

# Student Information



# STUDENT REGISTRATION FORM

## CENTENNIAL CHRISTIAN SCHOOL - TERRACE, BC

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(last) (first) (middle)

Address: \_\_\_\_\_ Gender: \_\_\_\_\_  
(street) (city)

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

**(a copy of the child's Birth Certificate must be attached to this registration)**

E-mail Address (For our weekly newsletter): \_\_\_\_\_

### PARENTS OR GUARDIANS:

**Father:** \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: (if different from child's) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Mother:** \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: (if different from child's) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Are there any family matters or custody, guardianship or access orders or agreements of which the school should be aware? Yes \_\_\_ No \_\_\_ (if yes, please provide documentation upon acceptance)

What language is spoken at home? \_\_\_\_\_

Church Affiliation (if attending): \_\_\_\_\_ Are you members? Yes \_\_\_ No \_\_\_

Pastor: \_\_\_\_\_ Pastor's phone: \_\_\_\_\_

| Other children: | Name  | Birth Date | Grade |
|-----------------|-------|------------|-------|
|                 | _____ | _____      | _____ |
|                 | _____ | _____      | _____ |
|                 | _____ | _____      | _____ |

The above information is true to the best of my knowledge.

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

|                                                                             |     |    |
|-----------------------------------------------------------------------------|-----|----|
| May we use your family name and address in our school directory?            | Yes | No |
| May we use pictures of your family in our promotional material?             | Yes | No |
| May we use pictures of your family in our yearbook?                         | Yes | No |
| May we use pictures of your child on our website? (without name)            | Yes | No |
| May we use pictures of your child on our Facebook and page? (without name)  | Yes | No |
| May we use pictures of your child on our Instagram and page? (without name) | Yes | No |

### School Use only

|                            |                                   |
|----------------------------|-----------------------------------|
| Interview Date: _____      | Interviewers: _____               |
| Child(ren) Accepted: _____ | Pastoral Reference: _____         |
| Birth Certificate: _____   | Partnership Form: _____           |
| Tuition Schedule: _____    | Application for Membership: _____ |

**STATUS OF PARENT/GUARDIAN (ADMISSION TO CANADA AND RESIDENCY)**  
**(if parents are deceased, please ask office for Form B)**

To be completed and signed by a parent or legal (court-appointed) guardian. (If legal guardian, attach 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 a photocopy of citizenship paper/card)
- ☐ A Permanent Resident (landed immigrant) (attach photocopy of landed immigrant status paper or PR card)
- ☐ Lawfully admitted into Canada under the Immigration and Refugee Protection Act (Canada) with one of the following documents (please mark the appropriate box below and attach photocopy of document):
  - ☐ Admission as a refugee or refugee claimant
  - ☐ Valid student permit for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
  - ☐ Valid employment authorization (work permit) 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 under the authority of the Visiting Forces Act or as an accredited diplomatic agent, preclearance officer, consular officer or official representative in Canada of a foreign government with a consular post in British Columbia.
  - ☐ Other- Document description: (must be cleared with Citizenship and 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

**Confirming signatures:**

3. Parent/Legal Guardian's name: \_\_\_\_\_

Parent/Legal Guardian's signature: \_\_\_\_\_

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

## ACADEMIC HISTORY

(To be completed when student has attended other schools)

**Please include with this application a copy of the most recent report card.**

1. Schools Attended - List last three schools, starting with most recent.

| <u>School</u> | <u>Location</u> | <u>Year</u> | <u>Teacher</u> | <u>Phone Number</u> |
|---------------|-----------------|-------------|----------------|---------------------|
|---------------|-----------------|-------------|----------------|---------------------|

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- 2a. Does the student have any academic or disciplinary problems? If yes, please supply details (this will help us establish whether, and how, we can meet the student's needs).

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- 2b. Has the student ever been assessed by a Paediatrician for any behavioural or intellectual concerns? If yes, when?

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- 2c. Has the student ever had a Psychoeducational Assessment? If yes, when?

