
KINDERGARTEN REGISTRATIONS

If you are enrolling your child(ren) in Kindergarten please check your preference of days:

ICES: ___ Tuesdays / Thursdays
 ___ Wednesdays / Fridays
 ___ Either Class

COMMENTS / CONCERNS:

TCS: ___ Tuesdays / Thursdays

FAMILY MEMBERS

How many children are there in the family? _____

Please list all siblings below:

| <i>Child's Name</i> | <i>Birth Year</i> | <i>Currently Enrolled At:</i> | | | |
|---------------------|-------------------|-------------------------------|-------------|--|-----------------------|
| | | <i>ICES</i> | <i>ICHS</i> | | <i>Not School Age</i> |
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EMERGENCY CONTACT

CONTACT PERSON(S): _____
(First Name) *(Last Name)* *(Day Phone)*

(First Name) *(Last Name)* *(Day Phone)*

RELATIONSHIP TO STUDENT(S): _____

PLEASE COMPLETE THIS SECTION FOR THE BUSINESS OFFICE:

TUITION PAYMENT: The Society policy requires that tuition be paid in full at time of enrolment. Our tuition year is from July 1st through June 30th. Post-dated cheques should start in July of each year. Please check your preference of payment below:

_____ post-dated cheques _____ one cheque for full-year tuition _____ direct payment from bank account

BUS SERVICE REQUIRED: ___ **yes** ___ **no**

(A list of students and pick up order on your bus will be provided at the beginning of each school year.)

MEDICAL INFORMATION

FAMILY DOCTOR: _____
(Name) *(Medical Clinic)* *(Phone)*

Does your child(ren) have a health condition we should be aware of? _____ yes _____ no
If yes, please explain briefly. (More space provided in Student/Academic History at end of this form)

PREVIOUS SCHOOL(S) ATTENDED

*** Please list previous school(s) attended so the student'(s) file(s) can be requested.

| <i>School Name</i> | <i>Complete Mailing Address</i> | <i>Dates Attended</i> | <i>Principal</i> |
|--------------------|---|-----------------------|------------------|
| | <small><i>(Street / Box #) (City, Prov) (Postal Code)</i></small> | | |
| | <small><i>(Street / Box #) (City, Prov) (Postal Code)</i></small> | | |

CITIZENSHIP OF STUDENT(S)

*** Please present original documentation to school to be photocopied for the school's records. ***

- (Check ONE) _____ Canadian Citizen
_____ Permanent Resident / Landed Immigrant
_____ Child of Canadian Citizen *(student not Canadian Citizen)*
_____ Child of a Citizen lawfully admitted to Canada for permanent or temporary residence
_____ Other *(contact the Office if this is applicable)*

COMMENTS:

CUSTODY PROTECTION

In rare instances, a student may be designated as "Protected" if a court issued a restraining order under *The Child Welfare Act, The Domestic Relations Act, The Divorce Act* or *The Young Offender's Act*.

Please indicate if the school administration should be aware of any such court order for the protection of the student(s). _____ yes _____ no

COMMENTS:

STUDENT / ACADEMIC HISTORY

(1) STUDENT NAME: _____

Does the student have any academic or discipline concerns?

If so, please supply brief details to help us establish whether, and how, we can meet the student's needs.

Does the student have any social or emotional concerns a teacher should be aware of to help him/her in the classroom or on the playground?

MEDICAL CONCERNS:

Is there anything else you wish to convey to the school?

(2) STUDENT NAME: _____

Does the student have any academic or discipline concerns?

If so, please supply brief details to help us establish whether, and how, we can meet the student's needs.

Does the student have any social or emotional concerns a teacher should be aware of to help him/her in the classroom or on the playground?

MEDICAL CONCERNS:

Is there anything else you wish to convey to the school?

(3) STUDENT NAME: _____

Does the student have any academic or discipline concerns?

If so, please supply brief details to help us establish whether, and how, we can meet the student's needs.

Does the student have any social or emotional concerns a teacher should be aware of to help him/her in the classroom or on the playground?

MEDICAL CONCERNS:

Is there anything else you wish to convey to the school?

(4) STUDENT NAME: _____

Does the student have any academic or discipline concerns?

If so, please supply brief details to help us establish whether, and how, we can meet the student's needs.

Does the student have any social or emotional concerns a teacher should be aware of to help him/her in the classroom or on the playground?

MEDICAL CONCERNS:

Is there anything else you wish to convey to the school?

SPIRITUAL LIFE FORM

PARENT INFORMATION

We feel the school is an extension of the Christian home, and as a Christian school, our goal is to glorify Jesus Christ in all areas. At Immanuel Christian Schools we require at least one parent to be a professing Christian because we feel that the home, church and school need to work together as a team. ***Please fill out the first part of this form and ask your pastor to complete the "Pastor" section.***

Parent's/Guardian's Name: _____

1. Please give a statement of your relationship to Jesus Christ and your personal Christian faith.
2. Why do you wish to enroll your child in a Christian school?
3. How would you describe family life and parent/child relationships in your home? Do you strive to be a Christian home? How? (eg. Family devotions, etc.)
4. Which Church do you attend? _____
Church address: _____
Pastor's Name: _____ Phone: () _____
5. Explain your family's commitment to the church you attend.

High School students are required to attach a statement of their spiritual standing and why they wish to attend Immanuel Christian High School.

In making this application for Christian education, I/we understand and agree with the purpose of the school and indicate that I/we enroll our child(ren) because of our earnest desire that he/she/they receive a Christ-centered Education. If our child(ren) is(are) accepted by the school, I/we agree that his/her/their Education will be in harmony with the constitution and by-laws of the Society, the policies of the School Board and that he/she/they is/are also subject to the authority invested by the Board in the Principal and Classroom Teacher. I/we agree to attend Home & School as well as Annual Society Meetings to acquaint me/us with the school and the association operating the school. I will also try to volunteer in school on committees and auxiliaries, etc.

Parent / Guardian Signature

Parent / Guardian Signature



Immanuel Christian Schools
 802 - 6th Ave. N., Lethbridge, AB T1H 0S1

PASTOR FORM

The family listed below is applying for admission of their child to Immanuel Christian School. We believe the home, church, and school must work cooperatively and supportively toward the Christian nurture of God's children. If their family is accepted for admission, we look forward to sharing in this responsibility. Please understand that we keep this report confidential. If you need more space, please attach another sheet.

1. Parent's/Guardian's Name: _____
2. Church Name: _____
 Pastor's Name: _____ Phone: () _____
3. How would you describe this family's commitment to Christ and His church?

4. Church attendance: (check where applicable)

| | Consistently | Occasionally | Seldom |
|----------------------|--------------|--------------|--------|
| Father's attendance | _____ | _____ | _____ |
| Mother's attendance | _____ | _____ | _____ |
| Student's attendance | _____ | _____ | _____ |

Please add any further comments which may be helpful.

Pastor's signature: _____ Date: _____