



# L A C O M B E CHRISTIAN SCHOOL

5206 - 58 Street; Lacombe, Alberta T4L 1G9  
Phone: 403-782-6531 Fax: 403-782-5760  
Email: office@lacs.ca Website: www.lacs.ca

## PLAYSCHOOL APPLICATION FORM

### *Vision Statement*

*To the glory of God, by His grace, and on the foundation of His Word, Lacombe Christian School strives to nurture and educate children to be Spirit-filled disciples of Christ and responsible, discerning citizens in society.*

### AIM AND PURPOSE OF LACOMBE CHRISTIAN SCHOOL

1. To have our children taught in a school that acknowledges the rule of God in all areas of life including education and the fields of knowledge.
2. To prepare the student as an image-bearer of God for meaningful participation in society.
3. To make the student see his life-task in the context of the Kingdom of Jesus Christ.
4. To show the student the way to total commitment and surrender to Christ.
5. To guide the student in understanding the radical consequences of such a commitment, affecting all areas and relationships of life.
6. To work (complement/partner) with the home and church in bringing up the children entrusted to us.

### ELIGIBILITY

1. Children must reach the age of 4 by December 31st to be eligible to attend.
2. The Lacombe Christian School exists to educate primarily the children of Christian parents.
2. Admission is available to all students of parents who agree with the aim and purpose of the school.
3. No child shall, on the grounds of race, color, gender or national origin be excluded from admission to Lacombe Christian School.
4. The Board may limit enrollment.

### ENROLLMENT INFORMATION AND PROCEDURES

1. Complete this **PLAYSCHOOL** application form for child being enrolled.  
**Submit this to the school office along with:**
  - a. Tuition agreement form.
2. **Admissions interviews:**
  - a. Meet with the LCS Principal or Vice-Principal.
  - b. Two members of the School Board will arrange for a home visit.
  - c. Both parents (legal guardians) are expected at each of these interviews.
3. Parents will be informed by phone once their application has been approved by the Board.
4. **PLEASE NOTE:** A separate student application form is required for additional children entering Grades K-9.

**Parental Commitment:**

Why do you desire Christian Education for your children?

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What are your expectations from Lacombe Christian School?

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Do you believe in the Word of God, and do you believe that Jesus Christ is your personal, risen Saviour?

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Are you an active member in a Christian Church Community? What part does it play in your life?

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**In making this application,**

1. I understand the goals, objectives, principles, and educational creed as indicated in the Lacombe Christian Playschool Handbook, and commit to supporting that kind of education for my child(ren).
2. I understand that children must be of suitable age to participate in the LCS Playschool Program.
3. As appropriate, if a parent or student believes the faith and/or value commitment of the School and the parent's or student's faith and/or values are incompatible and continuing to enroll the student in the School is not in the best interest of the student, then the School shall assist the parent or student to enroll in another school for the subsequent school year.
4. I have read the accompanying Tuition Information Package. I have completed and signed the required forms. I understand this package will be reviewed with me by the (2) Board members when they come for the application visit. I will give the completed forms to the Board members for return to the school office.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Father or Guardian

Signed: \_\_\_\_\_  
Mother or Guardian

\_\_\_\_\_ Initial of parents, stating the information on this page is complete and true.

**Lacombe Christian Playschool**  
**Child's Basic Information**

Child's Full Name \_\_\_\_\_ Preferred name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Birth Certificate: Yes / No Please attach a copy to this form.