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- |    |                                                         |     |    |
|----|---------------------------------------------------------|-----|----|
| 3. | Has your child ever received special education funding? | Yes | No |
|----|---------------------------------------------------------|-----|----|

**(If yes, please fill out additional form available in office)**

- |    |                                                            |     |    |
|----|------------------------------------------------------------|-----|----|
| 4. | Has your child ever received learning assistance services? | Yes | No |
|----|------------------------------------------------------------|-----|----|

**(If yes, please fill out additional form available in office)**

- |    |                                                                                                                                                                                                              |     |    |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 5. | Has your child ever been assessed or received services by an educational psychologist, occupational therapist, speech therapist, physiotherapist, behavioral consultant, or teacher of the hearing impaired? | Yes | No |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

**(If yes, please fill out additional form available in office)**

6. Does the student have, or has he/she experienced, any social problems?

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7. List student interests and hobbies (e.g. piano, soccer, etc.)

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8. Is there anything else you wish to convey to the school?

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If you wish to register more than one student, please obtain additional copies of these pages from the office and fill one out for each student.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## SCHOOL MEDICAL REGISTRATION INFORMATION

Student: \_\_\_\_\_ Gender: \_\_\_\_\_  
(surname) (first) (middle)

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Care Card Number: \_\_\_\_\_

Persons to Contact in Case of Emergency (If parents cannot be reached):

1. \_\_\_\_\_ Telephone: \_\_\_\_\_

2. \_\_\_\_\_ Telephone: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

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

Father or Guardian: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother or Guardian: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

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### MEDICAL INFORMATION (CONFIDENTIAL)

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

Does your child have any of the following? (Please check)

Diabetes \_\_\_\_\_ Hearing Problem \_\_\_\_\_ Asthma \_\_\_\_\_

Heart Condition \_\_\_\_\_ Vision Problem \_\_\_\_\_ Allergies \_\_\_\_\_

Please specify allergies: \_\_\_\_\_

Other: \_\_\_\_\_

Explain briefly above conditions: \_\_\_\_\_

Is your child able to participate in a full P. E. program? Yes No

If "No" an exemption note from your family physician will be required as P. E. is a compulsory subject. If conditions change during the year, please inform the school.

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



## Parental Permission Form Release of Information

Centennial Christian School uses student information as follows:

- to communicate with parents and students, process applications, and ultimately to provide students with the educational services and co-curricular programs you expect.
- to enable the school to operate its administrative function.
- health, psychological, or legal information to provide certain specialized services in those areas or as adjunct information in delivering educational services.

If for any reason personal information is required to fulfil another purpose, the school will, where appropriate, notify you and ask you for your consent before the school proceeds.

\_\_\_\_\_  
(Childs Name)

\_\_\_\_\_  
(Childs Date of Birth)

### CONSENT FOR RELEASE OF STUDENT FILES & CONFIDENTIAL FILES

I, being the parent or legal guardian of the above named student, hereby consent to the release of pertinent reports/information, including confidential & special services files, for the purpose of supporting my child's educational progress.

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

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

Print Name: \_\_\_\_\_

# TUITION SCHEDULE

## CENTENNIAL CHRISTIAN SCHOOL - TERRACE, BC

### **Centennial Christian School Tuition per Family Enrolled for the 2025/2026 school year.**

\$8735 for families with one child enrolled

\$9615 for families with two children enrolled

\$10 335 for families with three children enrolled

Options for payment of the annual tuition are:

1. Pay the yearly tuition in a lump sum by September 30th or
2. Pay by Direct Debit in 10 or 12 month payments. You will need to include:
  - Pre-Authorized Debit Form
  - Void cheque or Banking information provided to you by your financial institution
3. Request an exception from the Bookkeeper and Principal for an alternate method of payment

Other payment arrangements must be approved by the Board Treasurer and/or Finance Committee.

If under difficult circumstances, you are unable to pay the full amount, you may apply to the finance committee for a bursary. Bursary application forms are available at the Front Office.

