



Registration Package

*Educating and equipping discerning disciples
of Jesus Christ for restorative work in His kingdom*

PARENT CHECKLIST

Please feel free to use this handy checklist as you fill in your registration package.

Student Name: _____

Grade Upon Entry: _____

- Registration form complete
- Two years progress reports included
- IEP's/Assessments included, if applicable
- Birth Certificate presented at Main Office
- Legal Residency Form completed and signed
- Proof of residency attached
- Consent for Release of Education Info signed, if applicable
- Pastor Reference submitted
- Non-refundable application fee (\$125) paid

CALL US

Phone: 250.564.0707
Fax: 250.564.0729

WRITE US

Email: office@cedars.bc.ca
Website: www.cedars.bc.ca

VISIT US

600 Preston Road
Prince George, BC V2K 1A8

Student Registration Form - *(complete one form per student)*

STUDENT INFORMATION

Student's Name: _____
Usual Surname First Name Middle Name

_____ Legal Surname First Name Middle Name

Male Female Grade (on entry): _____ Birthplace: _____ Birthdate: _____
mm / dd / yyyy

Address: _____
Street Address City Postal Code

_____ Mailing Address (if different)

Personal Health Number: _____

Citizenship: _____

Primary Language spoken at home: _____

**If not Canadian, citizenship documents must be presented*

English Language Learner? Yes No

First Nations Status? Yes No If "yes", band name: _____

Last School Attended: _____ Address: _____

Date of Leaving: _____

PARENT/GUARDIAN AND EMERGENCY CONTACT INFORMATION

Instructions:

- 1) List parents/guardians FIRST, other emergency contacts further down
- 2) List in PRIORITY ORDER for us to call in an emergency.
- 3) A minimum of one contact phone number is required.
- 4) Please indicate your **preferred phone number** with a check mark.
- 5) We do not need emergency contacts' email addresses.
- 6) Circle Yes or No wherever a choice is given.
- 7) Guardians: Indicate whether you would like teachers' emails to be sent to your email address.

Priority	Name	Relationship	Phone(s)	Pref'd #?	Email
1	.....	.....	H)		.....
			C)		
			W)		
	Has Custody: Yes No Lives with Student: Yes No Can Pick Up: Yes No Is Emergency Contact: Yes No Guardian Address: <input type="checkbox"/> Same as student OR include here:				

Priority	Name	Relationship	Phone(s)	Pref'd #?	Email
2	.....	.....	H)		.....
			C)		
			W)		
	Has Custody: Yes No Lives with Student: Yes No Can Pick Up: Yes No Is Emergency Contact: Yes No Guardian Address: <input type="checkbox"/> Same as student OR include here:				

Priority	Name	Relationship	Phone(s)	Pref'd #?	Email
3	.....	.....	H)		.....
			C)		
			W)		
	Has Custody: Yes No Lives with Student: Yes No Can Pick Up: Yes No Is Emergency Contact: Yes No Guardian Address: <input type="checkbox"/> Same as student OR include here:				

PARENT/GUARDIAN AND EMERGENCY CONTACT INFORMATION (con't)

Priority	Name	Relationship	Phone(s)	Pref'd #?	Email
4	.....	.....	H)		.....
			C)		
			W)		
	Has Custody: Yes No Lives with Student: Yes No Can Pick Up: Yes No Is Emergency Contact: Yes No Guardian Address: <input type="checkbox"/> Same as student OR include here:				

Priority	Name	Relationship	Phone(s)	Pref'd #?	Email
5	.....	.....	H)		.....
			C)		
			W)		
	Has Custody: Yes No Lives with Student: Yes No Can Pick Up: Yes No Is Emergency Contact: Yes No Guardian Address: <input type="checkbox"/> Same as student OR include here:				

Priority	Name	Relationship	Phone(s)	Pref'd #?	Email
6	.....	.....	H)		.....
			C)		
			W)		
	Has Custody: Yes No Lives with Student: Yes No Can Pick Up: Yes No Is Emergency Contact: Yes No Guardian Address: <input type="checkbox"/> Same as student OR include here:				

GUARDIANSHIP NOTES

Is there any information we may need to know regarding guardianship of this student? (Eg., lives with one parent one week, the other parent the next week)

NO ACCESS

Is there anyone we should be aware of with whom your child may **not** leave the school? If so, please name below:

The information on this form is collected under the authority of the School Act and the Independent School Act. It is collected and used by Cedars Christian School in accordance with the Personal Information Protection Act (PIPA) and the Cedars Christian School Privacy Policy. The information is collected for the purpose of the proper management and operation of the school, including BC Ministry of Education reporting.