Is English your child's first spoken language at home? Yes / No If no, please specify \_\_\_\_\_

Address: (include full legal land description **or** street address)

\_\_\_\_\_  
Mailing address: \_\_\_\_\_

The student resides with: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Mother & Father \_\_\_\_\_ Foster Care Provider  
\_\_\_\_\_ Other: \_\_\_\_\_

**Parent/Guardian (1) Full Name:** \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Email address:** \_\_\_\_\_

Address if different than child's above? (include full legal land description **or** street address)

\_\_\_\_\_  
Mailing address: \_\_\_\_\_

\_\_\_\_\_  
Name of employer: \_\_\_\_\_

Address where you can be reached while child is in care:

\_\_\_\_\_  
**Parent/Guardian (2) Full Name:** \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Email address:** \_\_\_\_\_

Address if different than child's above? (include full legal land description **or** street address)

\_\_\_\_\_  
Mailing address: \_\_\_\_\_

\_\_\_\_\_  
Name of employer: \_\_\_\_\_

\_\_\_\_\_ Initial of parents, stating the information on this page is complete and true.

Address where you can be reached while child is in care:

\_\_\_\_\_

**Emergency Contact Information**

(People other than the Parents/Guardians that can be reached in case of an emergency)

**Emergency contact #1 (should be local)**

Contact's Full Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Full address: (including legal land description if it is a rural address)

\_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Emergency contact #2 (should be local)**

Contact's Full Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Full address: (including legal land description if it is a rural address)

\_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

In case of an emergency, I give permission for either of the above individuals to be contacted and my child may be released to them.

**Parent/ Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Other than Emergency contacts, the following people are allowed to pick up my child from the Lacombe Christian Playschool Program : (please include **FULL** names and phone numbers)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following do **NOT** have permission to pick up my child. Fill in if applicable (a copy of supporting court documentation **must be** turned into the Playschool and will remain within the child's personal file)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Initial of parents, stating the information on this page is complete and true.

### Child's Personal Health Information

Alberta Health Care Number: \_\_\_\_\_

Child's Health Care Provider (Doctor): \_\_\_\_\_

Clinic Phone Number: \_\_\_\_\_

Clinic Name and Address: \_\_\_\_\_

Is your child on any ongoing medications? If yes please specify: \_\_\_\_\_

Does your child have any special health considerations? If yes, please specify:

Does your child have any allergies, including drug reactions? If yes, please specify:

Immunizations up to date? \_\_\_\_ Yes \_\_\_\_ No Please attach a copy to this registration package.

**Have you received documentation for your child referring to Occupational Therapy, Speech, Social Work or Mental Health? Yes \_\_\_\_ No \_\_\_\_ If 'yes', please attach copies to this registration.**

#### Consent to Medical Care and Treatment of minor children.

I/ We \_\_\_\_\_ give permission for my/our child \_\_\_\_\_, to be given first aid/ emergency treatment by a child care provider, licensee and / or qualified staff member of Lacombe Christian School.

Parent/ Guardian (1) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian (2) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

When I cannot be contacted, I authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed for my child by a licensed Physician, Health Care Provider, Hospital or Ambulance Attendant, when deemed necessary or advisable by the Physician or Ambulance Attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by Ambulance or aid car to an emergency centre hospital for treatment.

Parent / Guardian (1) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian (2) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Initial of parents, stating the information on this page is complete and true.

## Permission to Photograph

I, \_\_\_\_\_, give permission for Lacombe Christian Playschool to photograph my child, \_\_\_\_\_, for the following purposes (please check all that apply):

Purpose	Grant permission	Decline permission
<b>Still photographs</b>		
Display in classroom in school hallways	<input type="checkbox"/>	<input type="checkbox"/>
Display on School website	<input type="checkbox"/>	<input type="checkbox"/>
Display in School newsletters	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Videos</b>		
Give video copies to current Parents	<input type="checkbox"/>	<input type="checkbox"/>
Promotional use	<input type="checkbox"/>	<input type="checkbox"/>
Classroom use	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

- Only the first names and possible last initials (in the event of two or more children with the same first name) will be displayed on the school website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above areas. I agree that this form will remain in effect during the term of my child's enrollment of the Lacombe Christian Playschool Program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Freedom of Information and Protection of Privacy

Lacombe Christian School plays an important part in the education and socialization of our children. In this process, personal information is often collected and used for authorized programs and activities that are a normal part of school life. Further information regarding the collection and use of personal information not specifically itemized under the School Act is available at your school main office.