Do you have children attending another independent school in Terrace? Yes No

**Families with children enrolled in Centennial Christian School's grade 10-12 graduation program and continuing to enroll their other children in another independent elementary/secondary school in Terrace will be eligible for a 50% discount in tuition with approval from the Finance Committee.**

**New families moving to Terrace, who have attempted to enroll all their children at Centennial Christian School but have been unable to because classes are at maximum class size capacity, will also be eligible for an 50% discount if they register their children at Centennial Christian School and another independent school. In order to maintain the 50% discount, families must be committed to registering all their children at Centennial Christian School as soon as capacity allows.**

If you wish to donate to the Centennial Christian School Bursary Program, please check one of the following options for monthly donations to be added to your monthly payments.

\$50 \_\_\_\_ \$40 \_\_\_\_ \$30 \_\_\_\_ \$20 \_\_\_\_ \$10 \_\_\_\_ OR Lump sum amount: \_\_\_\_

Charitable Tax Receipts will be issued after the end of the calendar year for tuition and Bursary Program donations. Typically nearly all of the tuition qualifies as a charitable donation, in effect reducing tuition cost by nearly 40%.

I/We, Mr. Mrs. Ms. \_\_\_\_\_ understand the above information and our financial obligations to Centennial Christian School.

Address \_\_\_\_\_

Phone \_\_\_\_\_

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



**PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS FOR TUITION PURPOSES**

**Student(s) registered by:**      **Parent's Full Name:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**Tuition payor's name & address:**

☐ **Same as above, or**

☐ **Payor's name**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Payor's Financial Institution (the Processing Institution)**

☐ **New applicant, void cheque attached**

☐ **New applicant, Banking Information Form (you receive from your banking institution)**

**Monthly Payment Amount:**

**Tuition:** \_\_\_\_\_

**Preschool:** \_\_\_\_\_

**Donation: \*** \_\_\_\_\_

**Total:** \_\_\_\_\_

**I would like to pay over: (please check one)**

☐ **10 months**

☐ **12 months**

**\*As a school we provide bursaries to families who are in financial need – please consider helping us support those families to be able to continue at Centennial Christian School**

*"Train up children in the way they should go, and when they are old, they will not depart from it"*

Proverbs 22:6



Payee's name and Address: Centennial Christian School

3608 Sparks St  
Terrace, BC  
V8G 2V6

- I/We warrant that the provided information is accurate
- I/We will inform the payee, in writing, of any change in the information provided in this section of the authorization 5 business days prior to the next due date of the Pre-authorized debit (the "PAD")
- I/We acknowledge that the authorization is provided for the benefit of the Payee and the Processing Institution agreeing to process debits against my/our account as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association
- I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the account have signed the authorization below.
- I/We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule H4 of the Rules of the Canadian Payments Association) drawn on the Account, for the following purpose: **Student Tuition at Centennial Christian School**
- I will ensure funds are available for withdrawal on the due date
- I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including but not limited to, the amount, Payor's Name, address and financial institution
- I/We may cancel the Authorization at any time upon providing written notice of 30 days to the payee. I/We may obtain a cancellation form, or further information at my financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca)
- I/We may dispute a PAD only under the following conditions:
  1. The PAD was not drawn in accordance with the Authorization. I/We have certain recourse rights if any debits do not comply with this agreement and have the right to reimbursement for any debit that is not authorized and is not consistent with this PAD agreement. I/We have certain recourse rights and can obtain more information only recourse rights by contacting my financial institution or visiting [www.cdnpay.ca](http://www.cdnpay.ca)
  2. The Authorization was revoked. In order to be reimbursed for a PAD in dispute, written notification must be received within one month of the posting of such PAD. I/We have certain recourse rights and can obtain more information on my recourse rights, by contacting my financial institution or visiting [www.cdnpay.ca](http://www.cdnpay.ca)
- **The Payee may issue a PAD once a month on the 20<sup>th</sup> in the amount of \$\_\_\_\_\_ from (mm/yy)\_\_\_\_\_ to (mm/yy)\_\_\_\_\_.** Additional payments may be processed with prior verbal consent.
- Revocation of the Authorization does not terminate any contract for tuition that exists between me/us and the Payee. The authorization applies only to the method of payment and does not otherwise have any bearing on the contract for services exchanged.
- I/We consent to having the School collect personal information that may include names, addresses, telephone numbers, name of financial institution, bank account numbers and any similar information required for processing tuition payments. I/We further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of the School for the purpose of processing tuition payments to the School.

