



Student Enrollment Form

Student's name:

Last First Middle

Home Address:

Street Name & Number City/Town Postal Code

Date of birth: _____ Age as of Dec. 31, 2011 _____ (SK students must be 5)
Grade (Sept. 1) _____

Child lives with (check all that apply)
Father Mother Guardian

Father's name: _____

Home Phone Number	Work Phone Number	Cell Phone Number

Email address: _____

Mother's name: _____

Home Phone Number	Work Phone Number	Cell Phone Number

Email address: _____

Guardian's name: _____
(only if applicable)

Home Phone Number	Work Phone Number	Cell Phone Number

Email address: _____

Other Emergency Contact #1: _____

Relationship to student: _____

Home Phone Number	Work Phone Number	Cell Phone Number

Other Emergency Contact #2: _____

Relationship to student: _____

Home Phone Number	Work Phone Number	Cell Phone Number

Ecclesia (Sunday School) currently attending: _____

School attended in 2010-2011 school year (if not CHC): Please note that this section must be completed in order to allow us to procure your child's records from his/her former school.

School Name	Phone Number
Address	Fax Number

Other Siblings Not Yet Enrolled at CHC

Name	Date of Birth	Year to be enrolled

- I hereby, as the parent/guardian of _____ give permission for my child to participate in school activities off school property. I will make arrangements for my child's transportation to these events when required. I will provide an approved car seat if required for my child. I understand that if a car seat is legally required, but not provided, that my child will not attend the event. I further understand that all children in my vehicle must be secured in a seat belt or an

appropriate child car seat or booster seat at all times, and that at no time may more than one child be secured by each seat belt.

- I understand that it is my responsibility to provide or to arrange for transportation to and from school for my child for the school year.
- I have read and agree to abide by the school policies, guidelines and code of conduct. I understand the consequences of failing to comply with these policies. I agree to take responsibility for any physical property damage my child may cause during the course of the school year.
- I understand that CHC is entirely dependent on volunteer labor and that my participation is required. I further understand that if my daytime availability is limited, there are many volunteer opportunities that do not require my presence at CHC during the school day. I herewith enclose my completed Volunteer Information Form.

I understand that the deadline for enrollment is APRIL 20th. (note: no deposit is required)

I have attached a copy of my child's birth certificate and OHIP card. (**New students or if requested only**. This is a requirement of the Ministry of Education.)

I would like to arrange for my child to visit CHC during the current school year to become acquainted with the facility, staff and students.

I do not plan to have our child attend CHC next year.

Father's Name (printed)	Father's signature	Date

Mother's Name (printed)	Mother's signature	Date

If the child lives with a guardian other than his/her father or mother, please complete the below:

Guardian's Name (printed)	Guardian's signature	Date



Medical Release Form

Student's name:

Last

First

Middle

Is your child allergic? Please list the allergies, the child's reaction to them, and any medication the child takes for them.

Date of last tetanus shot: _____

Does your child have any other medical, social or academic issues that the school should be aware of?

I understand that accidents result from the nature of some activities and can occur without any fault on either the part of the student, CHC, its volunteers, agents, or the facility/service provider. By choosing to allow my child to participate in activities, I am assuming the risk of an accident occurring. The chance of an accident occurring can be reduced by carefully following instructions at all times while engaging in the activity. CHC does not provide any medical expense insurance on behalf of the student participating in student trip activities.

I agree that the information on the registration form is accurate. I also affirm that the medical information is correct and I give permission for first aid to be administered to my child if necessary, and for CHC staff to seek and authorize emergency medical care for my child when they deem necessary.

OHIP Number	Doctor's Name	Doctor's Phone Number
Other Health Insurance Carrier	Policy Number	Subscriber's Name

Father's Name (printed)	Father's signature	Date

Mother's Name (printed)	Mother's signature	Date

OR

Guardian's Name (printed)	Guardian's signature	Date