



**VALLEY CHRISTIAN SCHOOL**  
8955 Cedar Street,  
Mission, BC V4S 1A3  
Phone: 826-1388; Fax: 826-2744  
Email: [info@valleychristianschool.ca](mailto:info@valleychristianschool.ca)

**HOME SCHOOL REGISTRATION** Yes

**DISTRIBUTED LEARNING REGISTRATION** Yes

**MAIN CAMPUS REGISTRATION** Yes

Name of Parents/Guardians: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Number: \_\_\_\_\_  Unlisted E-Mail: \_\_\_\_\_  
Work Numbers: \_\_\_\_\_ (father) \_\_\_\_\_ (mother)  
Cell Numbers: \_\_\_\_\_ (father) \_\_\_\_\_ (mother)  
Full Legal Name of Student: \_\_\_\_\_  
First Name Middle Name Surname  
Gender \_\_\_\_ Birthdate \_\_\_\_\_ Grade in Sept. \_\_\_\_ P.E.N. \_\_\_\_\_  
dd/mm/yy  
Previous School Attended: \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Birth Certificate Attached

**For Homeschool Families Only:** I, \_\_\_\_\_(print name), have registered the above named children as home school students with Valley Christian School for the school year and declare that the students are not registered with or attending another school. I understand that Valley Christian School will fulfill the basic responsibilities according to the Schools Act, and offers the following additional option for my children. (Please check one of the following boxes.)

- Option 1:** Support, assistance in choosing home-schooling curriculum, loan or purchase of curriculum resources, and other benefits. No reporting required; no samples of work required.
- Option 2:** Registration only, with reimbursement for curriculum resources purchased to a maximum of \$125. I also understand that should the current Ministry funding formula to schools change, and funding be reduced or eliminated, Valley Christian School cannot be held liable for purchases made by the family or to maintain the grant allocation to the parents.

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



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**Personal Information Parental Consent**

**DL**   **HOMESCHOOL**   **MAIN CAMPUS**

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

In compliance with the Personal Information Privacy Act, Valley Christian School (VCS) requires the consent of parent(s) or guardian to collect, store and utilize personal information. Please carefully read the information below.

I/we consent to having VCS collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and email address, 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.

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

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.

**Promotional Consent**

I/we consent to having photographs, videos and work samples of my child(ren) used by VCS in the yearbook, newsletters, Facebook, websites and other school promotional material.

**School Directory Consent**

I/we consent to having our family information (e.g. names, phone number, address, etc.) included in an internal school phone directory for the purposes of class lists, etc.

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

Please sign and date. You may cross out and initial any section that you do not wish to consent to.

Valley Christian School 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.

Valley Christian School Privacy Officer: Kathie Krahn, Admin. Officer

**End of Registration Form for Homeschool Students**

For Valley Christian School DL and Main Campus Registrations, please continue.



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**DISTRIBUTED LEARNING REGISTRATION**

**MAIN CAMPUS REGISTRATION**

**Health Form**

**Medical Information**

Student's Name: \_\_\_\_\_ Care Card # \_\_\_\_\_

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

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Does your child have any of the following potentially life threatening conditions?

- 1. Anaphylaxis (Extreme Allergic Reaction)..... Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. Severe Asthma ..... Yes \_\_\_\_\_ No \_\_\_\_\_
- 3. Blood Clotting Disorder ..... Yes \_\_\_\_\_ No \_\_\_\_\_
- 4. Convulsions or seizures ..... Yes \_\_\_\_\_ No \_\_\_\_\_
- 5. Serious Heart Condition..... Yes \_\_\_\_\_ No \_\_\_\_\_
- 6. Diabetes ..... Yes \_\_\_\_\_ No \_\_\_\_\_
- 7. Other \_\_\_\_\_

Comments on any of the above: \_\_\_\_\_

Does your child have any other medical conditions or take medication regularly? If so, what medication?  
\_\_\_\_\_

**Immunizations**

Has your child had his or her last immunization at this city's health unit? .....Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please provide your child's immunization record. If yes, please sign and return this form as records are on file at Fraser Health.

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



**DISTRIBUTED LEARNING REGISTRATION**

**Family Form**

**MAIN CAMPUS REGISTRATION**

**A. Children to be enrolled effective:** \_\_\_\_\_  
 \_\_\_\_\_  
 dd/mm/yy

- 1. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender \_\_\_\_ Grade \_\_\_\_
- 2. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender \_\_\_\_ Grade \_\_\_\_
- 3. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender \_\_\_\_ Grade \_\_\_\_
- 4. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender \_\_\_\_ Grade \_\_\_\_

**B. Father:** \_\_\_\_\_ Citizenship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Name: \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Mother:** \_\_\_\_\_ Citizenship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Name: \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**C. Marital Status:** (check one)

Father: First marriage \_\_\_\_ Widowed \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Remarried \_\_\_\_ Single \_\_\_\_

Mother: First marriage \_\_\_\_ Widowed \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Remarried \_\_\_\_ Single \_\_\_\_

