

Step Four – Confirmation of Enrolment

The Registrar will confirm acceptance and request the following documents to complete enrollment:

- Membership Application
- Tuition Payment Policy
- Pre-Authorized Payment Plan
- Emergency Release Form
- Emergency Release Form for Students Aged 16 or Older
- Volunteer and Fundraising Connection

Membership Application

Maple Ridge Christian School operates as a registered society under the Society Act of British Columbia. Our official name is Haney-Pitt Meadows Christian School Association. The constitution and by-laws of the Association outline our core beliefs, purpose and governance. Our members elect the Board of Trustees to lead the Association.

New families must apply for membership into the Association. Membership grants rights and responsibilities. All membership applications are subject to approval by the Board of Trustees.

There are two types of membership.

- 1) Full Membership: For those who sign their full agreement with our constitution and claim Jesus Christ as Lord and Saviour of their life.
- 2) Associate Membership: For those who are unable to agree with the constitution. Associate members are without voting rights.

Please review the constitution and by-laws on our website.

Membership Fees

For those with children attending the school, continued membership in good standing is dependent on the initial return of this completed Membership Application and consistent payment of tuition fees. **The membership fee is included in tuition.**

For those with no children attending the school, continued membership in good standing is dependent on the **annual** return of a completed Membership Application and payment of the \$50 membership fee.

Full Membership Application

Parent Last Name: _____ First: _____

Address: _____

Phone: _____ Email: _____

I apply for membership in the Haney-Pitt Meadows School Association and confirm that:

- I have read and declare my full agreement with the Constitution of the Society. I understand that I may become a Full Member upon this application and payment of tuition in full.
- I claim Jesus Christ as Lord and Saviour of my life.
- I will abide by the purposes and the by-laws and the resolutions of the Association and the directives of its Board of Trustees.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Associate Membership Application

Parent Last Name: _____ First: _____

Address: _____

Phone: _____ Email: _____

I apply for membership in the Haney-Pitt Meadows School Association and confirm that:

- I desire to send my child to the school operated by the Society, but am unable to agree with the Constitution. I am willing to pay the full tuition and understand that Associated Members are without voting rights.
- I will abide by the purposes and the by-laws and the resolutions of the Association and the directives of its Board of Trustees.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Tuition Payment Policy

In making this application, I understand my financial commitment to Maple Ridge Christian School. I pledge to pay the tuition for my child per the schedule below.

Method of Payment (please select one):

- In Full (2% discount)
 - July 1: September tuition due
 - September 1: Full payment due

- Two Installments (1% discount)
 - July 1: September tuition due
 - September 1 and February 1: Two installments due

- 10 month – Pre-authorized payment plan

Parent Name: _____

Parent Signature: _____ Date: _____

Early Student Withdrawal

If a student withdraws during the school year, one month's notice must be given or payment of one month of tuition in lieu of notice.

Unpaid Accounts

When a student leaves MRCS for any reason, including graduation, all unpaid accounts remain due to Maple Ridge Christian School.

Financial Hardship

If a financial hardship occurs during the school year, parents must immediately notify the financial office.

If someone other than the applicant will pay all or part of the tuition, please complete the following:

Name: _____

Address: _____

Relationship: _____ Phone: _____

Pre-Authorized Payment Plan for Tuition

Tuition Payor's Name(s): _____

Phone: _____ Email: _____

Payor's Address as per attached cheque. Notification must be given immediately of any address changes.

Amount to withdraw: \$ _____

Type of PAD: Personal PAD Business PAD
Date: July 1 (September tuition) October 1 – June 1 (9 months tuition)
Payment withdrawn on: 1st of month
Void Cheque attached:

Payee's Information: Haney-Pitt Meadows Christian School Association dba Maple Ridge Christian School
12140 – 204B Street, Maple Ridge, BC V2X 2Z5

Authorization

- I/We acknowledge that this agreement is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of the Processing Institution agreeing to process debits ("PADS") against the Account with the Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").
- By signing this agreement, the Payor acknowledges having received and read a copy of this agreement (attached), acknowledges understanding the terms and conditions of this agreement, and agrees to be bound by the terms and conditions of this agreement. I/We warrant and guarantee that the person(s) whose signature(s) is required to sign on the Account have signed the agreement.

Account Holder's Signature: _____ Date: _____

Account Holder's Signature: _____ Date: _____

Waiver of Pre-Notification

- I waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable adjustments or tuition increases.

Account Holder's Signature: _____ Date: _____

Account Holder's Signature: _____ Date: _____

Cancellation of Payment (30 days notice is required before the next PAD is due)

The above named account holder(s) are cancelling this PAD agreement effective: _____

