

## Society Office

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## Application for Enrolment Edmonton Christian Preschool: 2019-2020

### PLEASE READ THIS INFORMATION BEFORE COMPLETING THE ENROLMENT FORM

**This enrolment form is a legal document. It must be accurate and complete.**

Before a student can be registered in Edmonton Christian Preschool, an application for enrolment must be completed in its entirety, signed by the parent or guardian and accepted by the Edmonton Society for Christian Education (ESCE). This *Application* may also be submitted online at [www.edmchristian.org](http://www.edmchristian.org).

#### **FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPP)**

The personal information collected on this form is part of ESCE's enrolment process. All personal information collected during the enrolment process will be used to determine if the Preschool program will be in the best interests of your child(ren) and ensure a safe and secure school environment.

ESCE believes the uses listed below are part of a vital, healthy and functioning preschool and participation of all students is important and encouraged. The following are activities where personal information may be used by ESCE (subject to your approval – see questions 7 & 8 on the following page):

- 1) Publishing your child(ren)'s work and/or photographs of your child/(ren)/family taken during public ESCE or Preschool events in ESCE publications, including the website.
- 2) Publishing family names, addresses and phone numbers in our annual directory.

If you have any questions or concerns regarding the collection and the intended purposes of this information, please contact the Edmonton Society for Christian Education at 780-476-6281.

### Parent (or Legal Guardian) Information

First Parent/Guardian		Second Parent/Guardian	
Name:		Name:	
Address:		Address (if different):	
City, Province, Postal Code:		City, Province, Postal Code:	
Relationship to Student: Father: <input type="checkbox"/> Mother: <input type="checkbox"/> Other: _____		Relationship to Student: Father: <input type="checkbox"/> Mother: <input type="checkbox"/> Other: _____	
Home Phone:	Preferred Phone:	Home Phone:	Preferred Phone:
Cell Phone:		Cell Phone:	
E-Mail Address:		E-Mail Address:	
Church Currently Attending:		Church Currently Attending:	

### Student Information

Student First Name:	Middle Name:	Last Name:
Birth Date:	<input type="checkbox"/> Male:	<input type="checkbox"/> Female:

## Please provide brief answers to the following questions:

1. How did you learn about Edmonton Christian Preschool?

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2. Why do you desire a Christian Preschool for your child? \_\_\_\_\_

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3. Do you have other children in Edmonton Christian School?

\_\_\_\_ Yes \_\_\_\_ No

4. Have you read and do you agree with the **Vision and Mission** of Edmonton Christian Schools (*enclosed*)?

\_\_\_\_ Yes \_\_\_\_ No

5. How are you providing a home environment that supports and reinforces our Christian program?

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6. Are there any questions or concerns regarding the Preschool program that you would like to discuss at the pre-enrolment interview?

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7. The Society publishes an annual *Directory* which is distributed only to families with children enrolled in Edmonton Christian Schools. It is not distributed to businesses or organizations. Parent names, student names, name of school and grade are published in the *Directory* by default. **Please check each additional item that you agree to have published:**

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

- The name and contact information of an ex-spouse can be included in the *Directory* on request.

8. Do you give the Society permission to publish your child's school work and/or photographs of your children/family taken during public Society or school events in Society publications and promotions, including the Society website?

\_\_\_\_ Yes \_\_\_\_ No

### **Important:**

**The Edmonton Christian Preschool is a parent participation program.** Parents of each child in the program assist the teacher for an entire class on a rotating basis, usually once every 6 - 8 weeks. Parents may ask grandparents or other relatives to assist on this Parent Roster.

## Classes Available for 2019-20

**Please choose the Preschool you would like your child to attend:**

**Northeast Preschool**  
5940 159 Avenue

**West Preschool**  
14425 McQueen Road

**Please choose the pair of classes you would prefer for your child. Choose classes for your preferred preschool only!** At West Preschool you may choose a one day option: Thursday mornings. That morning can also be used as a three-day option.

**Northeast Preschool**

Morning classes: 8:30 – 11:00 a.m.  
Afternoon classes: 12:15 – 2:45 p.m.

**West Preschool**

Morning classes only:  
8:45 – 11:15 a.m.

