



Beacon Christian School

ENROLMENT APPLICATION 2017 – JK to Gr. 8

Student Information:			
Last Name:	First Name:	Initial(s):	
Birthdate (mm/dd/yy):	Grade Entering:	Phone Number:	
Address:			
City:	Province:	Postal Code:	
Last School Attended: IF APPLICABLE		OFFICE USE ONLY	
Name:		Received copies of:	
Address:		<input type="checkbox"/> Birth certificate <input type="checkbox"/> Immunization record <input type="checkbox"/> Health Card <input type="checkbox"/> PAD Agreement/other <input type="checkbox"/> Previous Report Card (if applicable) <input type="checkbox"/> \$500 deposit/\$250 JK & SK Non-Refundable (New family) <input type="checkbox"/> OSR requested (if applicable) <input type="checkbox"/> Half Day JK/SK <input type="checkbox"/> Full Day JK/SK <input type="checkbox"/> Other _____ <input type="checkbox"/> After School Care	
JK Program Requested: <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day <input type="checkbox"/> Optional Full Days – check days required: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F			
SK Program Requested: <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day <input type="checkbox"/> Optional Full Days – check days required: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F			
Ministry of Education Information:			
Citizenship:		First language:	
Country of previous education:		Date of entry into Canada:	
Family Information:			
	Father/Guardian	Mother/Guardian	
Name (first & last):			
Address (if different than student):			
Citizenship:			
Employer:			
Work Phone:			
Cell Phone:			
Email Address:			
Siblings:			
Name:	Birthdate (mm/dd/yy):	Present Grade:	Enrolled at Beacon:
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact Information:		
Family Doctor:	Name:	Phone:
Emergency Contact: (other than parents)	Name:	Phone:
<i>If contact is not possible, we assume permission to do what we think best</i>		Relationship:
Church Affiliation:		
Name of Church Attending:		
Address:		
Pastor's Name:		Phone:
Other Information:		
Are there any special considerations (academic, health, personal)?		
How did you become familiar with Beacon Christian School?		
Why do you wish to enrol your child(ren) in Beacon Christian School?		
Do you require Beacon Christian School bus transportation?		
Parental Consent:		
<p>I hereby grant Beacon Christian School, its employees and agents the right to use pictures and/or video recordings taken of my children while attending Beacon for the promotional purposes of Beacon Christian School, as well as other organizations who wish to use Beacon's various media and images for their promotional use (such as the Ontario Alliance for Christian School, class trips, science fair, etc.). These will not identify individual students unless parents are notified in advance. This consent will remain in my child's file for the duration of his/her attendance at Beacon Christian School.</p>		
Signed _____ Date _____		

Beacon Christian School does not discriminate on the basis of race, ancestry, colour, national or ethnic origin, citizenship, and gender.

Enrollment Agreement

1. I understand and wholeheartedly support the unique nature of Beacon Christian School, its purpose and vision, as expressed in the Constitution of the Association and the school handbook.
2. As the parent/guardian, I sincerely desire to have my child(ren) receive a Christ-centred education at Beacon Christian School.
3. I authorize the staff to educate my child(ren) in harmony with the school's objectives, described in the Constitution of the Association and the school handbook, and I agree to co-operate with the school to support the most effective course of action to attain the stated objectives.
4. I assume responsibility for all financial obligations as may be determined by the Association and promise to fulfill those obligations as outlined in the Tuition Policy, which I have received and reviewed.
5. I am aware of the Board's policies regarding enrolment and discipline and will co-operate as necessary with the staff to ensure a positive and safe learning community.
6. I grant permission for my child(ren) to participate in activities related to the school curriculum during or beyond school hours, at school or beyond school grounds, provided such activities are properly supervised by a member of the staff.
7. I agree to accept responsibility for any injury to my child(ren) which may result from any accident or mishap in the conduct of such activities, not due to the negligence of the Board and/or its employees.
8. I understand that I will have access to the normal channels and processes available to all parents and students regarding the daily educational program at Beacon Christian School.
9. I agree to abide by all Board decisions.
10. Student information is collected under the authority of the Education Act and will be used for the establishment and maintenance of the Ontario Student Record in accordance with Beacon's OSR Policy. Access to OSR Records may be obtained by contacting the principal.
11. I understand that Beacon Christian School does not discriminate on the basis of race, colour, or ethnic origin in the administration of educational policy, admission and in the availability and implementation of its program.
12. I acknowledge that Beacon Christian School respects my privacy. Beacon protects personal information and adheres to all legislative requirements with respect to protecting privacy; they do not rent, sell or trade their mailing lists. The information I provide will be used to deliver services and to keep me informed and up to date on the activities of Beacon, including programs, services, special events, funding needs, opportunities to volunteer or to give, and other information through periodic contacts. If at any time I wish to be removed from any of these contacts, I may contact Beacon by telephone at 905.937.7411 or via email to office@beaconchristian.org.