Account Holder's Signature: _____ Date: _____

Account Holder's Signature: _____ Date: _____

Pre-Authorized Payment Plan Agreement

- I warrant that the provided information is accurate.
- I will inform the payee, in writing, of any change in the information provided in this section of the authorization 5 business days prior to the next due date of the Pre-Authorized Debit (the "PAD").
- I acknowledge that the authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my account as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association.
- I warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the account have signed the authorization below.
- I hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule H4 of the Rules of the Canadian Payments Association) drawn on the Account, for the following purpose: Student Tuition at Maple Ridge Christian School.
- I will ensure funds are available for withdrawal on the due date.
- I acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including but not limited to, the amount, Payor's Name, address and financial institution.
- I may cancel the Authorization at any time upon providing written notice of 30 days to the payee. I may obtain a cancellation form, or further information at my financial institution or by visiting www.cdnpay.ca
- I may dispute a PAD only under the following conditions:
 - The PAD was not drawn in accordance with the Authorization. I have certain recourse rights if any debits do not comply with this agreement and have the right to reimbursement for any debit that is not authorized and is not consistent with this PAD agreement. I have certain recourse rights and can obtain more information on my recourse rights by contacting my financial institution or visiting www.cdnpay.ca
 - The Authorization was revoked. In order to be reimbursed for a PAD dispute, written notification must be received within one month of the posting of such PAD. I have certain recourse rights and can obtain more information on my recourse rights by contacting my financial institution or visiting www.cdnpay.ca
- The Payee may issue a PAD once a month on either the 1st or 15th of each month in the amount indicated on the signed current school year's tuition schedule. Additional payments may be processed with prior verbal consent.
- Revocation of the Authorization does not terminate any contract for tuition that exists between the Payee and me. The authorization applies to only the method of payment and does not otherwise have any bearing on the contract for services exchanged.
- I consent to having the School collect personal information that may include names, addresses, telephone numbers, name of financial institution, bank account numbers and any similar information required for processing tuition payments. I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of the School for the purpose of processing tuition payments to the School.

Emergency Release Form

Student's Last Name: _____ First: _____

Student's BC Personal Health No: _____

As a result of a serious occurrence affecting normal operations of the school, children will not be released from school until an authorized adult comes to retrieve them or unless their parents has signed an Emergency Release Form for Students Aged 16 or Older.

If you child requires daily medication or has a medical condition that requires special attention, please ensure that the school has this information and a 48-hour supply of any essential medication. If there are any alerts that the school should be aware of pertaining to the release of your child into the custody of a certain individual, please ensure the school office is informed.

In the event of an illness or an injury to my child, or a serious occurrence resulting in school closure during the school day such as an earthquake or fire, and I am unable to collect my child from school,

I _____, authorize the release of my child(ren) as named above into the custody of the following people:

Maple Ridge Contact: _____

Relationship to Student: _____ Cell: _____

Secondary Contact: _____

Relationship to Student: _____ Cell: _____

Out of Area Contact (outside 604 and 778 area code): _____

Relationship to Student: _____ Cell: _____

Parent Signature: _____ Date: _____

Emergency Release Form for Students Aged 16 or Older

In the event of an emergency, this form allows your child aged 16 years or older to be released from the school property without a parent.

Student's Last Name: _____ First: _____

I give permission for my child (named above) to be released from Maple Ridge Christian School in the event of an emergency. My child is aged 16 years or older.

Parent Name: _____

Parent Signature: _____ Date: _____

Emergency Release for Younger Siblings

In the event of an emergency, this form allows your child aged 16 years or older to be the caregiver for younger sibling(s) and be released from the school property without a parent.

Student's Last Name: _____ First: _____

I give permission for my child (named above) to be identified as the caregiver/guardian for his/her younger siblings in the case of an emergency. My child named as the caregiver/guardian is aged 16 years or older.

Siblings Name: _____

Siblings Name: _____

Parent Name: _____

Parent Signature: _____ Date: _____

Volunteer and Fundraising Connection

Maple Ridge Christian School is a community! We encourage parents to be active in their child's education. You are welcome in classrooms, on committees and at special events. We value parents sharing their skills and talents in service to the school.

We urge you to fill in this form regardless of your schedule. Not only will it help you understand some of the volunteer opportunities that exist, it will help us understand your skills and interest. (Note: We do not ask families to volunteer during their first year at MRCS.)

Fundraising

Each year we have an annual fundraising campaign that focuses on tangible projects around the school. Tuition and government grants cover only the majority of our operating expense and fundraising is necessary to fund capital improvements or projects. Please pray about how you might be involved in our annual fundraising campaign. We are grateful for those who have given faithfully and obediently to support our mission and vision.

Please print

Parent Last Name: _____ First: _____

Phone: _____ Email: _____

Occupation: _____

Parent Last Name: _____ First: _____

Phone: _____ Email: _____

Occupation/Training: _____

Volunteer Connection – Page 2

Please check the service opportunities that are of interest to you. Where applicable, please indicate beside the job which parent/guardian is interested. Thank you for your support!

- Building & Maintenance Committee
- Oversees maintenance and repair
 - Oversees capital expansion projects

- Policy Guideline Committee
- Oversees educational policies

- Marketing & Development Committee
- Establishes fund-raising initiatives

- Crisis Management Committee
- Prepares for emergencies

General Office Help

- Data Entry
 Answering phones
 Filing
 Other _____

Building & Grounds

- Electrical
 Heat/Air Repair
 Construction
 Landscaping
 Painting
 Plumbing
 Gardening/Yardwork

Professional Services

- Printing
 Legal Advice
 Media contacts
 Other _____

In-School Services

- Drama sets
 Coaching/Athletics
 Field trips
 Costumes
 Driving
 Library
 Exploratories
 Other _____

Event Services

- Advertising
 Set Up/Clean Up
 Food Preparation
 Decorating
 Donations
 Games
 Other _____

Classroom Help

- Crafts
 Reading Groups
 Bulletin Boards
 Other _____