



ABBOTSFORD CHRISTIAN SCHOOL

Engaging Minds. Nurturing Hearts. Shaping God's World.

September 5, 2018

Hello!

Wow, can you believe you are at this point in your life? It seems like just the other day you were bringing your little bundle of joy home for the very first time and now you are preparing for Preschool. We are thrilled that you are considering ACS!

This is your application package and the first page, "General Application Procedures & Information," is a detailed application checklist of the forms to complete, things to include and important information. Use it as a guide as you complete each form in the package, check each box and include it when you return your completed application package.

THE APPLICATION PROCESS:

- Complete all forms and parts of the application package.
- Return your completed application package to ACS.
- Completed application packages are date and time stamped in order of receipt, which will be referred to for waitlist decisions.
- Once approved, you will receive an acceptance letter and package, containing forms to complete which will hold your child's spot.
- Return the completed acceptance package to ACS.
- Welcome to ACS! Your child is registered.

I am your primary contact throughout the Admissions process. Please feel free to get in touch with me with any questions or comments.

Thank you!

JESSICA SCHUURMAN
Elementary School Administration Assistant
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info@abbotsfordchristian.com

ADMIN OFFICE

35011 Old Clayburn Road
Abbotsford B.C. Canada V2S 7L7
P 604.755.1891 F 604.850.6978

ACS ELEMENTARY

3939 Old Clayburn Road
Abbotsford B.C. Canada V3G1J9
P 604.755.1891 F 604.850.7075

ACS MIDDLE

35011 Old Clayburn Road
Abbotsford B.C. Canada V2S 7L7
P 604.755.1891 F 604.859.9995

ACS SECONDARY

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P 604.755.1891 F 604.859.2240



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GENERAL APPLICATION PROCEDURES & INFORMATION

PRESCHOOL

FAMILY LAST NAME: _____

PARENT FIRST NAME(S): _____

STUDENT FIRST NAME(S): _____

APPLYING TO START: _____ in the age 3 or 4 program (circle one)
(Month/Year)

APPLICATION CHECKLIST:

Please complete and submit the following:

FORMS:

- General Application Procedures and Information (this checklist page)
- Family Profile (one per family)
- Preschool Student Profile (one per student)
- Personal Information Parental Consent Form (one per family)
- Preschool Class Scheduling (one per student)

INCLUDE:

- Copy of student's birth certificate: required by government funding regulation. (For the 3-year-old program, students must have reached three (3) years of age by August 31 of the year of enrollment. For the 4-year old program, students must have reached four (4) years of age by December 31 of the year of enrollment.)
- Non-refundable application fee: \$45 per child payable to ACS via cheque/cash, or online at abbotsfordchristian.com/preschool-fee.
- If applicable, a copy of report(s) from Child Development Centre, Ministry of Children and Family Development, Sunny Hill Health Centre for Children and/or other hospitals or health agencies.
- If applicable, a copy of legal documentation such as Canadian Citizenship or Student Visa and Study Permit.

IMPORTANT INFORMATION:

- I understand that **completed** application packages are date stamped in order of receipt and may impact waitlist scenarios. _____ (parent(s)/guardian(s) initials)
- I understand that once students are registered at ACS, parents must give 30 days written notice of withdrawal. (Less than 30 days notice is subject to a penalty of one month's tuition.)
_____ (parent(s)/guardian(s) initials)

NEXT STEPS

1. You will receive an email message with your application complete date and time.
2. Notification of decision: If accepted you will receive an email message or phone call. This will be followed by an Acceptance Offer Package. Please complete and return to ACS in order to be registered.

NOTE: Students will be accepted based on space and/or suitable program availability or waitlisted.

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FAMILY PROFILE

PRESCHOOL

FAMILY LAST NAME: _____

Mother (or Guardian) Name: _____

Did you graduate from ACS? Yes No Grad Year: _____ Maiden Name: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Phone: _____ Cell: _____

Email: _____ Church affiliation (if applicable): _____

Employer: _____

Occupation: _____ Work Phone: _____

Canadian Citizen: Yes No If no: Landed Immigrant: Yes No *If no, submit legal document copies

Father (or Guardian) Name: _____

Did you graduate from ACS? Yes No Grad Year: _____

If different from above:

Address: _____ City: _____ Province: _____

Postal Code: _____ Phone: _____ Cell: _____

Email: _____ Church affiliation (if applicable): _____

Employer: _____

Occupation: _____ Work Phone: _____

Canadian Citizen: Yes No If no: Landed Immigrant: Yes No *If no, submit legal document copies

Marital Status: Married Divorced Separated Widowed Single

Student(s) lives with: Both Parents Father Mother Guardian

Shared custody? Yes No If yes, please provide signatures below to verify consent of this application from **both** parents.

Children Living at Home:

NAME	BIRTH DATE (m/d/y)	GENDER

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FAMILY PROFILE

PRESCHOOL

Questions:

Why do you wish to have your child(ren) enrolled at ACS?

Who or what influenced your decision to enroll your child(ren) at ACS Preschool? (Check one or more)

Friends Family Church Advertising Other _____

What are your expectations of Abbotsford Christian School?

Are there any special needs/circumstances we should be aware of? Explain:



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STUDENT PROFILE

PRESCHOOL

Please complete a student profile for each child applying to ACS Preschool.