Signed (Parent/Guardian): _____ Date: _____

(Parent/Guardian): _____ Date: _____



300 Scott Street
 St. Catharines, Ontario L2N 1J3
 Phone: 905.937.7411
 Fax: 905.937.1130

Pre-Authorized Withdrawal Agreement

Name of Payor: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ E-mail: _____

Financial Institution (the "Processing Institution")

Name of FI: _____

Address: _____

Account Information

Account Info:
 Institution ID Branch Transit N° Account N°

Payment Type

The goods or services being purchased with this PAD Agreement are for (check one):

Personal -or- Business use.

 CPA Trans. Code Description of PAD

Amount ▶ \$ _____

Timing

Bi-weekly, starting _____

Monthly, starting on the 1st or 15th (circle one) of _____

Semi-monthly, starting _____

▶ _____
 (Specify other set intervals)

▶ _____
 (Specify set dates)

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, I/we acknowledge having received a copy of this agreement, including the terms and conditions on page 2, and I/we acknowledge having read and understood its contents. I/We agree to be bound by this agreement, including the terms and conditions on page 2.

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed below.

Pre-Notification Waiver

I/we 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 tax rate, top-up, or adjustment.

 Date ✕ Signature of Account Holder

 Date ✕ Signature of Joint Account Holder (if applicable)

Cancel Payment

Note: You may revoke this authorization at any time in writing, subject to providing notice of 15 business days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Terms and Conditions

1. I/We hereby authorize the Payee, in accordance with the terms of my/our account agreement with the Processing Institution, to debit or cause to be debited the Account for the purposes indicated in the "Payment Type" section on page 1 of this agreement.
2. Particulars of the Account that the Payee is authorized to debit are indicated in the "Payment Details" section on page 1 of this agreement. A specimen cheque, if available for the Account, has been marked "VOID" and attached to this agreement.
3. I/We undertake to inform the Payee, in writing, of any change in the Account information provided in this agreement prior to the next due date of the PAD.
4. This agreement is continuing but may be cancelled at any time upon notice being provided by me/us, either in writing or orally, with proper authorization to verify my/our identity within the specified number of days before the next PAD is to be issued as noted on Cancel Payment section, Page 1. I/we acknowledge that I/we can obtain a sample cancellation form or further information on my/our right to cancel this agreement from the Processing Institution or by visiting www.cdnpay.ca.

I/we acknowledge that if I/we wish to cancel this agreement or if I/we have any questions or need further information with respect to a PAD, I/we can contact the Payee at the telephone number or address set out in this agreement.
5. Revocation of this agreement does not terminate any contract for goods or services that exists between me/us and the Payee. This agreement applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
6. I/We acknowledge that provision and delivery of this agreement to the Payee constitutes delivery by me/us to the Processing Institution. Any delivery of this agreement to the Payee constitutes delivery by the Payor.
7. If this agreement is for fixed or variable amount business, personal, or funds transfer PADs recurring at set intervals, unless I/we have waived any and all requirements for pre-notification of debiting in the "Waiver of Pre-Notification" section on page 1 of this agreement, or unless the change in the amount of any such PAD will occur as a result of my/our direct action (such as, but not limited to, telephone instructions or other remote measures), I/we acknowledge that I/we will receive:
 - a) with respect to fixed amount business or personal PADs, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of the first PAD, and such notice will be received every time there is a change in the amount or the payment date(s); or
 - b) with respect to variable amount business or personal PADs, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of every PAD; or
 - c) with respect to business, personal, or funds transfer PADs, at least 10 calendar days' written notice from the Payee of any change in the amount of the PAD which results from a change in any applicable tax rate, a top-up, or other adjustment. No pre-notification will be given if the amount of the PAD decreases as a result of a reduction in municipal, provincial, or federal tax.
Pre-notification may be given in writing or in any form of representing or reproducing words in visible form, which, if I/we have provided an email address to the Payee, includes an electronic document. The amount of pre-notification provided will change when there is a change in the pre-notification requirements contained in the CPA Rules.
8. If this agreement provides for PADs with sporadic frequency, I/we understand that the Payee is required to obtain an authorization from me/us for each and every PAD prior to the PAD being exchanged and cleared. I/we agree that a password or security code or other signature equivalent will be issued and will constitute valid authorization for the Processing Institution to debit the Account.
9. I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of this agreement, including, but not limited to, the amount.
10. I/We acknowledge that the Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honouring a PAD issued or caused to be issued by the Payee on the Account.
11. I/We acknowledge that, if this agreement is for personal or business PADs or for funds transfer PADs that have recourse through the clearing system, a PAD may be disputed under the following conditions:
 - a) the PAD was not drawn in accordance with this agreement;
 - b) this agreement was revoked; or
 - c) pre-notification was required and was not received.
I/We further acknowledge that in order to be reimbursed, a declaration to the effect that either a), b), or c) took place must be completed and presented to the branch of the Processing Institution holding the Account on or before the 90th calendar day in the case of a personal PAD or a funds transfer PAD that has recourse through the clearing system or, in the case of a business PAD, on or before the 10th business day, in each case after the date on which the PAD in dispute was posted to the Account.
12. I/We acknowledge that any claim made after the periods set out above must be resolved solely between me/us and the Payee and there is no entitlement to reimbursement from the Processing Institution.
13. I/We acknowledge and agree that if this agreement is for funds transfer PADs and the Payee does not provide recourse through the clearing system, then no recourse will be provided through the clearing system (that is, I/we will not receive automatic reimbursement in the event of a dispute) and I/we must seek reimbursement or recourse from the Payee in the event a PAD is erroneously charged to the Account.
14. Unless this agreement is for a funds transfer PAD that does not have recourse through the clearing system, I/we acknowledge that I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my/our recourse rights I/we can contact my/our financial institution or visit www.cdnpay.ca.
15. I/We acknowledge that I/we understand that I/we am/are participating in a PAD plan established by the Payee and I/we accept participation in the PAD plan upon the terms and conditions set out herein.
16. I/We consent to the disclosure of any personal information that may be contained in this agreement to the financial institution that holds the account of the Payee to be credited with the PAD to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H1 of the Rules of the Canadian Payments Association.



