



# VICTORY CHRISTIAN SCHOOL

## PRESCHOOL PROGRAM APPLICATION PACKET CHECKLIST

The following is a list of all the forms, documents and fees that must be submitted with your application package. Please check off each box as you complete the checklist and submit it as a part of your application package.

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

- Application Form
- Parental Agreement for Child Care
- Child Health History
- Two Emergency Information Record Cards  
(Both completed in full)
- Application Fee of \$100.00
- Documentation of Legal Name  
(Birth Certificate, Passport, Immigration  
Document)

Which class would you prefer?

\_\_\_\_\_ Tuesday & Thursday Morning (8:30-11:30am)

\_\_\_\_\_ Tuesday & Thursday Afternoon (12:30-3:30pm)

\_\_\_\_\_ Wednesday & Friday Morning (8:30-11:30am)  
(\*Subject to enrollment numbers)

\_\_\_\_\_ Any Available class

# **PRESCHOOL APPLICATION FORM:**

Child's Name: \_\_\_\_\_ School Year Applying: \_\_\_\_\_  
Last Name First Name Middle Initial

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  
Day Month Year

Child's Address: \_\_\_\_\_  
Street City Postal Code

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Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_  
Street City Postal Code

Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_  
Street City Postal Code

Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Legal Custody of Child (special instructions): \_\_\_\_\_

Previous Experience in Group Settings: \_\_\_\_\_

What Language(s) does your child speak? \_\_\_\_\_

What Language is predominantly spoken at home? \_\_\_\_\_

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Emergency Contact (other than parents): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Alternate Emergency Contact (other than parents): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

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**CHURCH AFFILIATION**

Home Church: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Senior Pastor: \_\_\_\_\_ Are you members: YES / NO

Attendance:  one service / week  two services / week  three or more services / week

Are you open to your child learning about God, Jesus Christ, the Holy Spirit and the Bible?  Yes  No

Are you open to your child praying in class with their teacher/classmates?  Yes  No

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**ACCIDENT / SICKNESS POLICY**

In the event of a medical emergency, I \_\_\_\_\_, understand that every effort will be made to contact me or the emergency contact person(s). In the event that none of the above can be reached, I give permission to the staff of the VCS Preschool Program to seek medical treatment necessary for \_\_\_\_\_ (Child's Name). I agree to be responsible for any cost incurred.

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

**FIELD TRIP POLICY**

I, \_\_\_\_\_ authorize the staff of the VCS Preschool Program to take my child off the premises of Victory Christian School for purposes of outdoor activities. (Please note that for any major outings the parents will be notified and a permission slip with parent signature will be required).

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

**TRANSPORTATION POLICY**

I, \_\_\_\_\_ hereby give permission to the staff of the VCS Preschool Program to transport my child in the event of field trips.

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

**PICTURE RELEASE**

I, \_\_\_\_\_ hereby give permission to the of the VCS Preschool Program to photograph my child in his/her daily school activities and special school events and understand that they may be displayed in the school on bulletin boards, in school newsletters, in print advertising, on the school website, for video advertising, school yearbook and any other type of print or electronic form. I will not hold the VCS Preschool Program liable in any way for outside misrepresentation of our advertising/promotional materials.

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

The VCS Preschool Program admits children of any race, color, nationality and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to children in the program. It does not discriminate on the basis of race, color, nationality and/or ethnic origin in administration of its childcare policies, admissions policies, or school-administered programs.

I affirm that all the information contained in this application is true and accurate to the best of my knowledge. I understand that providing false information or omission of pertinent information could be reason for rejection of this application or dismissal from the VCS Preschool Program. I also understand that I may be asked to provide additional written information.

I understand that my \$100 Application Fee is non-refundable.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Make all cheques payable to Victory Christian Center and submit with the application form, or mail to: 11520 Ellerslie Road, S.W., Edmonton, AB T6W 1A2. If you have any questions, please contact the School Office at (780) 988-5433 during regular business hours.

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**FOR OFFICE USE ONLY:**

\_\_\_\_\_ Date Application Received  
\_\_\_\_\_ Parental Agreement Received  
\_\_\_\_\_ Child Health History Received  
\_\_\_\_\_ Emergency Information Record Cards Received  
\_\_\_\_\_ Documentation of Legal Name  
\_\_\_\_\_ Copy of Alberta Health Care Card  
\_\_\_\_\_ Date of Interview  
\_\_\_\_\_ Interviewed By  
\_\_\_\_\_ Admission Granted/Denied

**PAYMENTS (cash, cheque, credit card):**

\_\_\_\_\_ **Application Fee**  
\_\_\_\_\_ **Tuition Fees**

Age as of September \_\_\_\_\_

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# PARENTAL AGREEMENT

I/We, \_\_\_\_\_ wish to enroll  
my/our child, \_\_\_\_\_ with your program starting,  
\_\_\_\_\_ AND it is hereby agreed:

1. I/We will pick up my/our child from the VCS Preschool Program no later than 3 hours from when I/we dropped them off and no later than the scheduled end time of class.
2. I/We will notify Victory Christian School General Office if my/our child is to be absent even for one (1) day.
3. All program fees are due in advance; on or before the first (1<sup>st</sup>) calendar day of each month. A 10% late fee will be applied for payments received after the 5<sup>th</sup> of the month. Program fees are rated on a per calendar month basis and shall not be subjected to any adjustments on grounds of partial month attendance, statutory and civic holidays, sick days, vacation or absent times of the like. If a child enrolls in the VCS Preschool Program mid month, charges are pro-rated according to actual number of days enrolled.
4. I/We agree to abide by the sick policy and will not bring my/our child to the VCS Preschool Program if he/she is not well. If she/he had been exposed to, or contacted a contagious disease, I/we will report and discuss the circumstances with the School Office immediately and a medical clearance certificate will be required prior to his/her return to the program.
5. I/We will advise the Victory Christian School Office immediately of any foreseeable change of address, phone numbers, marital status, place of employment or schooling, so that I/we may be reached without delay when necessary.
6. When it is no longer possible for my/our child to continue attending the VCS Preschool Program, I/we will discuss the situation with the Preschool Administrator and give one (1) month's written notice or a month's fee in lieu, or a combination thereof.
7. I/We whose name(s) are entered above and who are the undersigned of this agreement agree to pay Program fees for the child named herein.
8. I/We agree to take responsibility to pay any costs occurred in case of a medical emergency. I/We consent to the staff of the VCS Preschool Program in making any emergency medical decisions on my/our behalf until such a time when we are physically present and able to do so on my/our own.
9. LIABILITY: I/We further agree to hold the VCS Preschool Program and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the preschool or any agent thereof because of any injury or alleged injury to my child. Should legal action for any reason be taken against the preschool or any employee or agent thereof on my child's behalf and the preschool or its legal agent not be found at fault, I agree to pay any attorney fees, court fees, damages, or other costs that the school or its agent should incur to defend itself against such action.

This Parental Agreement Statement will be in effect for as long as my/our child attends the Victory Christian School Preschool Program.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Preschool Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

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

# Child Health History

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

Age: \_\_\_\_\_

Please check any and all that apply to your child:

- |   |   |
|---|---|
| <input type="checkbox"/> Heart Condition                            | <input type="checkbox"/> Asthma                 |
| <input type="checkbox"/> Drug Allergies (Penicillin, Insulin, etc.) | <input type="checkbox"/> Diabetes               |
| <input type="checkbox"/> Allergies (stinging insects)               | <input type="checkbox"/> Epilepsy               |
| <input type="checkbox"/> Physical Limitations                       | <input type="checkbox"/> Seizures               |
| <input type="checkbox"/> Hemophilia                                 | <input type="checkbox"/> Emotional Disabilities |
| <input type="checkbox"/> HIV virus                                  | <input type="checkbox"/> Hyperactivity          |

If any of the medical conditions listed above apply, please explain: \_\_\_\_\_

\_\_\_\_\_

Is your child currently taking any medication? \_\_\_\_\_

If YES, please list the medication and reasons for taking such medication: \_\_\_\_\_

\_\_\_\_\_

Does your child have any special needs? If so, please explain how we can help to meet these needs. \_\_\_\_\_

\_\_\_\_\_

Is there any additional information that would assist us in providing care for your child? If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

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

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Are your child's immunizations up to date?  Yes  No

**(Please include a copy of immunization records to be placed in your child's file)**

**Portable Emergency Record Card**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ AB Health Care #: \_\_\_\_\_

Name of Parent()/Guardian: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Mother's Contact #: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's Contact #: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

**EMERGENCY CONTACT TO WHOM CHILD CAN BE RELEASED:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Telephone #: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

**ALTERNATE EMERGENCY CONTACT TO WHOM CHILD CAN BE RELEASED:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Telephone #: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

**OTHER HEALTH INFORMATION**

Family Physician Name & Telephone #: \_\_\_\_\_

Allergies: \_\_\_\_\_ On Going Medication: \_\_\_\_\_

Immunizations up to date? YES NO

**Portable Emergency Record Card**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ AB Health Care #: \_\_\_\_\_

Name of Parent()/Guardian: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Mother's Contact #: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's Contact #: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

**EMERGENCY CONTACT TO WHOM CHILD CAN BE RELEASED:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Telephone #: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

**ALTERNATE EMERGENCY CONTACT TO WHOM CHILD CAN BE RELEASED:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Telephone #: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

**OTHER HEALTH INFORMATION**

Family Physician Name & Telephone #: \_\_\_\_\_

Allergies: \_\_\_\_\_ On Going Medication: \_\_\_\_\_

Immunizations up to date? YES NO

## **Preschool Program** **SUPPLY CHECKLIST**

- Backpack to bring things to and from school
  
- Indoor Black Shoes  
(runners are acceptable)
- Outdoor Shoes  
(appropriate to the weather as students will be outside for recess)
- Paint smock or shirt  
(to be worn over uniform during art center time)
- 1 Extra set of clothes  
(these will remain in the class in case they are needed)
- Picture Bible  
(can be purchased through the VCS office)
  
- 1 Box of Soft Kleenex
  
- 1 250ml Antibacterial Hand Sanitizer

*\*All remaining materials for class work will be supplied by the Preschool Program.*

**Please contact Victory Christian School Office at (780) 988-5433 should you have any questions.**