

Thank-you for applying to Sussex Christian School on behalf of your child(ren). To complete this fillable application form, please follow these 4 simple steps:

1. **Download** the form and **save it** to your computer. (*Don't skip this step.*)
2. **Open up the form on your computer** and complete the form.
3. **Save** the completed form to your computer. (*Don't forget to save the form once you have completed it, otherwise you may end up sending us an empty form.*)
4. **Email** the completed form to the **school office**: info@sussexchristianschool.ca

NOTE

1. **APPLICATION FOR MORE THAN ONE CHILD.**

If you are submitting application for more than one child, please download and complete the following documents. These documents can be found on the school site under the “**Downloads**” menu, then under “**Extra Forms for Multiple Students in a Family**”:

2. **REGISTRATION FEES**

Registration fees are due upon application. Cash or cheque payment may be made directly at the school office. For E-transfer, please contact the school at info@sussexchristianschool.ca for instructions.

If you have any other questions about the application process please contact the school office info@sussexchristianschool.ca.



LITTLE LIGHTS EARLY LEARNING CENTRE REGISTRATION FORM

For School Year: _____

STUDENT INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Birthdate: Y _____ M _____ D _____ Age: _____

Gender: M _____ F _____

Enrolment to begin: Y _____ M _____ D _____

APPLYING FOR

Half-day programs

- 3 year old (2 **Half**-days)
- 4 year old (2 **Half**-days)
- 4 year old (3 **Half**-days)
- 4 year old (5 **Half**-days)

Full-day Programs

(pending approval)

- 4 year old (2 **Full**-days)
- 4 year old (3 **Full**-days)
- 4 year old (5 **Full**-days)

HOME ADDRESS

Apt.# _____ Street: _____

City: _____ Postal Code: _____

Province: _____

MAILING/OTHER ADDRESS

Complete only if different from home address.

PO Box#: _____

City: _____ Postal Code: _____

Province: _____

CHURCH AFFILIATION

Name of Church: _____

Phone Number: _____

Pastor's Name: _____

Attendance: Attend regularly No home church

CUSTODY

Are there special instructions to be noted regarding custody of students? N _____ Y _____ (if Yes, please explain.):

PARENTAL INFORMATION

Father's information

First Name: _____

Last Name: _____

Occupation: _____

Employer: _____

Email Address*: _____

Lives with children: Y _____ N _____

Phone: (_____) _____ Cell: (_____) _____

Work: (_____) _____ Ext: _____

I give permission for my home phone # to be published on a list issued to school families.

Mother's information

First Name: _____

Last Name: _____

Occupation: _____

Employer: _____

Email Address*: _____

Lives with children: Y _____ N _____

Phone: (_____) _____ Cell: (_____) _____

Work: (_____) _____ Ext: _____

I give permission for my home phone # to be published on a list issued to school families.

***Please check the box next to the primary email address to be used by the school for school communications.**

EMERGENCY CONTACT

Person to contact if school is unable to contact parent(s):

Emergency Contact

First Name: _____

Last Name: _____

Relationship to child: _____

Phone: (_____) _____ Cell: (_____) _____

Work: (_____) _____ Ext: _____

WHY SCS?

Please state why you wish your child(ren) to attend SCS.

EDUCATIONAL INTENT

(Select one.)

- I am interested in a long-term commitment to Christian School education for my child.
- I am interested in my child receiving an educational foundation through the SCS Little Lights Early Learning Centre and Kindergarten programs before enrolling in public school.
- I am interested in my child attending only Little Lights Early Learning Centre at SCS.
- I am uncertain as to my long-term intentions for my child's education.

PERMISSIONS

(Please indicate "Yes" or "No".)

I give permission for my child's photo to be published in print media. Yes No

I give permission for my child's photo to be published on school website and/ or Facebook page. Yes No

I give permission for my child's photo to be published in video media (for such things as school dramas, etc.). Yes No

I give my permission for my child to take part in activities involving visiting animals. (See handbook for protocol details). Yes No

I give permission for my child to participate in the walking trips off the premises. *As a part of the day, walking trips may be taken off the premises within the neighbourhood. Consent will provide more flexibility and allow for more spontaneity in the planning. Consent forms for any motor transportation trips will be separate and for each outing.* Yes No

PARENTAL(GUARDIAN) SIGNATURE

Signature of Father/Guardian

Date

Signature of Mother/Guardian

Date

PLEASE ANSWER THE FOLLOWING

Do you have other school-aged children who are not enrolled at SCS? Please answer and state why or why not.