**D. Aboriginal Status:** Yes \_\_\_\_ No \_\_\_\_ (If yes, fill in the appropriate information) Status – On Reserve \_\_\_\_

Band of Residence \_\_\_\_\_ Status – Off Reserve \_\_\_\_ Metis \_\_\_\_ Inuit \_\_\_\_ Non-Status \_\_\_\_

**E. Special Needs that we should be aware of?** \_\_\_\_\_

Learning Assistance during previous school year? Yes \_\_\_\_ No \_\_\_\_

**F. Statement of Personal Christian Experience and Faith:**

Father: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby make application for membership in the Valley Christian School Society. I recognize that membership in the Society carries with it voting privileges. The Society elects the Board of Directors, which is responsible for the operation of Valley Christian School. Enclosed is the \$25 membership fee required (one fee per family). Cheques to be made payable to Valley Christian School.

Date: \_\_\_\_\_ Signature of Father: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Mother: \_\_\_\_\_

**Office Use Only:** Date of Approval: \_\_\_\_\_

**G. Church or denomination affiliation:**

Father: Church now attending: \_\_\_\_\_ Regular \_\_\_ Not Regular \_\_\_ Seldom \_\_\_

Mother: Church now attending: \_\_\_\_\_ Regular \_\_\_ Not Regular \_\_\_ Seldom \_\_\_

**H. Names and ages of all other children in family:** \_\_\_\_\_

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

**I. Personal References:**

Pastoral Reference: Name: \_\_\_\_\_

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

Neighbour, Business Assoc. Name: \_\_\_\_\_  
or Christian Reference

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

**J. State in detail why you wish your child(ren) to attend Valley Christian School:**

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

**K. How did you hear about VCS?** Referral \_\_\_\_\_ Newspaper \_\_\_\_\_ Website \_\_\_\_\_ Other \_\_\_\_\_

If directly referred by a family currently attending VCS, please indicate name: \_\_\_\_\_

**L. Valley Christian School Philosophy**

We believe:

- \* that Jesus Christ was begotten by the Holy Spirit and born of a virgin and is true God and true man.
- \* that there is only one God eternally existing in three persons: Father, Son, and Holy Spirit.
- \* that the Holy Scriptures are inspired of God and are our only infallible rule of faith and practise.
- \* that a Christian school should be Christ centred in all that it is, all that it does, and all that it conveys.
- \* that a Christian school should educate and train students to know and lovingly respond to God, deal creatively with life's challenges, and learn to love and serve others for now and eternity.
- \* that whoever by faith, apart from works of any kind, receives the Lord Jesus Christ as his Saviour is "born from above" (born again) and thereby becomes a child of God, "created in Christ Jesus to do good works."
- \* that the Holy Spirit lives in the believer and enables him to walk in purity of life and submission to the will of God.

**Valley Christian School Goals**

We believe that education is not complete without the spiritual and moral development of the student. THEREFORE OUR GOALS ARE:

- \* to provide opportunities for the student to accept and confess Christ as Saviour and Lord. (Rom.10:9,10)
- \* to teach that the Bible is the inspired and the only infallible authoritative Word of God; and to teach the basic doctrines of the Bible, thus developing attitudes of love and respect toward it. (II Tim. 3:15-17, II Peter 1:20,21)
- \* to teach Biblical character qualities and provide opportunities for the student to demonstrate these qualities. (I Sam. 16:7; Gal 5:22,23)
- \* to teach the student how to develop the mind of Christ towards Godliness. (Phil. 2:5, I Tim. 4:7)
- \* to encourage the student to develop self-discipline, responsibility, and the respect for and submission to authority from God's perspective. (Rom.13:1-7; Heb. 13:17; Eph. 6:1-3)
- \* to help the student develop a Christian world view by integrating life, and all studies, with the Bible. (II Peter 1:3)
- \* to teach the student to hide God's Word in his heart through memorization. (Ps.119:11; Ps. 1:1-3)
- \* to help the student develop his self-image as a unique individual created in the image of God and to attain his fullest potential. (Ps. 139:13-16)
- \* to teach the student to treat everyone with love and respect as unique individuals created in God's image. (Phil. 2:1-4; Eph. 5:21)
- \* to teach the student Biblical skills for personal and social relationships. (Ps. 119:9; Eph. 4:12)
- \* to teach the student physical fitness, good health habits, and wise use of the body as the Temple of God. (I Cor. 6:19,20)
- \* to teach the student an appreciation for God's world and Biblical attitudes toward material things and his responsibility for using them to God's glory. (I Tim. 6:17-19; Matt. 6:19,20; I Cor. 10:31)
- \* academically, to provide an education that must meet or surpass the standards as set forth by the Ministry of Education of British Columbia.

