



ENROLLMENT  
FORMS  
2016-2017

**Form A—Milton Christian School Enrollment Policy 2016-2017**



Admission to Milton Christian School is based on:

- ✓ completion of enrollment forms and the student information sheet
- ✓ an interview/meeting between the principal and parent(s)
- ✓ student screening either through interviews/testing or review of previous report cards

All school age children are eligible for enrollment. Parents must be in agreement with the principles and mission of the school as practiced in the daily operation of MCS. Parents are invited to become members of the **Milton Christian Education Association**. Membership privileges include serving on committees, the Board of Directors, and voting on school decisions at membership meetings. A membership form and copy of the school’s foundational principles have been provided with the enrollment package.

The MCS Board reserves the right to withhold or withdraw enrollment privileges for any of the following reasons:

- when a student cannot or will not benefit from the school’s program
- when facilities are at capacity
- when a student is suspended for serious misbehavior
- when the school and home cannot reach mutual agreement about the nurturing of the child (ren) and/or when there is no desire by the parents to nurture their children in the ways of the Lord thereby conflicting with the purpose and goals of our school

By signing the enrollment application I/we accept the following:

- As (a) Christian parent(s), I/we desire to have my/our child(ren) receive a Christ-centred education at Milton Christian School.
- I/we agree that my/our child(ren) shall be educated in a manner consistent with the beliefs and objectives of Milton Christian School.
- I/we am/are aware of the Board’s policies regarding enrolment and discipline.
- I/we agree to accept the financial obligation of the tuition rates for the school year.
- I/we understand that my/our child(ren)’s enrollment in school is separate from Milton Christian Association (MCEA) membership.
- I/we understand that I/we are entitled to access to the normal channels and process available to all parents and students regarding the daily educational program at Milton Christian School.

Signature of Father/Guardian    Date

Signature of Mother/Guardian    Date

\_\_\_\_\_

**Please answer the following questions:**

1. Why would you like to enroll your child(ren) in Milton Christian School?

2. How did you first learn about MCS?

Road sign                       Referred from: \_\_\_\_\_  Other: \_\_\_\_\_  
 At church                       Poster (if so, where: \_\_\_\_\_)



## Form B - Application for Enrollment 2016-2017

### FAMILY/PARENT INFORMATION

Family Surname	Father's First Name
	Mother's First Name
Home Address	
Home Telephone Number	Email Address to Use for School Communication
Father's Occupation	Mother's Occupation
Father's Place of Work	Mother's Place of Work
Work Telephone	Work Telephone
Cell Phone	Cell Phone
Church Membership	Religious Denomination <i>(for statistical use only)</i>

### CHILD/CHILDREN'S INFORMATION

Surname	First Name	M/F	Date of Birth	Last Grade Completed
1.				
2.				
3.				

Previous School Attended: \_\_\_\_\_

Has your child ever been on an Individual Education Plan (IEP) Yes \_\_\_\_\_ No \_\_\_\_\_

For Mid-Year Transfers Only Start Date: \_\_\_\_\_

Please list the names of people (other than the child's parents/guardians) who have permission to pick your child up from school. *You don't need to fill in each box.* You can add to this list at any time person or by email or phone.

1.	3.	5.
2.	4.	6.

#### Contact person in case of emergency if parent(s) are not available:

Name		Relationship
Work Phone	Home Phone	Cell

#### Alternate Contact Person (optional):

Name		Relationship
Work Phone	Home Phone	Cell



**Form C—Student(s) Information:** (Please complete for each Student) 2016-2017

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: same as father's  same as mother's

Do both parents have access to the child? YES NO

Birth Date: \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year

Health Card Number: (Optional) \_\_\_\_\_

Gender: Female  Male

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

**Physical Disability:** \_\_\_\_\_

**Learning Disability:** \_\_\_\_\_

**Behavioral Issues:** \_\_\_\_\_

**Allergies:**

*Please note any allergies:*

Child: \_\_\_\_\_ Allergy: \_\_\_\_\_

Is this allergy anaphylactic: yes \* no (if yes, additional forms will be required)

*\*If yes, please provide the school with an epi-pen & child's photo before beginning school.*

Photocopy of Immunization Record Attached: yes  no

Photocopy of Latest Report Card Attached: yes  no

Grade Level applying for: \_\_\_\_\_ Starting Date: \_\_\_\_\_

If applying for JK: Part-time (Mondays, Wednesdays & Fridays)  **OR** Full-time

Tell us about any special needs or concerns (educational, social or physical):

\_\_\_\_\_  
\_\_\_\_\_

Tell us more about your child (i.e. likes, dislikes, personality traits):

**Please answer the following questions or provide consent where necessary 2016-2017**

**1. Field Trips**

I hereby give authorization for my child: \_\_\_\_\_ to leave 45 Bruce Street for field trips and short walks within the community. It is understood that the teachers/providers will take every reasonable precaution to ensure the safety of my child. I will be notified in writing when excursions are planned.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Parental Consent for Medical Treatment**