**First Choice    Second Choice**

Monday & Wednesday \_\_\_\_\_  
mornings

Monday & Wednesday \_\_\_\_\_  
afternoons

**First Choice    Second Choice**

Monday & Wednesday \_\_\_\_\_  
mornings

Tuesday & Friday \_\_\_\_\_  
mornings

Thursday mornings \_\_\_\_\_

**Notes:**

- **New families are admitted first come, first served by early May.**
- Classes at both Preschools run from September 16, 2019 to June 12, 2020
- The class maximum is 16 children at West and 20 children at NE Preschool.
- Four-year-old children are given priority for admission. Three-year-olds are admitted after August 15 as space permits. Two-year-olds cannot be admitted to a Preschool program. Children must be toilet trained.
- The Edmonton Christian Preschool does not have the facilities or license to accommodate children with special needs.

**PARENT COMMITMENT:**

The undersigned hereby indicate that we:

- Understand and agree with the Vision and Mission of Edmonton Christian Schools (*enclosed*).
- Enrol our child because of our desire that our child receive a Christian education.
- Agree to support the policies of the Edmonton Society for Christian Education.
- Will attend a pre-enrolment interview together with our child (new families only).
- Will assist in our child's class when assigned or find our own replacement if necessary.
- Agree, as a condition of enrolment, to pay the fees in the manner indicated on this application.

**We certify that the facts in this application are true and complete to the best of our knowledge.**

\_\_\_\_\_  
First Parent/Guardian's Signature

\_\_\_\_\_  
Second Parent/Guardian's Signature

**Office Use: Preschool:** \_\_\_\_\_ **Class:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

## Edmonton Christian Preschool Program Fees

Fees are subject to  
change

Program Fees	Yearly Amount	Monthly Amount (10 months)
One student – One class per week	\$450.00	\$45.00
One student – Two classes per week	\$900.00	\$90.00
One student – Three classes per week	\$1350.00	\$135.00

**Application Fee:** A \$25 **non-refundable** application fee (payable to the Edmonton Society for Christian Education) must be attached to this application form. This fee is used to process your application; it is not applied to your program fees.

### METHOD OF PAYMENT

**PAYMENT IN FULL BY CHEQUE\* OR CASH** by September 30 or another date: \_\_\_\_\_ (enter date)

**CASH/CHEQUES\*** (payments should be divided equally over 10 months)

*\*Please make cheques payable to Edmonton Society for Christian Education*

**CREDIT CARD**                       In full by September 30  
 Monthly payments on the first business day of each month.

Please include card number and expiry date below. **An extra fee of 3% is charged for credit card payments.**

**Card #** \_\_\_\_\_ **Expiry Date** \_\_\_\_\_

**Cardholder's Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**AUTOMATIC BANK WITHDRAWAL** (Please attach a void cheque to this application)

The undersigned:

Authorize the Edmonton Society for Christian Education (ESCE) to debit our account for monthly payments on the  1<sup>st</sup> or  15<sup>th</sup> of each month.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name (Please print): \_\_\_\_\_

## Medical Information

Child's Name \_\_\_\_\_

*This information is being collected for preschool purposes only so that we can meet any special needs your child may have. The information will be made available to the preschool teacher; otherwise it will be kept in confidential files at the Society Office.*

<b>Doctor Name:</b>	<b>Doctor Address:</b>	<b>Doctor Phone:</b>
<b>Alberta Health Care Number:</b>		
<b>Emergency Contact (not a parent/guardian) Name:</b>	<b>Phone:</b>	<b>Relationship:</b>
<b>Emergency Contact Address</b>		
<b>Emergency Contact 2 (not a parent/guardian) Name:</b>	<b>Phone:</b>	<b>Relationship:</b>
<b>Emergency Contact 2 Address</b>		
<b>Individuals who may pick up child: Name:</b>	<b>Phone:</b>	<b>Relationship:</b>
<b>Name:</b>	<b>Phone:</b>	<b>Relationship:</b>

1) List all medications your child is currently taking:

\_\_\_\_\_

2) List allergies and other health related issues:

\_\_\_\_\_

3) Is your child fully immunized? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_

4) Are there any social/behavioral concerns we should be aware of? \_\_\_\_\_

\_\_\_\_\_

**I, parent/guardian, agree to allow Edmonton Christian Preschool to obtain emergency medical care for my child, should the need arise. I, parent/guardian, agree to reimburse all costs incurred by the Society.**

Parent/ Guardian Name (Please Print) \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

***(Please also complete the Emergency Card included in this package)***