Valley Christian Academy

For Office Use Only
Date rec'd _____
Payment Option Chosen: _____

REGISTRATION FORM
2015/2016 School Year

Student Information (This form is to be completed by the Applicant's Parent or Guardian)	
Student Name:	Medicare No.
Father's Name:	Lives with the child/ren Yes No
Mother's Name	Lives with the child/ren Yes No
Home Address	City: Province:
Postal Code	Home Phone ☎
E-mail Address (1)	E-mail Address (2)
Father's Business: Father's Cell:	Home ☎ Mother's Cell
Emergency Contacts (When parent/guardian is unavailable) 1.	Phone ☎ ( )
2.	Phone ☎ ( )

Medical Information

Has the Applicant any new health or physical limitations. If Yes, please explain.	
Has the Applicant any new allergies or life threatening conditions. If Yes, please explain.	
If the Applicant needs to take any type of medication regularly, please inform the School Office.	
Doctor's Name:	Phone ☎ ( )

In the coming school year I would like to be involved in the following areas:

Parent School Committee	_____
Hot Lunch Program	_____
Fund Raising	_____
I would be willing to participate in carpooling	_____

VCA 2015-2016 Tuition Fees

Preschool, Kindergarten & Grades 1 to 10

Please choose your method of payment for Tuition for 2015/2016 School Year:

☐ 1. 10 Post Dated Cheques - beginning September 2015 through June 2016

☐ 2. Automatic withdrawal (form attached)

☐ 3. Debit Monthly

By signing this information update I confirm that I am familiar with the philosophy of VCA and agree that my child will follow the program and regulations of the school.

_____ _____

_____ Date: