



**2023-2024**

# Registration Form for New Families

Welcome to Burlington Christian Academy (BCA). We trust that you and your children will experience blessings as you participate and engage in the programs throughout your years at BCA. Please fill out all the information in this form as required.

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## Student Information

### Student #1:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Gender \_\_\_\_\_

Grade: \_\_\_\_\_ DOB(D/M/Y): \_\_\_\_\_

Allergies, if any: \_\_\_\_\_

Does your student have an IEP: \_\_\_\_\_

Special Education Requirements: \_\_\_\_\_

Student Start Date: \_\_\_\_\_

Name of School Transferred From: \_\_\_\_\_

### Student #2:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender \_\_\_\_\_

Grade: \_\_\_\_\_ DOB(D/M/Y): \_\_\_\_\_

Allergies, if any: \_\_\_\_\_

Does your student have an IEP: \_\_\_\_\_

Special Education requirements: \_\_\_\_\_

Student Start Date: \_\_\_\_\_

Name of School Transferred From: \_\_\_\_\_

### Student #3:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender \_\_\_\_\_

Grade: \_\_\_\_\_ DOB(D/M/Y): \_\_\_\_\_

Allergies, if any: \_\_\_\_\_

Does your student have an IEP: \_\_\_\_\_

Special Education requirements: \_\_\_\_\_

Student Start Date: \_\_\_\_\_

Name of School Transferred From: \_\_\_\_\_

## Parent Information

### Parent #1

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Name of your Church: \_\_\_\_\_

### Parent #2

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Name of your Church: \_\_\_\_\_

## Emergency Contacts:

**Contact #1: (other than parent): Full Name:** \_\_\_\_\_

Relationship to family/student: \_\_\_\_\_

Mobile #: \_\_\_\_\_

**Contact #2 (other than parent): Full Name:** \_\_\_\_\_

Relationship to family/student: \_\_\_\_\_

Mobile #: \_\_\_\_\_

## Payment Preference (choose one):

**Tuition:**  One annual payment  Two bi-annual payments  Monthly payments

**Payment Method:**  Cheque  Visa/MC  PAD  E-Transfer

**Capital Fee \$2600.00:**  Cheque  Visa/MC  PAD  E-Transfer

**GIFTS Cheque \$750.00:**  Yes

## Signature Page

Please read through this page, mark your preferences as appropriate, and sign at the bottom.

- Yes  No - I have read the school policies as detailed in the Parent Handbook. It is our understanding that these policies may be adjusted from time to time. I agree to abide and support each of the stated policies.
- Yes  No - I have read Burlington Christian Academy's Statement of Faith and consent to my child(ren) being taught using materials based on these statements.
- Yes  No - I understand that in the case of an illness or emergency, every attempt will be made to first contact the parents and/or the listed emergency contacts. If no one can be reached and the responsible school personnel determine that immediate medical attention is warranted, I give permission to arrange for my child to be transported to a hospital via Emergency Services personnel.
- Yes  No - I understand that in the case that our financial account falls in arrears for more than 32 calendar days that Burlington Christian Academy has the right to suspend my children from school until Burlington Christian Academy has received the funds that pay our account debts in full.
- Yes  No - I understand that BCA may use photos of my child(ren) for both internal and promotional purposes. This may include social media posts and pages, newspapers, websites, videos, and consumer displays. The student's full name will not appear with their photo.
- Yes  No — I understand that our child(ren) will be assigned a school login, password, and/or email account and that they will be held accountable for using these in a manner that is respectful of self and others and becoming of a BCA student.
- Yes  No — I agree that BCA is authorized to adjust the monthly payment as authorized by the PAD form provided the parent has been contacted to approve the change. Any change will be consistent with the required fees for the services requested for that school year.
- Yes  No — I give permission for my child(ren) to participate in all class trips and all school trips organized and supervised by BCA staff. I may opt out of a specific trip by informing staff that my child will not be participating in that specific trip.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date