more information regarding our school policies you can go to the website at [www.harvestcitychristianacademy.com](http://www.harvestcitychristianacademy.com) or set up an appointment by calling 306-569-1935

# 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

Did student attend a preschool: \_\_\_\_\_ If yes which preschool: \_\_\_\_\_

Is student currently attending a Kindergarten program? \_\_\_\_\_ If yes, at which school? \_\_\_\_\_

Please list any additional previous schools: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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: \_\_\_\_\_

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? This would include an asthma inhaler. \_\_\_\_\_ YES \_\_\_\_\_ NO

If you answered YES to the above question, please ask for a Parental Release & Authorization Form, and/or an Asthma Management Plan 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)

### SELF-DECLARATION INFORMATION:

Information on Indigenous ancestry is collected in the SDS by the Ministry of Education to inform educational services and program decisions at the local and provincial levels. Self-declaration is voluntary and is not mandatory. Schools are required to provide students with the opportunity to self-declare their ancestry.

Indigenous people are those who identify themselves to be First Nations/Registered/Treaty/Status, First Nations/Non-Registered/Non-Status, Métis, or Inuit. Based on this definition, do you consider the student that you are registering to be an Indigenous person? Yes \_\_\_\_ No \_\_\_\_

If **Yes**, please check the box that best identifies the student.

- First Nations/Registered/Treaty/Status  
 First Nations/Non-Registered/Non-Status  Métis  Inuit

## 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

Has/Does this child see a Speech Language Pathologist (SLP) \_\_\_ yes \_\_\_ no

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

Does this child wear eye glasses? \_\_\_ yes \_\_\_ no

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Please describe how this child plays (independently and with other children) \_\_\_\_\_

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

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

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

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

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## PART 4 — STUDENT HISTORY (PLEASE PRINT CLEARLY)

Has this student ever been TESTED for, or DIAGNOSED as having any of the following:

|                                   |                                     |                              |                                      |             |                  |
|-----------------------------------|-------------------------------------|------------------------------|--------------------------------------|-------------|------------------|
| Psychological Assessment          | Tested: No <input type="checkbox"/> | Yes <input type="checkbox"/> | In Progress <input type="checkbox"/> | Date: _____ | Diagnosis: _____ |
| ADD / ADHD / ADD atypical type:   | Tested: No <input type="checkbox"/> | Yes <input type="checkbox"/> | In Progress <input type="checkbox"/> | Date: _____ | Diagnosis: _____ |
| Auditory Processing Disorder:     | Tested: No <input type="checkbox"/> | Yes <input type="checkbox"/> | In Progress <input type="checkbox"/> | Date: _____ | Diagnosis: _____ |
| Autism Spectrum Disorder:         | Tested: No <input type="checkbox"/> | Yes <input type="checkbox"/> | In Progress <input type="checkbox"/> | Date: _____ | Diagnosis: _____ |
| Learning Disability:              | Tested: No <input type="checkbox"/> | Yes <input type="checkbox"/> | In Progress <input type="checkbox"/> | Date: _____ | Diagnosis: _____ |
| Physical or sensory difficulties: | Tested: No <input type="checkbox"/> | Yes <input type="checkbox"/> | In Progress <input type="checkbox"/> | Date: _____ | Diagnosis: _____ |
| Other: _____                      | Tested: No <input type="checkbox"/> | Yes <input type="checkbox"/> | In Progress <input type="checkbox"/> | Date: _____ | Diagnosis: _____ |

Most recent eye examination: \_\_\_\_\_ Most recent hearing test: \_\_\_\_\_  
(date of examination) (date of test)

### **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/Guardian signature) (Date signed)

\_\_\_\_\_  
Parent/Guardian Name - Please Print (Parent/Guardian 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.