



CEDAR BRIDGE SCHOOL
KINDERHOUSE

ELEMENTARY HOMESCHOOL GROUP

REGISTRATION FORM 2009/2010

FOR FACILITATOR USE ONLY

Class: _____

Application fee paid: _____
Tuition paid: _____
Supply fee paid: _____

Thank you for your interest in our Waldorf Inspired Elementary Grades Homeschool Group. Please complete and return this form along with the administration fee of \$75 per child. Upon receipt you will be contacted and a meeting will be scheduled between the tutor, parent(s) and child.

To be filled out by a parent or guardian - Please Print

STUDENT INFORMATION

Name of Child: _____
First Middle Last

Address: _____
Street City/Town Province Postal Code

Telephone: _____
Home Work (or other)

Child's age as of September 1st of year of entrance: _____ years _____ months

Date of Birth: _____ Birthplace: _____ Gender: _____

Parent's name: _____

Parent's name: _____

Name(s) and age(s) of siblings(s): _____

Are there pets in the family? Describe: _____

Language(s) spoken in the home: _____

Are there any extra curricular activities your child is now participating in (Scouts, Dance, Gymnastics, Music, etc.)? _____

Have there been any major changes in your child's life in the past year? (e.g. death, separation)
Describe: _____

Has your child had any major physical, behavioral or academic difficulties? _____

Please describe child's general health: _____

What qualities would you like to see strengthened in your child in the coming year? _____

Why are you choosing Waldorf Education for you child? _____

How did you find out about Waldorf Education? _____

What Festivals do you celebrate? _____

Why do you want your child to attend our Elementary Homeschool Group?

Additional Comments: _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD (other than parent/guardian)

Authorized Pick Up or Emergency Contact Person _____
Phone: (____) _____ - _____

Authorized Pick Up or Emergency Contact Person _____
Phone: (____) _____ - _____

Authorized Pick Up or Emergency Contact Person _____
Phone: (____) _____ - _____

MEDICAL INFORMATION & CONSENT FORM

Doctor's Name: _____ Phone: (____) ____ - _____

Child's Medical Plan Health Number: _____

Dentist's Name: _____ Phone: (____) ____ - _____

Blood Type (if known): _____

Does your child have any medical conditions? Please describe together with any treatments or medications. _____

Please state any known allergies (food/animal/medication). _____

Does your child have any physical challenges? _____

Does your child have any special fears or needs? _____

Has your child recently had (please give comments and approximate dates):

- A medical check-up? Yes No _____
- A test for hearing? Yes No _____
- A text for vision? Yes No _____
- A dental examination? Yes No _____

Has your child been immunized? Yes – Please provide record of immunization No

I hereby appoint _____ & _____ as the person(s) who, during our absence or incapacity, shall be authorized to consent for all medical and/or surgical treatment and/or special procedures prescribed by a duly licensed Doctor or Medicine or Doctor of Dentistry arising from or occurring while participating in activities of the Elementary Homeschool Group.

Without limiting in any manner the foregoing appointment and authorization, if circumstances permit, a doctor is to be consulted in connection with such medical and/or surgical treatment and/or special procedures.

_____ & _____ and any physicians providing medical or surgical services to _____ (note participant's name) may rely upon the consent of authorization executed by the above-named appointee(s) with the same force and effect as if personally executed by the parent/guardian. The consent and authorization shall include and extend to all procedures necessary to preserve life, limb, or well being of participant.

In consideration for the services that are rendered to _____ (note participant's name) pursuant hereto, I agree to pay for all such services. This authorization shall be effective until revoked in writing.

Date: _____ Parent/Guardian Signature: _____

Date: _____ Parent/Guardian Signature: _____

IMPORTANT: Please ensure that all information on this form is complete and that any applicable forms are included such as medical alert information, legal alert information, support services information, individual Education Plans (IEP's) or Case Management Plans (CMP's), proof of legal guardianship.

FINANCIAL AGREEMENT

Administration Fee

\$75.00

The administration fee is passed on to The Bridge Educational Society, allowing our program to operate within the Cedar Bridge School building. It is to be paid upon registration and is non-refundable.

Supply Fee

approximately \$200.00

Families are responsible for acquiring their own supplies. Supply list will be provided. Some extra supply costs may arise for additional projects upon negotiation.

Grade 1

\$350.00

monthly

Grade 3

\$350.00

monthly

I/we agree to pay the tuition and supply fees for my child(ren) in the amount of _____ per month over a _____ month period, beginning _____, 2009 through to _____, 2010.

