



Maple Ridge Christian Preschool

Roots to Wings

## **Roots to Wings Preschool Application – Checklist**

This checklist outlines our application process. Questions? Please ask us. We are here to help.

### **Step One – Apply**

Complete and submit these documents to the Maple Ridge Christian School office:

- Roots to Wings Preschool Application
- Roots to Wings Preschool Child Profile
- Consent Form
- Emergency Consent
- Tuition Fees and Payment Policy
- Pre-Authorized Payment Plan
- Copy of Birth Certificate
- Copy of Immunization Record
- Recent Photograph
- Application Fee: \$35 (non-refundable)

### **Step Two – Confirmation of Enrolment**

- The Preschool Director will confirm enrolment, start date and class time.



# Maple Ridge Christian Preschool

## Roots to Wings

### Roots to Wings Preschool Application – 2017-18

<b>For Office Use Only</b>			
Application <input type="checkbox"/>	Birth Certificate <input type="checkbox"/>	Immunization Record <input type="checkbox"/>	Date Rec: _____
Consent Form <input type="checkbox"/>	Tuition Fees Form <input type="checkbox"/>	Emergency Consent <input type="checkbox"/>	Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/> Waitlist <input type="checkbox"/>
Pre-Authorized Payment <input type="checkbox"/>	Recent Photograph <input type="checkbox"/>	Application Fee <input type="checkbox"/>	Start Date: _____

#### Please select the class you are registering for:

Preschool (born in 2014 – age 3)   
Tuesday / Thursday

Junior Kindergarten (born in 2013 – age 4)   
Monday / Wednesday / Friday

#### Please select first and second choice (afternoon class is dependent on registration demands):

Morning class – 8:40 – 11:10 AM \_\_\_\_\_

Afternoon class – 12:10 – 2:40 PM \_\_\_\_\_

#### Child Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Middle: \_\_\_\_\_ Preferred Common Name: \_\_\_\_\_

Birthdate (dd/mm/year): \_\_\_\_\_ Gender: \_\_\_\_\_

#### Household Information

Primary Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

The student lives with: Parents  Mother  Father  Guardian  Other: \_\_\_\_\_

(Please submit copies of custody agreements/restraining orders, if applicable)

Primary Language spoken at home: English  Other: \_\_\_\_\_

Name of English speaking person (if needed): \_\_\_\_\_ Phone: \_\_\_\_\_



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## Roots to Wings

### Roots to Wings Preschool Application – Page 2

Father's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Person(s) Authorized to Pick Up Child

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency Contacts

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_



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## Roots to Wings

### Roots to Wings Preschool Application – Page 3

Family Doctor: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_

Please list the names of significant people in your child’s life (siblings, grandparents, etc.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

How did you hear about us: Friend/Family  Newspaper  Website  Other: \_\_\_\_\_

Is there someone we can thank for referring you to our school? \_\_\_\_\_

If your family attends a church, please indicate which one: \_\_\_\_\_

Why do you wish to enroll your child in Roots to Wings Preschool?

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

### Optional

Please check all school options you are considering for your child:

Home School  Public School  French Immersion  Christian School  Other

Please provide me with information on Kindergarten-Grade 12 at MRCS Yes



# Maple Ridge Christian Preschool

## Roots to Wings

### Roots to Wings Preschool Child Profile

Child's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Preferred Common Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birthdate (dd/mm/year): \_\_\_\_\_ City/Country of Birth: \_\_\_\_\_

Child's Residency Status: Canadian Citizen  Permanent Resident

Child's BC Personal Health No: \_\_\_\_\_

#### Group Experience

Name your child's favourite toys and activities: \_\_\_\_\_

When alone, my child likes to play with: \_\_\_\_\_

My child likes to pretend: \_\_\_\_\_

When I am together with my child, we usually: \_\_\_\_\_

My child likes to play with: Brothers  Sisters  Cousins  Friends  By him/herself  Other

Has your child had previous playgroup experience? Yes  No

If yes, how did your child adapt? \_\_\_\_\_

How does your child behave toward other children (seek others out, feels shy, etc.):

\_\_\_\_\_

Additional activities (story hour, swimming lessons, Awana, Cubbies, sport, dance, etc.):

\_\_\_\_\_

\_\_\_\_\_



# Maple Ridge Christian Preschool

## Roots to Wings

### Roots to Wings Preschool Child Profile – Page 2

#### Immunization Status

Is your child up-to-date on immunizations? Yes  No  Not Immunized

Copy of immunization record attached

#### Health Information

For his/her age, do you consider your child to be: Mature  Average  Immature

Can your child dress and toilet him/herself? Yes  No

Describe any physical, mental or emotional disabilities (allergies, heart, hearing impairment, speech impediment, nervous condition, etc.):

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What medical information would help us understand your child better (birth complications, speech, hearing, allergies, asthma, heart, vision, development, etc.):

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Has your child been referred to any specialists (allergist, eye doctor, hearing, pediatrician, etc.):

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Is your child taking any regular medications? If yes, please explain: \_\_\_\_\_

Has your child received any diagnostic testing? Yes  No  Dates of testing: \_\_\_\_\_

Is this information available to the school? Yes  No



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### Roots to Wings Preschool Child Profile – Page 3

Do any agencies such as the Child Development Centre, health clinics or speech pathologists have reports on your child? Yes  No  If yes, please attach a copy.

Please describe any concerns you may have regarding your child's development (behavior, vision, hearing, speech, language, mobility, etc.):

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### Emotional

How does your child react when left with unfamiliar people and/or unfamiliar situations?

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Does your child have any particular fears? Please explain:

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Do you have suggestions that will help us make your child's transition into this program easier?

