Kindergarten School Registration Form

Lighthouse Christian Academy

2017-2018

Office Use Only	
Reg. Date _____	Student # _____
PD Date _____	PEN # _____

PERSONAL AND FAMILY INFORMATION: (Please Print Clearly)

Student's Usual Name: _____ _____ _____
SURNAME FIRST MIDDLE

Student's Legal Name: _____ Birthdate: _____ _____ _____
Month Day Year

Gender: Male ☐ Female ☐ Birthplace: _____ Home Language: _____

Address: _____ Aboriginal Ancestry: Yes ☐ No ☐

_____ Living With: Mother ☐ Father ☐ Both ☐

Church Attending: _____

Parent (Father/Caregiver): _____ Parent (Mother/Caregiver): _____

Home Phone: _____ Cell Phone: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____ Employer: _____ Work Phone: _____

Email Address: _____ Email Address: _____

Emergency Contact 1: _____ Phone: _____ Cell Phone: _____

Emergency Contact 2: _____ Phone: _____ Cell Phone: _____

Out of Province Contact: _____ Phone: _____ Cell Phone: _____

LEGAL INFORMATION: (Please Print Clearly)

Is there a court order in effect or pending? Yes ☐ No ☐ Copy on File? Yes ☐ No ☐

If YES give details concerning custody, guardianship and access: _____

***NOTE: Copy of an up-to-date court order must be on file with the school**.

Is there anyone to whom your child should NEVER be released? _____

EDUCATIONAL INFORMATION: (Please Print Clearly)

Has the student been involved in any of the following programs? (Check any that apply):
Learning Assistance ☐ Special Education ☐ Speech/Language ☐ Counseling ☐ ESL ☐ French Immersion ☐

If so, give a description: _____

Does the student have any academic or discipline problems? _____

Has the student experienced any social problems? _____

MEDICAL INFORMATION: (Please Print Clearly)

Doctor's Name: _____ Phone: _____ Care Card #: _____

Allergies/Health Conditions: _____
Life-Threatening? Yes ☐ No ☐

Is the student on any medication? Yes ☐ No ☐ Description: _____

INFORMATION TO ATTACH TO APPLICATION FORM: (Check if attached)

☐ $150 non-refundable registration fee, applied to tuition ☐ student VISA/work VISA (if applicable) ☐ statement of faith

☐ 2 current photographs ☐ immunization paperwork ☐ Birth Certificate

PERMISSIONS:

☐ I give my consent for the release of my name, parent info, address, phone #'s and emails for the LCA Family Directory.
☐ I give my consent for the publication of my child's photograph & name in the school yearbook or newsletter.
☐ I give my consent for the publication of my child's photograph in the LCA newsletter, website, Facebook and PR publications.
☐ I give my consent for my child to participate in local, curriculum-based trips, either on the LCA bus/van, other parent's cars or walking.
Parent Signature(s) _____ Date _____
☐ I have read and support the mission, policies and rules of LCA as described in the Student/Parent Handbook.
☐ I agree to abide by the school rules and guide my child to uphold the Discipline Policy of the school as outlined in the Handbook.
Parent Signature(s) _____ Date_____