Student's Name: _____ Gender: _____
Last First Middle

Date of Birth: _____ Place of Birth: _____
Month/Day/Year City Province Country

SOCIAL INFORMATION:

Usually my child likes to play with:

- brother/sister(s)
- by him/herself
- friends
- cousins
- neighborhood children

Other (explain) _____

My child likes to pretend: _____

When I am with my child we usually: _____

For his/her age, do you consider your child to be: immature average mature

Describe your child's personality (shy, nervous, outgoing, strong-willed, cooperative, confident).

Additional activities (mom & tot groups, swimming lessons, sports, Wee College, music/dance, etc.)

MEDICAL INFORMATION:

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

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

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

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STUDENT PROFILE

PRESCHOOL

ACADEMIC & BEHAVIOURAL INFORMATION

Has your child ever received (or is scheduled to receive) diagnostic assessments or testing? Yes No

If yes: What was the nature of the assessment/test: _____

When did/will these assessments/tests take place: _____

Do any other agencies (i.e. The Child Development Centre, Ministry of Children and Family Development, Sunny Hill Health Centre for Children, and/or other hospitals or health agencies) have reports on your child?

Yes No

Can you make all assessments, tests, and/or reports available to the school upon request? Yes No

If no, please explain: _____

If yes, will your child require one-on-one, in-class support from the Child Development Centre?

Is there anything else, related to the above questions or otherwise, you would like us to know about your child?

The information collected on this form is used and disclosed by Abbotsford Christian School (ACS) in accordance with the Personal Information Privacy Policy for Parents and Students of ACS, a copy of which is available from the school's Privacy Officer.



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PERSONAL INFORMATION PARENTAL CONSENT FORM

PRESCHOOL

PARENT FIRST NAME(S): _____ **PARENT LAST NAME:** _____

In compliance with the Personal Information Privacy Act, Abbotsford Christian School (ACS), 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 ACS Administration Office.

I consent to having Abbotsford Christian School (ACS) collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and e-mail address, behavioural, academic, and health information, report cards, emergency contact name and number, doctor's name and number, health insurance number, and any similar information needed for application and registration.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of ACS: (1) for the purpose of establishing, maintaining, and terminating the student's or parents' relationship with ACS; (2) for additional purposes identified when or before personal information is collected; and (3) as otherwise provided in ACS' Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use, and disclosure of such personal information by and to agents, contractors, and service providers of ACS.

Signature: Parent/Legal Guardian	Print Name	Date
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Signature: Parent/Legal Guardian	Print Name	Date
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This information is required in order to register your child at this school and assist the school authority in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For more information, the privacy officer for ACS is Julius Siebenga and may be reached at 604.755.8103.

ACS acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision, and instruction of your child(ren) at this school, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all digital and hard copy parent and student personal information.

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CLASS SCHEDULING

PRESCHOOL

Please complete a class scheduling form for each child applying to ACS Preschool.

Parent's First and Last Name: _____

Child's Name: _____ Phone Number: _____

Does your child have a friend he/she would like to be with? Yes No

If yes, please provide name of friend: _____

Please check one of the following:

- A. Three-year-old program (2 mornings - 2 hours)
Must be age 3 by August 31 of requested school year.

Mark 1st, 2nd, and 3rd choice

- B. Four-year-old program (2 afternoons - 2.5 hours) _____
- C. Four-year-old program (3 mornings - 2.5 hours) _____
- D. Four-year-old program (3 afternoons - 2.5 hours) _____

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TUITION AND FEES POLICY

PRESCHOOL

The business office is here to assist you in dealing with financial matters as they relate to ACS and your child's education. Timely communication with the Business Office is key in administering the tuition and fees policy that follow, and assistance can only be provided with open, yet confidential, communications. *Please keep this page for your reference.*

TUITION PAYMENTS

Due September 1, payable by the following options:

- Paid in full first day of school
- Two installments on September 1 and February 1
- Pre-authorized payment plan over 10 months

PAYMENT OPTIONS

- One-installment or two-installment payment options can be made by cheque
- Mandatory for the 10-month payment option is via Pre-Authorized payment plan.

UNPAID ACCOUNTS

- **30-days arrears:** When arrears have aged for 30 days, the Business Office shall advise the person with arrears of the delinquency and request payment in full within 7 days.
- **60-days arrears:** When arrears have aged for 60 days, the Business Office shall again advise the person with arrears of the delinquency and shall request a firm payment date or written repayment plan proposal, the latter to be approved at the sole discretion of the Executive Director.
- **90-days arrears:** When arrears have aged for 90 days, the person with arrears shall be contacted for the third and final time requesting payment in full or a written repayment plan. Furthermore, a late payment fee of the greater amount of 10% of the amount owing and \$175.00 shall be added to the person's account. Such communication shall also include the information that upon 120 days of aging, the debt may be forwarded to an external agency for collections, after which the debtor will need to deal with the collection agency only in settling the collection of the debt.
- If tuition is not paid in full or an approved payment plan is not in place before the 15th of January or the 15th of August of each school year, the student will not be re-enrolled in the new school year or semester.
- ACS does not provide income tax receipts for preschool tuition.
- **NOTICE:** Once a student has been enrolled at ACS a minimum of 30 days' written notice of withdrawal shall be required after which tuition fee billings will stop.

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