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### In making this application:

- I understand and agree with the mission, vision and purpose of Roots to Wings Preschool.
- I understand that the school reserves the right to dismiss any student who does not respect the standards of the school or cooperate in the education process.
- I acknowledge my financial obligation to the school and will adhere to the policies related to tuition and school fees.
- I have, to the best of my knowledge and ability, answered all questions truthfully and completely.
- I hereby certify that I am a legal resident of British Columbia.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Maple Ridge Christian Preschool

## Roots to Wings

### Roots to Wings Consent Form

#### Emergency Consent

Should your child need emergency medical attention and attempts to contact you or your emergency contact person fails, we will call an ambulance. We will continue to attempt to reach you or your emergency contact person. Please authorize us to take your child to an emergency center by signing the following statement:

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_

authorize the staff at Roots to Wings Preschool and Maple Ridge Christian School to take my child to an emergency clinic for medical attention when my emergency contact person or I cannot be reached.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Personal Information Consent

In compliance with the Personal Information Privacy Act, Maple Ridge Christian School (MRCS) requires the consent of parent(s) or guardian to collect, store and utilize personal information. Please carefully read the information below and return this form to the school office.

- I consent to having Maple Ridge Christian School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents work numbers and email address, behavioral, academic and health information, emergency contact information, doctor's name and number, health insurance number and any similar information needed for registration.
- I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of MRCS (1) for the purpose of establishing, maintaining, and terminating the student's or parents relationship with MRCS (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in MRCS's Personal Information Privacy Policy, a copy of which is available on request.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Maple Ridge Christian Preschool

## Roots to Wings

### Roots to Wings Consent Form – Page 2

#### Photograph Publishing Consent

I consent to having photographs and/or work samples of my child used by Maple Ridge Christian School in the yearbook, newsletters, website, Facebook and other promotional material.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### MRCS Family Phone Directory

MRCS prepares an annual phone directory. Please indicate if you DO NOT want your phone/address included:

NO THANK YOU      Parent's Signature: \_\_\_\_\_

#### Neighbourhood Walk Consent

We enjoy taking our students on walks through the neighbourhood and to the wooded park next to our school. I consent to having my child go on supervised neighbourhood walks during the school year.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Observation Consent

As part of our desire to ensure a positive learning experience, meet individual needs and develop the unique gifts of every student, the Learning Assistance and Special Needs Coordinator will on occasion observe the preschool and junior kindergarten class. I consent to having the Learning Assistance and Special Needs Coordinator observe and share any observations made in regards to my child with the preschool staff and me.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Maple Ridge Christian Preschool

## Roots to Wings

### Emergency Consent

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

Birthday (dd/mm/year): \_\_\_\_\_ BC Personal Health No: \_\_\_\_\_

Address: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Out of Lower Mainland Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

- It is the policy of this preschool to notify a parent when a child is ill and needs medical attention. Occasionally we cannot contact parents and we need to get immediate help. Our procedure is to ensure that the child is taken to the nearest emergency service, either by our staff or by emergency vehicle.
- Please sign the consent below so that we can take appropriate actions on behalf of your child. This consent will accompany the child to the emergency centre.
- I hereby give consent for my child \_\_\_\_\_ when ill to be taken to the nearest emergency centre by the Care Facility Staff or by emergency vehicle when I cannot be contacted.
- I hereby give consent for my child \_\_\_\_\_ to receive medical treatment.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Maple Ridge Christian Preschool

Roots to Wings

## Ridge Meadows Association for Community Living Consent

Roots to Wings is happy to be involved with the Ridge Meadows Association for Community Living. This agency runs the Supported Child Development Program (SCDP), the Infant Development Program (IDP), the Aboriginal Supported Child Development Program (ASCDP) and the Aboriginal Infant Development Program (AIDP). Consultants from these programs can offer our staff and parents support, advice and help. All discussions between our center staff and the consultants from these programs are kept in the strictest confidence.

We kindly ask for your consent to have any initial conversations between our staff and these consultants.

I consent to dialogue between the Supported Child Development / Aboriginal Supported Child Development programs and/or the Infant Development / Aboriginal Infant Development Programs and the center staff to have initial discussions regarding my child without a referral.

Yes  No

Currently, consultants have permission to video tape some children on his/her caseload. Occasionally, this means that another child may be in the background of the filming. These clips are used for internal use and are not used publicly.

With this understanding, I give permission for my child to be in the background of a SCDP / ASCDP taped observation.

Yes  No

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

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Maple Ridge Christian Preschool

## Roots to Wings

### Tuition Fees and Payment Policy – 2017-18

#### Tuition Fees for Preschool and Junior Kindergarten

- \$140 per month – Preschool (born 2014 – age 3) – two half-days per week
- \$175 per month – Junior Kindergarten (born 2013 – age 4) – three half-days per week

Fees remain unchanged regardless of sick days, vacation days, statutory holidays and school professional development days. Please see the Parent Handbook for further details.

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

#### Method of Payment (please select one):

- In Full on the first day of preschool
- Two Installments
- 10 month – Pre-authorized payment plan

#### 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 for any reason, all unpaid accounts remain due to Maple Ridge Christian School.

#### Financial Hardship

To learn if you qualify for the BC Government Child Care Subsidy, please visit: [www2.gov.bc.ca](http://www2.gov.bc.ca)  
If a financial hardship occurs during the school year, parents must immediately notify the school office.

Parent Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Maple Ridge Christian Preschool

## Roots to Wings

### 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:  1<sup>st</sup> 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: \_\_\_\_\_



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### **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](http://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](http://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](http://www.cdnpay.ca)
- The Payee may issue a PAD once a month on either the 1<sup>st</sup> or 15<sup>th</sup> 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.