We have read the above statement of Valley Christian School Philosophy and Goals and agree to have our child(ren) taught according to these goals/philosophy. Yes \_\_\_\_\_ No \_\_\_\_\_

Signed: \_\_\_\_\_  
Father Mother Date



**DISTRIBUTED LEARNING REGISTRATION**

**MAIN CAMPUS REGISTRATION**

**Legal Residency of Parent – Form A**

(if parents are deceased, use Form B)

To be completed and signed by a parent or legal (court-appointed) guardian. If legal guardian, attach a copy of court order appointing you as legal guardian.

**(Lawfully admitted into Canada)**

1. I am (please X one):

- A Canadian citizen (if not born in Canada, please attach photocopy of citizenship paper/card)
- A landed immigrant (attach photocopy of landed immigrant status paper)
- Lawfully admitted to Canada under one of the following
  - Admission as a refugee claimant
  - A person claiming refugee status who has a letter of no objection
  - Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
  - A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in his/her passport)
  - Other - document description: (must be cleared with Immigration Canada) \_\_\_\_\_

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

**(Residency in British Columbia)**

2. I am a resident of British Columbia (please X one):

- Yes      Residency address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

No      I am not a resident of British Columbia

Parent's/legal guardian's name: \_\_\_\_\_

Parent's/legal guardian's signature: \_\_\_\_\_

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



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**MAIN CAMPUS REGISTRATION**

**Volunteer Form**

The African proverb that states “It takes a whole village to raise a child” aptly describes our own Valley Christian School community and the responsibilities we share together. Teachers, parents, grandparents, and friends – each one plays an integral part in this task of training “children in the way they should go.”

The responsibilities for running an independent Christian school, the privileges of having direct input in our children’s education, and the opportunities for being involved are immense. Each parent needs to play a part in this village. Please select which area would suit your gifting.

- attending General Meetings and having input into decisions which affect the direction of our school
- serving on a committee
- serving on the board of directors
- assisting in the classroom with reading groups or craft times
- joining the prayer team which meets regularly
- assisting with parking lot supervision
- grounds keeping and landscaping
- snow removal
- assisting staff with music, drama, dance, costuming, etc.
- special events, sports days, etc.
- assisting with mailings
- other \_\_\_\_\_

Please prayerfully consider where you may be involved and how you can serve in the VCS community.

*“Be shepherds of God’s flock that is under your care, serving as overseers – not because you must, but because you are willing, as God wants you to be.”* 1 Peter 5:2b-4

Name \_\_\_\_\_ Phone # \_\_\_\_\_

I would like to help out:  mornings \_\_\_\_\_ (day of the week) is best for me.  
 afternoons \_\_\_\_\_ (day of the week) is best for me.  
 as needed  
 weekends





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**MAIN CAMPUS REGISTRATION**

**Student Finance Application Form — One per Family**

FAMILY NAME(S): \_\_\_\_\_  
\_\_\_\_\_

**Student(s) Information**

**Student(s)** covered by this account:

(\*to calculate the applicable family discount, please list students in **DESCENDING** order by grade)

LAST Name, FIRST Name	Grade	FOR OFFICE USE ONLY				
		Reg. Fee	Tuition	Family Discount*		Total Monthly Fee
				%	( )	
					( )	
					( )	
					( )	
					( )	
					( )	
<b>Total Monthly Fees:</b>						

**PLEASE COMPLETE ACCOUNT INFORMATION ON REVERSE SIDE** ➡

<b>NOTES:</b> (Office Use Only)	<input type="checkbox"/> <b>Society Fee \$25.00</b> (once only per family)	<b>Date Paid:</b>

## Account Information

**PRINT ONLY:** Please complete **all** applicable sections:

Father's Name:			
Mother's Name:			
Legal Guardian: (if applicable)			
<b>Person(s) Responsible for Account / Tuition</b>			
<i>*(If this account payment is shared, the section below <b>MUST</b> also be completed)</i>			
Name:		Signature:	
Home Phone:		Cell Phone:	
E-mail Address:			
Current Mailing Address:		Town	Postal Code
<b>*Person(s) Responsible for Account / Tuition</b>			
Name:		Signature:	
Home Phone:		Cell Phone:	
E-mail Address:			
Current Mailing Address:		Town	Postal Code

### METHOD OF PAYMENT

**Pre-authorized Credit Card:** (√ one)

MC     Visa    Credit Card #: \_\_\_\_\_    Exp: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_    Signature: \_\_\_\_\_    Date: \_\_\_\_\_

MC     Visa    Credit Card #: \_\_\_\_\_    Exp: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_    Signature: \_\_\_\_\_    Date: \_\_\_\_\_

**Pre-authorized Debit:**

1. Transit #: \_\_\_\_\_    Bank #: \_\_\_\_\_    Account #: \_\_\_\_\_

Name on Account: \_\_\_\_\_    Signature: \_\_\_\_\_    Date: \_\_\_\_\_

2. Transit #: \_\_\_\_\_    Bank #: \_\_\_\_\_    Account #: \_\_\_\_\_

Name on Account: \_\_\_\_\_    Signature: \_\_\_\_\_    Date: \_\_\_\_\_