Please make cheques payable to:

Emily Hladych
108 Dure Meadow Road
Lumby, BC V0E 2G7

I have read and understand the following: Tuition is to be paid in full on the first day of each month commencing September 1 of the current calendar year up to and including June 1 of the following calendar year. An interest charge of 2% per month may be applied to outstanding amounts after 30 days. If after 60 days, amounts are still outstanding, payment will be requested in full. After 90 days, if the account remains in arrears, the child(ren) may be asked to leave the program. Payments may be made by cheque or cash, post-dated cheques being the preferred method of payment. It is expected that accounts will be paid on time. Overdue accounts put undue stress on the operation and finances of the program.

A program such as this has many expenses of a continuing nature. In order to plan and maintain services for the entire program period, it is essential that the annual revenue from fees be assured. For this reason, students are enrolled for the entire school year or such portion as may remain after the day of entrance. The fact that fees are paid in instalments does not constitute a fractional contract.

Withdrawal

The financial contract commences on September 1. After the commencement of classes thirty days written notice is required to withdraw. In the event a child is withdrawn without the required thirty days notice the responsible party(ies) will be required to pay the outstanding fees to cover the thirty-day withdrawal notice period. This applies whether the student is withdrawn by parents or dismissed by the school. This requirement will be waived in the event the reason for withdrawal is of a confirmed medical nature.

NSF Cheques

\$20.00 service charge will be applied for NSF and other returned cheques.

My signature below affirms that I have read, understood and accept the terms and conditions of this agreement.

Date: _____ **Parent/Guardian Signature:** _____

Date: _____ **Parent/Guardian Signature:** _____

RELEASE OF LIABILITY WAIVER FORM

Name of Participant _____ Date of Birth _____
 Parent/Guardian _____ Child's Age _____
 Address _____
 City _____ Province _____ Postal Code _____
 Home Phone _____ Cell or Work Phone _____
 E-Mail _____

This waiver is in consideration of being accepted for participation in the Elementary Homeschool Group.

This form must be signed and read before the participant takes part in any classes, activities, field trips, or events. By signing this form, the participant and his/her parent(s) or guardian(s) affirm having read it and acknowledge having had sufficient opportunity to have this agreement reviewed by participant's counsel, if so desired.

On my own behalf and on behalf of my heirs, successors, and assigns, I hereby forever release, discharge, and agree to indemnify and hold harmless Cedar Bridge School, and Elementary Homeschool Group, and each of their tutors, employees, students, representatives, and all owners and operators of all locations at which Cedar Bridge School and the Elementary Homeschool Group holds its meetings, classes, activities, field trips, and events (collectively "released parties") from any and all liabilities, claims, costs, demands or causes of action, whether known or unknown ("claims") that I may now or hereafter have for injuries or damages arising out of my participation in Cedar Bridge School or Homeschool activities, classes, events, or field trips.

I understand and acknowledge that dangers of personal injury or sickness are or may be inherent in participating in such activities, classes, events, or field trips, and I expressly and voluntarily assume all risk of death or personal injury sustained in such activities, classes, events, or field trips, including but not limited to the risks incurred in all these activities and those arising from hidden, latent or obvious defects in any facilities or equipment used. I acknowledge the possibility that my successors or I may not fully know the number or magnitude of all claims, and agree that this release is a full and final release of all claims. This release is intended to be binding upon my heirs and assigns. This release is being signed in consideration of the opportunity to participate in Cedar Bridge Homeschool activities, classes, events, and field trips. This agreement shall be governed by and interpreted in accordance with the laws of British Columbia, Canada.

Date: _____ **Parent/Guardian Signature:** _____

Date: _____ **Parent/Guardian Signature:** _____

PERSONAL INFORMATION PRIVACY CONSENT FORM

Personal information will be used and disclosed in accordance with the privacy protection provisions of the Personal Information Protection Act (PIPA British Columbia). If you have any questions about the collection, use and disclosure of this information consult the office personnel.

1. I consent to having the tutors collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parent's work numbers and email address, behavioural, academic and health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration.

Signature: _____ **Date:** _____

2. I consent to having photographs and work samples of my child(ren) used by the tutors in the yearbook, newsletters and other promotional material.

Signature: _____ **Date:** _____

3. The tutors may prepare a family phone list (car pool list, class list, etc.) for a family phone directory including the child's name, birth date, address and phone number of parents/guardians.

Please indicate:

Yes _____ I give permission for my family information to be included on this list
 No _____ I do not give permission for my family information to be included on this list

Signature: _____ **Date:** _____

RELEASE AND STORAGE OF PARENT PERSONAL INFORMATION

The tutors acknowledge that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in homeschool management or the care, supervision and instruction of your child(ren) for this program, unless written authorization from a parent or legal guardian is provided. The tutors will securely store all digital and hard copy parent and student personal information.

SIGNATURE Rubeena Sandhu

TITLE Tutor

PHONE (250) 260-6098

SIGNATURE Emily Hladych

TITLE Tutor

PHONE (250) 547-9351