

SASKATOON CHRISTIAN SCHOOL

Christ-centred Education



www.saskatoonchristianschool.ca

Family Information

Family Name: _____

Address: _____

Postal Code: _____ Phone: _____

Email Address: _____

Mailing Address: _____

(If different from above)

Legal Land Description: _____

(For rural families only)

SECTION I – STUDENT INFORMATION

1. Surname _____ First Name _____ Middle Name _____

Applying for Grade: _____ M F Birth date: MM/DD/YY / / /

Citizenship: CDN Citizen other: _____ Country of Birth: Canada other: _____

Previous School: _____ Sask. Health #: _____

List chronologically all children in your family: (0-18 years of age).

Name	Birthdate (ddmmyy)	Grade (in Sept)	Name of school Presently Attending
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

SECTION II – KINDERGARTEN STUDENT PROFILE

Usually my child likes to play with:

brother/sisters by him/herself friends cousins neighborhood children

Other (Explain)

My child likes to pretend:

When I am with my child, the things we like to do:

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).

Playschool, daycare OR Sunday School programs (if attended): _____

Length of program _____

Additional activities (Story hour, swimming lessons, t-ball, minor hockey, Awana, Cubbies etc.)

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 specialist (allergist, eye doctor, hearing, pediatrician, etc.)?

Has the student ever received any diagnostic testing? Yes No

Dates of testing (if applicable) _____ Is this information available to school? Yes No

Explanation: _____

Do any agencies such as tutoring, health clinics, speech pathologists, etc have reports regarding your child? If so, please attach copies _____

Is there anything we should know about your child’s character and/or social emotional behaviour, such as expected difficulties integrating into the classroom environment, and any previous assessments for learning, behavioural or physical difficulties?

Parental contribution to the class:

Please list any specific talent, skill, job, career, or hobby you would be willing to share with class (e.g. Music, cooking, crafts, woodcarving, dental assistant, beekeeper, etc.)

Is there anything else you would like us to know about your child?

SECTION III – MEDICAL EMERGENCY INFORMATION

Do any of the student(s) have any serious medical concerns or require regular prescribed medication? Yes No

(If yes, pick up a “Medication /Severe Allergy Release Form from the Office)

Please list any serious medical conditions that SCS should be aware of (ie. Nut allergies, heart conditions, etc.)

Student Name: _____ Concern: _____

If you wish your child (ren) to have regular non-prescribed medication such as Tylenol®, Advil®, Ibuprofen available at school on a regular basis, please provide the medication along with dosage amount and come to the school office and fill out a “Medication Release form”. A written record of each time a child is administered these medications is kept.

Authorization of Emergency Medical Care

In the event I cannot be reached to make arrangements of emergency medical care at time of an incident, I hereby authorize Saskatoon Christian School to take my child to the nearest Emergency Medical Services location.

 x _____ x _____

Name of Family Doctor: _____ Phone Number: _____

SECTION IV – FAMILY INFORMATION

Mother Guardian

Full Name: _____ Email Address: _____

Address: _____ City/Prov.: _____ Postal Code: _____

Home Phone: _____ W Phone: _____ C Phone: _____

Place of Employment: _____

Check all that apply: Ok to pick up from school Legal Custody Joint Custody Receives Mailings

Father Guardian

Full Name: _____ Email Address: _____

Address: _____ City/Prov.: _____ Postal Code: _____

Home Phone: _____ W Phone: _____ C Phone: _____

Place of Employment: _____

Family Information Continued:

Check all that apply: Ok to pick up from school Legal Custody Joint Custody Receives Mailings

Child(ren) lives with Father & Mother Father Mother Guardian

The school office needs to be notified about custody issues and restrictions regarding the children of a family. Please indicate if SCS Administration should be aware of custody issues or court orders. Yes No

SECTION V – EMERGENCY CONTACT

Relationship to Child(ren) Grandparent Relative Friend Other

Emergency Contact Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

SECTION VI – CHURCH AFFILIATION

Name of Church: _____ Phone: _____
 Address: _____ Email: _____
 Pastor: _____ Years Attending: _____ Attend Church: Weekly Semi-weekly Monthly

SECTION VII – STATEMENT OF FAITH

I have read, understand, agree with and wholeheartedly support the SCS Statement of Faith. If, at anytime, I find myself out of harmony with its tenets, I will voluntarily withdraw my child(ren) from SCS.

If you can support our Statement of Faith, please sign below:

X _____ X _____ _____
 Parent/Guardian Parent/Guardian Date

SECTION VIII – GRANDPARENTS

We welcome Grandparents at Saskatoon Christian School. This section is optional but if the child(ren)'s grandparents would like information about SCS, we can e-mail our monthly SCS Cougar which has extensive information and articles about Christian Education and SCS activities.

Maternal Grandparents: _____

Email address/Fax #: _____

Paternal Grandparents: _____

Email address/Fax#: _____

SECTION IX – GENERAL QUESTIONS

Interest in SCS – we first learned of SCS through (please check only one):

- Current SCS Student Church Other _____
- Parent of SCS Student Open House
- Radio Telephone Book
- Website Alumni