**It is important to understand that school events which are open to the public are not subject to the conditions of the PIPA Act. These events may include general assemblies, concerts, school plays, special activities, academic focused activities and athletics. The general public, parents and media may be in attendance and are allowed to take photographs, videos and conduct interviews, without first obtaining consent. (It is not expected that the general public or parents will conduct interviews) the media are expected to work cooperatively with schools within the realm of mutually agreed upon guidelines and protocol.**

\_\_\_\_\_ Initial of parents, stating the information on this page is complete and true.

Throughout the school year, there will be opportunities for television, radio, newspaper, community organizations, and the school division to be invited into the school to provide outside coverage of events and programs not included in the general public category described above. Also, throughout the year, there may be opportunities to display your son or daughter's work or other forms of school work at locations outside the school. Your signature (Parent guardian) will indicate approval for your son or daughter named on this form to be involved with any of the following activities on the occasion when the associated event or situation to be covered is not included in the public domain category described in bold print above.

1. Interviewed by the media, approved community organizations, School
2. Photographed by the media, approved community organization , School
3. Videotaped by media, approved community organizations, School
4. Student work, accomplishments to be displayed, recognized or reproduced outside of the school (i.e. Signed artwork, creative writing, student of the day or academic presentations such as science fair)
5. Publication of your son or daughter's name, photographs and or school work on Lacombe Christian School website.

**Note: information relating to these student work recognition activities noted in points 4 and 5 will be communication home in advance.**

Please select either option:

**Option 1: Permission granted**

I have read the information above and understand and accept that there are a variety of uses that may be made of personal information in the context of a school setting, including the items listed under points 1 through 5 above.

**Option 2: Permission not granted**

I have read the information above and understand and accept that there are a variety of uses that may be made of personal information in the context of a school setting, However I **WILL NOT** provide approval for a general consent allowing my son or daughter to participate in the activities described in points 1 through 5 above. Concerns relating to children's exposure to the media. *(Please make these personally known to the principal of Lacombe Christian School )*

Unless the school is notified of a change, the signed document will be in effect for the entire time your son or daughter is registered within the Lacombe Christian Playschool Program.

Parent Guardian (1)Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Guardian (2) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Initial of parents, stating the information on this page is complete and true.

**Additional information that you would like to tell about your child (fears, likes, dislikes, special interests, siblings)**

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**Parental Agreement**

**Please initial beside all that apply**

Statements	Parent initials
1. I have read the Lacombe Christian Playschool handbook and agree to follow its policies and procedures	
2. I have specifically read the child illness and behavioural management policies of the Lacombe Christian Playschool program and understand them fully	
3. I understand that my child will be unable to attend field trips and off-site excursions if they do not have a fully sign permission form signed and returned prior to the activities	
4. I agree to keep the Lacombe Christian school office informed with changes to my child's address, emergency contacts, phone numbers, or persons without access.	
5. I will make every effort to promptly deliver my child to Playschool and pick them up. If there are any changes to who is picking up my child i will inform the Lacombe Christian Playschool staff	
6. I will notify the Lacombe Christian Playschool Staff if any unusual changes happen at home that may affect my child's behaviour ( i.e. death of family member, moving, new sibling)	
7. I agree to provide a nutritious snack for my child that meets the Canada Food Guide standards as well as the NUT FREE policy set out by Lacombe Christian School	
8. I understand that my child will NOT be released to anyone who is not written as a contact/ pick up person on my Child's registration form	
9. I understand that if a person who is picking up my child will be asked for ID from a Playschool staff member, and that this ID must be government issued with a photo. It is my responsibility to inform this person that they must have ID on them in order to pick up my child	

**Declaration:**

I hereby declare that the information on this form to be true, correct and complete to the best of my knowledge.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ Initial of parents, stating the information on this page is complete and true.





L A C O M B E  
CHRISTIAN SCHOOL

## 2018-2019 PLAYSCHOOL TUITION AGREEMENT FORM

### FEE SCHEDULE:

Criteria:	AMOUNT	YOUR SELECTION:
Playschool Student ONLY. (No other children @ LCS)	\$ 1,000	
	<b>TOTAL FEES:</b>	

- All fees include the \$100 LCS Membership Fee.
- We encourage you to use the EFT Form (on reverse side) for automatic transfers.
- If you already have EFT set up with us, please indicate this is a renewal with the amended amount to be debited.
- DEBIT & CREDIT CARD payments are accepted in person at the office. Please note: for tuition payments on credit cards, there will be a 3% fee added at the point of sale.
- Government funding for independent schools in Alberta covers only a part of the school's operating costs, therefore the need for charging tuition.
- If you have any questions, please email Jack Oudman at [business@lacs.ca](mailto:business@lacs.ca)
- Please find a copy of the current tuition policy attached to this package.

### Payment Schedule:

Monthly (12 months): \_\_\_\_\_  
 Monthly (10 months): \_\_\_\_\_  
 Quarterly: \_\_\_\_\_  
 Semi-Annually: \_\_\_\_\_  
 Annually: \_\_\_\_\_  
 Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ Initial of parents, stating the information on this page is complete and true.

**Please fill out and return this form to LCS before June 8, 2018**

## **Electronic Fund Transfer (EFT) Debit Authorization**

Payor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

*IF THIS AUTHORIZATION IS A RENEWAL, PLEASE PROVIDE THE REVISED MONTHLY AMOUNT TO DEBIT.*

Start Date: \_\_\_\_\_ Monthly withdrawal amount: \$ \_\_\_\_\_

**Attach a VOID Cheque, or provide your banking information obtained from the bottom of your cheque:**

Branch #: (5 digits) \_\_\_\_\_ Institution # (3 digits) \_\_\_\_\_ Account #: \_\_\_\_\_

The undersigned, jointly or severally, authorize Lacombe Christian School and its bank, ATB Financial, to process debits (withdrawals) against the Payor's account as indicated above in accordance with the rules of the Canadian Payments Association.

Signature of Account Holder: \_\_\_\_\_

Dated at \_\_\_\_\_, Alberta, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**CANCELLATION OF AGREEMENT:** The Payor may revoke their authorization at any time, subject to providing 14 days notice to LCS. A sample cancellation form or further information on the payor's right to cancel an EFT agreement may be obtained at the payor's financial institution or by visiting: [www.cdnpay.ca](http://www.cdnpay.ca)

**REIMBURSEMENT STATEMENT:** "You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or consistent with this EFT Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

## **LCS Tuition Policy**

1. Lacombe Christian School is a parent governed Christian School. It is the obligation of parents sending children to the school to pay the school tuition. This is essential for good management of the budget which has very little leeway. The Board of directors of the Lacombe Christian School Society shall be responsible for the collecting of tuition in a sensitive manner.
2. Tuition fees are payable as pledged in the parent signed tuition schedule returned by the deadline date set annually by the school Board for the upcoming school year. If the form is not received by the deadline a follow-up telephone call will be made as a reminder.
3. It is the responsibility of parents/guardians to inform the Board if they are experiencing genuine financial difficulties. Parents/guardians are first of all responsible for the full tuition. If unable to meet this cost they must attempt to get financial assistance from the community (family, church, friends, bank, etc.)
4. All payments received will be applied in the following order:
  - 4.1 Membership dues
  - 4.2 Tuition arrears
  - 4.3 Current tuition fees
5. In the event that a family does not have their tuition paid in full by the last day of the current school year, they forfeit the privilege to have their children automatically enrolled for the following school year. If they wish to enroll their children for the following school year, they are required to re-submit an enrollment application by the appropriate date and initiate a physical meeting with the school board or its representatives.
6. Tuition in arrears are to be dealt with regularly by the Board. Accounts in arrears may be written off with Board approval.

\_\_\_\_\_ Initial of parents, stating the information on this page is complete and true.