



Abbotsford Christian School

PRESCHOOL ADMISSION APPLICATION

Family Information:

Last Name: _____
 Father: _____
 Mother: _____
 Address: _____
 Postal Code: _____
 Telephone: _____ Cell: _____ Email: _____
 Father's Occupation : _____ Employer: _____ Phone: _____
 Mother's Occupation: _____ Employer: _____ Phone: _____

For Office Use Only:	
Date Received:	_____
Registration Fee:	_____
Accepted by:	_____ Date: _____
Start Date:	_____

Marital Status: Married Separated Divorced Widow(er) Single

Student Lives with: Both Parents Father Mother Guardian
 (Please submit copies of custody agreements/restraining orders, if applicable)

Name of Guardian (if applicable): _____

Church Affiliation of Parents/Guardians (if applicable): _____
 (Denomination) (Home Church)

Person(s) authorized to pick up my child: (a) _____
 (b) _____

Emergency Contact if parents cannot be reached:

 Name (relationship to child) Phone: _____

 Name (relationship to child) Phone: _____

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

- I/we are registering for the: A. 3 yr. old (2 mornings - 2 hours) \$ 95.00/mo.
 B. 4 yr. old (2 afternoons - 2.5 hours) \$110.00/mo.
 C. 4 yr. old (3 mornings - 2.5 hours) \$135.00/mo.
 D. 4 yr. old (3 afternoons - 2.5 hours) \$135.00/mo.

Child(ren)'s Name	Birthdate (d/m/y)	Gender	Personal Health #	Program: A,B,C,D



Abbotsford Christian School

PRESCHOOL ADMISSION APPLICATION

Why do you as parents/guardians desire to enroll your child(ren) in Abbotsford Christian Pre-school?

Family Reference: _____
 (Name) (Address) (Phone)

Financial Commitment:

I pledge to pay the tuition for the aforementioned child/children in the following manner:

- in full on the first day of preschool
- in two installments on September 1st and February 1st
- by pre-authorized monthly payments (forms to be completed at the administration office).
(Rate subject to change)

If someone other than yourself will be paying all or part of the tuition, please fill in the following:

Name: _____ Phone: _____
 Address: _____ Postal Code: _____
 Relationship to Student: _____ Signature: _____

Parental Commitment:

In making this application:

- I understand the vision of Abbotsford Christian School.
- I agree to give one month's notice of withdrawal; or, in lieu of this, one month's fees.
- In matters of discipline, my child(ren) will be subject to the disciplinary action of the staff and administration. I understand that I will be given the opportunity to discuss disciplinary matters affecting my child(ren) with the staff, administration, and Board of Directors if necessary.
- I understand my financial commitment and will immediately notify the Administration Office if I cannot meet that commitment.
- I understand that the school reserves the right to dismiss any student who does not respect the standards of the school or cooperate in the education process.
- I have, the best of my knowledge and ability, answered all questions truthfully and completely ; and
- I hereby certify that I am a legal resident of British Columbia.

Date: _____ Parent/Guardian: _____
 (Signature of both parents required where applicable)

Each application must be accompanied by a non-refundable \$25 registration fee per child

The information collected, is used and disclosed by Abbotsford Christian School (ACS) in accordance with the personal Information Privacy Policy for Employees and volunteers of ACS, a copy of which is available from the School's Privacy Officer.