Yes No

HOW DID YOU LEARN ABOUT SUSSEX CHRISTIAN SCHOOL?

- Social media
- Newspaper
- Friend(s)
- Other (please specify): _____

FOR OFFICE USE ONLY

Date Rec'd: _____

Reg. Paid: _____

Amount: _____

Students: _____

Post-dates: _____

Comments: _____

REQUIRED DOCUMENTATION

Forms and documents to be submitted to complete application.

Forms are part of this application package:

- Little Lights Early Learning Centre Registration Form
- Medical Information form
- Little Lights Early Learning Centre Fee Commitment Form

Additional forms and documentation:

- Immunization Record
- Complete the NB Child Profile Form
- Read and sign the Little Lights Early Learning Centre Handbook

Upon acceptance, *additional documents* must be signed and returned by the first day of classes.



LITTLE LIGHTS EARLY LEARNING CENTRE FEE COMMITMENT

Father's name: _____

Mother's name: _____

REGISTRATION FEES 2020-21

Registration Fee per student for Little Lights (JK) is due upon submission of application. (Non-Refundable.)

Before August 1st

\$75

After August 1st

\$100

After first day of school

\$125

TUITION FEES 2020-21

See payment options below.

Half-Day Programs		Full-Day Programs (<i>Pending Approval</i>)	
3 year old (2 Half-days)	\$1650	-	-
4 year old (2 Half-days)	\$1550	4 year old (2 Full-days)	\$2650
4 year old (3 Half-days)	\$2050	4 year old (3 Full-days)	\$3800
4 year old (5 Half-days)	\$3500	4 year old (5 Full-days)	\$6000

PAYMENT OPTIONS

I understand my financial obligations and will, upon notification of acceptance (please check one of the following):

- One Payment** - Make a lump sum payment for the total amount .
- 2 Equal Payments** - Make 2 equal payments by August 31st and January 31st.
- 10 Payments** - Submit 10 equal monthly post-dated cheques starting August 2020 thru May 2021 dated the 15th or 30th of the month.
Select one: Cheque E-transfer
- 20 Payments** - Submit 20 equal post-dated semi-monthly tuition payments dated the 15th & 30th of each month. (½ payment on the 15th and ½ on the 30th, August through May).
Select one: Cheque E-transfer

FEE COMMITMENT

Registration Fee(s): _____

1st Child Tuition: _____

2nd Child Tuition: _____

3rd Child Tuition: _____

4th Child Tuition: _____

TOTAL _____

Comments: _____

NOTE: If a student enrolls after the school year begins or withdraws before the year ends, tuition will be pro-rated according to the month in which the student is enrolled. All other fees must be paid in full.

PARENTAL(GUARDIAN) SIGNATURE

Signature of Father/Guardian

Signature of Mother/Guardian

Date

Date



MEDICAL INFORMATION

****Need one for each student****

****One copy of this page is to be completed for each student being enrolled.****

STUDENT INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Local Physician's Name (If applicable):

Medicare #: _____

Medicare Expiry Date: _____

Does applicant have any mental, emotional, physical limitations, or learning disabilities that may affect his/her activities or progress, or for some reason should be known by his/her teachers?

Please specify if your child has any allergies:

Specify if your child requires regular medication to be administered at school:

NOTE: If medication is required on a regular basis, or at a specified time, medication must be brought to the school office, labeled with child's name and dosage requirements, and a medical permission form must be completed.

By signing this form, I understand that Sussex Christian School is not responsible for any injury or harm that may occur as a result of this medication. Sussex Christian School reserves the right to revoke this privilege if it is being abused (constant use of pain medication, etc.). ***In order to receive pain medication, students must check with their Home Room teacher before coming to the school office for such medication.***

My child will be permitted to be given the following pain medication(s) during school hours if necessary, understanding that this does not mean they are allowed to abuse this privilege. (Please check all allowable ones)

- Aspirin (ASA)
- Tylenol (Acetaminophen)
- Advil (Ibuprophen)
- My child is not permitted to receive any pain medications

EMERGENCY MEDICAL TREATMENT

- I hereby authorize Sussex Christian School to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical aid and surgical care in the case that I, or the designated guardian, am not immediately available. Any qualified physician, called by SCS, may treat and do whatever is necessary for the health and well-being of my child. It is understood that a conscientious effort must be made to notify me before such action will be taken. I also agree to accept responsibility for the cost of above medical services

By signing below, I signify that I have read and understand the above policy.

Signature of Father/Guardian

Signature of Mother/Guardian

Date

Date