

# HERITAGE CHRISTIAN SCHOOL

JORDAN, ON

(905) 562-7303

"... children are a heritage from the Lord." Ps. 127:3

## REGISTRATION FORM



Date of Application	
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### REGISTRATION INFORMATION

Parents Names	Surname	Father	Mother
Street Address			Postal Code
Email address			
Telephone Numbers	Home	Father's cell	Mother's cell
Employment Father	Company	Location	Phone #
Employment Mother	Company	Location	Phone #
Church Membership			Pastor

### STUDENT INFORMATION

Name of Child	Surname	First	Middle		
Date of Birth	Month	Day	Year	Male	Female
Applying for Admission to Which Grade?					
Ontario Health Card #				Version Code	

Name of Child	Surname	First	Middle		
Date of Birth	Month	Day	Year	Male	Female
Applying for Admission to Which Grade?					
Ontario Health Card #				Version Code	

Name of Child	Surname	First	Middle		
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Name of Child	Surname	First	Middle		
Date of Birth	Month	Day	Year	Male	Female
Applying for Admission to Which Grade?					
Ontario Health Card #				Version Code	

**MEDICAL & EMERGENCY INFORMATION**

Doctor's Name		Doctor's Phone Number	
Is there any pertinent health information that we should know about your child(ren)?			
Name to call in case of emergency		Phone #	
Relationship			

**PREVIOUS SCHOOL INFORMATION**

Name of School		Address		Postal Code
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I have read the Statement of Faith and Guiding Principles, the Constitution of the NRCEA, together with the policies and guidelines available in the Information Booklet and/or the Parent Handbook and agree to support the school, its teachers and principals, board and committees, in accordance with these.

I understand that my child's education will be based on the Statement of Faith and Guiding Principles, a copy of which is available from the school office.

I agree to be available for volunteer work, conferences and any meetings the school should call.

**Please check one of the following:**

I am in agreement with the Statement of Faith and Guiding Principles and am currently a member or wish to become a member of the association and, if able, make myself available to serve on a committee. (Please submit a completed membership form, and payment, if you are not currently a member.)

I am in agreement with the Statement of Faith and Guiding Principles but **do not** wish to be a member of this association. **(Please state reasons)**

I **am not** in agreement with the Statement of Faith and Guiding Principles and therefore, **cannot be** a member of this association but I am a Christian and do permit my child to be taught on the basis of the Statement of Faith and Guiding Principles.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Medical Treatment Release Form**

In case of a medical emergency I hereby give the staff of Heritage Christian School my permission to treat and/or bring my child(ren) for treatment to the hospital.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*For Office Use Only*

<input type="checkbox"/> Maplewood	<input type="checkbox"/> cc. Bookkeeper
<b>OSR</b>	
<input type="checkbox"/> NR	<input type="checkbox"/> REQ <input type="checkbox"/> NS