I/We understand and accept the terms of participating in this plan.

\_\_\_\_\_  
Account Signature

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Joint Account Signature (if applicable)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

**This section,**  
Please complete if  
applicable

## MEDICAL ALERT

| Medical Alert Form                        |  |                               | School Year:                                                 |                               |  |
|-------------------------------------------|--|-------------------------------|--------------------------------------------------------------|-------------------------------|--|
| Last Name:                                |  |                               | Photo ID<br><br>(Parents do not send photo unless requested) |                               |  |
| First Name:                               |  |                               |                                                              |                               |  |
| Grade:                                    |  |                               |                                                              |                               |  |
| Birth Date:                               |  |                               |                                                              |                               |  |
| Care Card #                               |  |                               |                                                              |                               |  |
| <b>Contact Name and Telephone Numbers</b> |  |                               |                                                              |                               |  |
| Mother/Guardian Last Name:                |  |                               | Father/Guardian Last Name:                                   |                               |  |
| Mother/Guardian First Name:               |  |                               | Father/Guardian First Name                                   |                               |  |
| Home Phone #                              |  | Mother/Guardian's cell/work # |                                                              | Father/Guardian's cell/work # |  |
| Physician Name                            |  |                               | Telephone #                                                  |                               |  |

|                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Indicate what medical condition this student has that may require <b>emergency</b> care at school:</b></p><br><br><br><br><br><br><br><br><br><br> |
| <p><b>Describe the potential problem (include symptoms that might be observed):</b></p><br><br><br><br><br><br><br><br><br><br>                          |

## Anaphylaxis Emergency Action Plan for:

**My Child's anaphylaxis triggers are:**

☐ Peanuts      ☐ Nuts      ☐ Milk      ☐ All Dairy      ☐ Eggs      ☐  
Shellfish      ☐ Fish

Food additives (list)

Insect Stings (list)

Medication (list)

Others (list)

**My Child's anaphylaxis symptoms are usually:**

|                                                              |                                                   |                                              |
|--------------------------------------------------------------|---------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> swelling (eyes, lips, face, tongue) | <input type="checkbox"/> nausea or vomiting       | <input type="checkbox"/> Others (list below) |
| <input type="checkbox"/> difficulty breathing or swallowing  | <input type="checkbox"/> coughing or choking      |                                              |
| <input type="checkbox"/> hives                               | <input type="checkbox"/> stomach cramps, diarrhea |                                              |
| <input type="checkbox"/> fainting or loss of consciousness   | <input type="checkbox"/> dizziness, confusion     |                                              |

**My child's emergency treatment is:**

**1. Give EpiPen**

**Location of EpiPen:**

**2. Call 911 and tell the dispatcher that a child is having a life-threatening anaphylactic reaction**

**3. Call the parent, guardian or emergency contact person**

**DO NOT LEAVE THE STUDENT ALONE**



### *Support Services Student Information Form*

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

Student Name: \_\_\_\_\_ Current School Grade: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Requested Grade Placement: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Current School: \_\_\_\_\_

School Contact Person/Case Manager: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Funding Level and Category (if applicable): \_\_\_\_\_

**Support Services your child receives in his/her current setting:**

- a) Learning Assistance \_\_\_\_\_ # of hours/week
- b) Subject area(s) receiving assistance: \_\_\_\_\_
- c) Occupational Therapy: \_\_\_\_\_
- d) Physiotherapy: \_\_\_\_\_
- e) Speech-Language: \_\_\_\_\_
- f) Behavioral Consultant: \_\_\_\_\_
- g) Teacher of Hearing Impaired: \_\_\_\_\_
- h) Other: \_\_\_\_\_

1. What is your child's history?

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2. What are your dreams for your child?

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3. What are your fears?

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4. What are your child's strengths/gifts?

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5. What are your child's needs/challenges?

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6. What would an ideal day at school look like for your child?

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Additional Information (if any)

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