

# Mountain View Christian Academy

"Where Faith and Education Align"

3306 Griffith Street, Terrace, BC V8G 0C6

Phone: 250-635-5518 Fax: 250-635-5528

Email: [info@mvcaweb.ca](mailto:info@mvcaweb.ca) Website: [www.mvcaweb.com](http://www.mvcaweb.com)



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## **PRE-K ENROLMENT FORM**

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

Student's Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_  Male  Female

We have enclosed a copy of the student's birth certificate:

Does your child live on a reserve?  Yes  No

If **yes**, what is the students address on the reserve: \_\_\_\_\_

If **yes**, which band? \_\_\_\_\_ Band #: \_\_\_\_\_

Is your child fully immunized?  Yes  No

### **Student Legal Information**

Legal Alert: \_\_\_\_\_

### **Custody Information (if applicable)**

Legal Custody  Mother  Father  Other (please explain)

Lives With  Mother  Father  Other (please explain)

Access to Student  Mother  Father  Other (please explain)

Person (other than parents) not permitted to have access to student:  
\_\_\_\_\_

If either parent is denied access, please provide a copy of the Court document(s).

Copy of Court document(s) provided?  Yes  No

### **Student Medical Information**

Medical Alert: \_\_\_\_\_

Other Health Conditions/Medications: \_\_\_\_\_

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Special Instructions: \_\_\_\_\_

BC Care Card Number: \_\_\_\_\_

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

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

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

## Parent or Guardian Information

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

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

(if different from child's)

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

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

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

(if different from child's)

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

## Program Duration:

Date of Entry: \_\_\_\_\_

Date of Departure: \_\_\_\_\_

## Parental Consent Forms

### 1. Consent to retain personal information

The information collected on this form is collected, used and disclosed by **Mountain View Christian Academy** in accordance with the Personal Information Privacy Policy Parents and Students of **Mountain View Christian Academy**, a copy of which is available from the school's privacy officer.

I consent to having **Mountain View Christian Academy** collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and email addresses, behavioural, academic and health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration.

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I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of **Mountain View Christian Academy** (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with **Mountain View Christian Academy**, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in **Mountain View Christian Academy's** 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 **Mountain View Christian Academy**.

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 **Mountain View Christian Academy** is Mr. Panag and may be reached at 250 635-5518.

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

## 2. Consent to use photos of my children and their work

- I consent to having photographs of my child(ren) in MVCA's promotional material. Yes No
- I consent to having photographs of my child(ren) on MVCA's website? (without name). Yes No
- I consent to having photographs of my child(ren) on MVCA's Facebook page? (without name). Yes No
- I consent to having photographs of my child(ren) on MVCA's Instagram page? (without name). Yes No
- I consent to having photographs of my children's work samples used on MVCA's website and social media sites. Yes No

## 3. Consent to volunteer as a field trip driver

I am willing to volunteer to drive for school field trips and acknowledge that my vehicle insurance information and driving record are required by the school to protect against third party liability (minimum of **\$2,000,000.00** liability) in case of an accident. I understand that this information will only be released in the event of an accident.

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

## 4. Consent for field trips

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My child, \_\_\_\_\_, has my permission to go on **ALL** field trips and P.E class outings for the current school year of \_\_\_\_\_. I understand that notices of these trips will be in the weekly newsletter as well as in my student's planner.

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

## 5. Consent to call an ambulance

If my child, \_\_\_\_\_, becomes injured while at MVCA Pre-K, I give consent for the teacher in charge to call an ambulance and hand my child over to the medical practitioner.

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