



MCS  
MILTON  
*Christian*  
SCHOOL

ENROLLMENT  
FORMS  
2018-2019

**Form A—Milton Christian School Enrollment Policy 2018-2019**



Admission to Milton Christian School is based on:

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

Milton Christian School is owned and operated by the **Milton Christian Education Association (MCEA)**. Parents must be in agreement with the principles, mission, and vision of the MCEA as practiced in the daily operation of Milton Christian School. Eligible parents and community members are invited to become members of the **MCEA**. Membership privileges include serving on committees, the Board of Directors, and voting on school decisions at membership meetings.

The MCEA Board of Directors, through the authority of the Chief Operating Officer, 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 or if enrollment is not in the best interests of the student.
- when facilities are at capacity.
- when a student is suspended for serious, inappropriate behavior.
- when the school and home cannot reach mutual agreement regarding the nurturing and education of the student(s)

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

- As (a) 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 enrollment 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 2018-2019

### 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

**Please answer the following questions or provide consent where necessary—2018-2019**

**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 C — 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 payment of Tuition for enrolled children based on MCEA tuition policies and procedures. We understand that if we are to leave the school, we remain responsible to pay all the required fees in full, before leaving the school, according to MCEA policies and procedures.**

Signature of Father/Guardian Date

Signature of Mother/Guardian Date

\_\_\_\_\_

**Notes / Other Important Information**



**Form D—Student(s) Information:** (Complete for each Student) 2018-2019

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):



**Form D—Student(s) Information:** (Complete for each Student) 2018-2019

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):