

MEDICAL INFORMATION

Please include a copy of your child's birth certificate and immunization records.

List any physical restrictions, allergies or health concerns that the school should be aware of

What medication does your child require\carry

Do we have authorization to proceed with emergency measures?

Yes

No

Signature of Parent/Guardian for medical consent

VCS VISION STATEMENT

"VCS prepares, molds, and develops resourceful Christ-centered leaders who confidently and passionately fulfill God's purpose."

PARENT/GUARDIAN COMMITMENT

I/we agree to have our child taught in the context of the VCS Statement of Faith.

I/we agree to accept all regulations of the school on the student's behalf.

I/we give permission for our child to take part in all school activities including sports and school sponsored trips and to absolve the school from all liability to us or our child because of any injury at school or during a school activity.

I/we will make full tuition payments on time as per the tuition schedule at VCS.

I/we understand that VCS does not tolerate profanity or disrespect to school personnel or the Holy Trinity and the Word of God.

PROTECTING YOUR PERSONAL INFORMATION

VCS gathers and uses personal information to provide your child with the best educational services as outlined in our Mission Statement and Core Values. The personal information on this form is required in order to register your child at VCS and assist the school authority in making informed decisions on the suitability and appropriate placement of your child. This information will also allow VCS to respond immediately to an emergency. VCS is committed to using and storing this information responsibly and will not release this information to a third party without your verbal or written consent, unless permitted to do so under the PIPA (Personal Information Privacy Act) legislation. VCS does not sell, lease or trade information about you to other parties. For more information on VCS's use, storage and disclosure of personal information, please contact the privacy officer for VCS. I/we consent to having VCS collect, use and disclose this personal information as outlined above and as defined in VCS's personal information policy.

Parent/Legal Guardian Signature

Your signature:

- * Confirms that all information given is accurate.
- * Indicates your agreement to comply with VCS's learning objectives, behavioral expectations, school regulations and Statement of Faith.
- * Acknowledges that photos of your child may be used by VCS for yearbooks, newsletters and other promotional materials.

Valley Christian Preschool



Valley Christian School

32721 Cherry Avenue

Mission, BC V2V 2T8

PHONE: 604.826.1388

FAX: 604.826.2744

Email: info@valleychristianschool.ca
Website: www.valleychristianschool.ca