I understand that in the event of an emergency every reasonable effort will be made to contact parents/guardians. I hereby give authorization to any medical treatment a physician states is needed for the care and wellbeing of my child. I release MCS staff and volunteers from all liability that arise from referring my child to a medical professional.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**3. Medication and Sunscreen Administration Consent**

I hereby give permission for MCS staff to administer and apply any requested medication, medicated cream and/or sunscreen to my child. I understand that I am to provide any and all medications and sunscreens, clearly labeled with my child's name.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**4. Photograph Consent**

I hereby grant permission for photographs of my child's activities in MCS programs to be used by the organization for public display to promote Milton Christian School. I understand that these photo's may appear in forms such as display panels, videos, books or brochures, and I agree that I am to receive no compensation for such photo's. I also understand that I have no ownership rights to such photographs.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**5. Parent Handbook—(Located on Website)**

I have received, read and will comply with the policies and procedures stated within the parent handbook.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**6. MCS Family Directory**

MCS publishes a student and parent directory each year for use by school families. This helps parents to facilitate birthday parties and play dates. Do you give permission for your family name, address, and email address to be published in this directory?  Yes  No. If no, please indicate which information you would like kept confidential:

\_\_\_\_\_

◇ Please include a copy of a recent police check if you would like to accompany students on field trips or volunteer in the school. Police check attached  yes  no  on order

**Form D— Tuition Payment Agreement/Pledge Form**

**Parent/Guardian Information:**

Given Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Surname: \_\_\_\_\_

**At the time of registration parents/guardians are legally bound to make their respective tuition payments (i.e. they have entered a legal contract whereby, MCS agrees to provide certain service and they agree to pay a certain price). MCS parents are encouraged to submit post dates checks written for the first of each month.**

**We understand that enrollment in MCS may be terminated for non-payment of fees. We agree that we will be fully responsible for the required annual payment all Tuition payments for enrolled children. We understand that even if we are to leave the school, we remain responsible to pay all the required fees in full, before leaving the school.**

Signature of Father/Guardian Date

Signature of Mother/Guardian Date

\_\_\_\_\_

**Form D— After School Care Form 2016-2017**



Milton Christian School  
 45 Bruce Street. Milton, ON L9T 2L5  
 Tel: 905.878.0550

[www.miltonchristianschool.com](http://www.miltonchristianschool.com)

**Before & After School Program**  
**Registration Sheet**

	Child's Name	<b>Before School Program</b> Please fill in the time that you will be dropping your child(ren) off each day.					Total Hours	Total Cost Per Week
		Mon.	Tues.	Wed.	Thurs.	Fri.		
1.								
2.								

	Child's Name	<b>After School Program</b> Please fill in the time that you will be picking up your child(ren) off each day.					Total Hours	Total Cost Per Week
		Mon.	Tues.	Wed.	Thurs.	Fri.		
1.								
2.								

- \* Before School Care: \$3.75 flat-rate charge per child.
- \* Before School Care is from 7:30 until 8:15 a.m.
- \* After School Care : \$1.75 charge per every 15 minutes per child, or any part of 15 min .
- \* After School Care is available from 3:30 until 6:00 p.m.
- \* Parents will be billed monthly for care.
- \* There is a \$10/per student late pick-up charge when student is picked up after 6:00pm
- \* The after school program is also available on a "drop-in" basis. Call or email the school or write a note in the student's daily indicating that your child will require care for the afternoon.

Authorized Person(s) for Pick-up: \_\_\_\_\_

Parent Cell Phone Numbers: \_\_\_\_\_

**Form E— After School Care Form 2016-2017**



Milton Christian School  
 45 Bruce Street. Milton, ON L9T 2L5  
 Tel: 905.878.0550

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**Homework Club Program**  
**Registration Sheet**

	Child's Name	Homework Club Program					Total Hours	Total Cost Per Week
		Please fill in the time that you will be picking up your child(ren) off each day.						
		Mon.	Tues.	Wed.	Thurs.	Fri.		
1.								
2.								

- \*There is a \$5.00 charge per half-hour per child, or any part of a half hour
- \* Parents will be billed monthly for Homework Club.
- \* After School Care is available from 3:30 until 6:00 p.m.
- \* There is a \$10/per student late pick-up charge when student is picked up after 6:00pm
- \* The Homework Club program is also available on a "drop-in" basis. Simply call or email the school or write a note in the student's daily agenda indicating that your child will be attending homework club for the afternoon.

Authorized Person(s) for Pick-up: \_\_\_\_\_

Parent Cell Phone Numbers: \_\_\_\_\_

After School Program Phone: 905-878-0550 Extension—104