let
your
light
Shine!
MATTHEW 5:16

EXTENDED BEACON CARE PROGRAM

We are excited to be offering an EBC (Extended Beacon Care) program this year! We have put together a program that we hope your children will love and enjoy while making good use of their extended day hours.

Hours:

Before School Hours	7:15 a.m. to 8:15 a.m.
After School Hours	3:30 p.m. to 6:00 p.m.

Fees:

Morning/Day	One Child	Two or More Children
Morning	\$5.00	\$10.00
Day	\$10.00	\$15.00
DROP IN RATE	\$20.00 a day	\$30.00 a day

Late Fee:

Please note that there is a late fee of \$10.00 for every 15 minutes after the allotted time you have requested your student to be in the EBC. We will be understanding in extreme weather conditions or emergency circumstances, but please try to pick up your student(s) on time.

Daily Schedule:

Our daily program will include: Attendance, gym, snack, homework room, activities, outdoor play, special activities (including crafts, board games, computer lab, movies, reading time etc). Please note that once program is started an estimated schedule will be given.

We will **be meeting in the Library** where attendance will be taken. There will also be a sign out sheet for parents/guardians in order to take your student(s) with you.

Snack and Outdoor Play:

Each day after school, we will have attendance followed by some time in the gym or outdoor play throughout the year. Please ensure that your student has the appropriate clothing for outdoor weather.

Homework Room/Time:

Each day, we will offer a quiet time for students to work on homework for those who choose to participate. Most of the older students will know they need to make use of this time. If you have a younger student that you would like to make use of this opportunity, please let us know. This would also be a time your student can make use of technological devices if they choose.

Gym Activities:

There will be time throughout the week where we may also use the gym. We will have a variety of cooperative games, as well as, some space to have free time of a variety of sports.

Movies:

Approximately once a week, we will be showing a movie. We have a small collection of movies at the school, but if you own a movie you feel the students would enjoy and would be willing to loan us, please let us know.

Conditions of Use: *The service is a pay by month or weekly service. Attendance will be taken by the Director. It is mandatory for guardians to sign out students of this program. Guardians may use the service on an occasional basis so long as there is room. Payment is due upon receipt of an invoice and parents who do not keep their account current may be denied service.*

EXTENDED BEACON CARE (EBC) - REGISTRATION FORM

The EBC program involves organized, supervised care for students staying before and after school. Interested guardians must register annually.

This program provides:

- supervised recreational and play time, usually inside school or on the playground
- supervised quiet areas for students to read or complete homework

If this program interests you, please indicate by filling in the box:

MORNING: Days of the week required: _____

DAY: Days of the week required: _____

Please provide the follow contact information:

Names of Parents: _____

Address: _____

Telephone Numbers (include area codes):

Home Phone: _____

Contact 1's Work: _____

Contact 1's Cell: _____

Contact 2's Work: _____

Contact 2's Cell: _____

What is your email address? _____

Doctor's name and phone number: _____

Names of children: _____

Please detail things we need to know, including special arrangements, medical information, allergies or special needs.

Indicate the TIME you are going to pick up your child(ren) : _____

PARENTAL SIGNATURE(S): _____

Date: _____