By signing this form, I am providing consent to the collection and use of the information on this form for the purposes stated herein in accordance with PIPA. I also agree that our family [parent(s) and students(s)] will continue to abide by the policies of the school.

Signature

Date

Health Information - (complete one form per student)

Student Name: _____ Grade: _____

HEALTH INFORMATION

Does your child have any of the following (please check):

- | | | |
|---|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> mild |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Asthma | <input type="checkbox"/> severe |
| <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Communicable Disease | <input type="checkbox"/> Other (list below) |

Other: _____

If you have checked off anything above, is it considered a **life-threatening** condition? Yes No

If an allergy or medical condition changes during the school year, it is your responsibility to alert the school.

Explain briefly any conditions checked above and procedures to follow:

Is your child able to participate in a full PE program? Yes No

If not, an exemption from your family physician will be required. If conditions change during the year, please inform the school.

EDUCATIONAL SUPPORT INFORMATION

Does the student have any particular academic weaknesses or outstanding strengths? Yes No

If so, please supply details, including any special programs or assistance the student has received. This will help us to determine whether, and how, we can best meet the student's needs.

*If your child currently has an IEP or LSP, please include those documents with this registration form.

Does the student have, or has he/she experienced, any social, emotional, or behavioural problems? Yes No

If yes, please supply details, including any treatment the student may have received.

Briefly describe your child's strengths and interests.

Parent/Guardian's Signature

Date

Legal Residency of Parents - (complete one form per family)

To be completed and signed by a parent or legal (court-appointed) guardian and returned to the school. (If legal guardian, attach copy of court order appointing you as legal guardian.)

LAWFULLY ADMITTED INTO CANADA

1. I am (please X one):

- A Canadian citizen (if not born in Canada, please attach a photocopy of citizenship paper/card)
- A landed immigrant (attach photocopy of landed immigrant status paper)
- Lawfully admitted into Canada under one of the following documents (please mark the appropriate box below and attach a photocopy of document):
 - Admission as a refugee claimant
 - A person claiming refugee status who has a letter of no objection
 - Student authorization (student visa) for one or more years
 - Employment authorization (working permit) for one or more years
 - A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counterfoil in his/her passport)
 - Other - Document description:
(must be cleared with Citizenship and Immigration Canada: <http://www.cic.gc.ca/english/study/study.asp>)

RESIDENCY IN BRITISH COLUMBIA

2. I am a resident of British Columbia (please X one):

- Yes Residency address: _____
- Yes **I have included a copy of Proof of Residency** with current address listed (Driver's licence, utility bill, mortgage document, rental agreement, tax assessment, etc.)
- No I am not a resident of British Columbia

CONFIRMING SIGNATURE(S)

Parent/Legal Guardian's name

Parent/Legal Guardian's signature

Date: _____

Office Use	Proof of Residency Attached:	_____	_____
		<i>Initials</i>	<i>Date</i>

TECHNOLOGY USE CONSENT

Please read through the following Acceptable Use Policy and provide technology use consent for your child in the section below.

Student Name: _____

Grade on Entry: _____

Values

- We value the freedom to create and responsibly use tools for the benefit of others. We recognize, however, that technology is not only a tool we use; it has the power to shape us as well. We encourage reflective dialogue around how technology is shaping us.
- We value face-time (eye contact, open ears, verbal dialogue) over screen-time (texting, email, digital messaging). We desire to be fully present and open to others during our time together.
- We recognize that our identity is defined by God alone - not by the many, virtual identities we feel the urgency to maintain (Facebook, Twitter, texting, email).
- We recognize that we need to “turn off” technology periodically and intentionally to show what and who we value.
- We value the learning of the past as well as the present. Although new media (images, music, video, movies) and older media (books, texts, audio, drama) capture our imaginations in different ways, both will be used to enhance learning in our building.

Guiding Practices and Principles

- Content filtering applied to all Internet access through wired and wireless connections. It is the student’s responsibility to report inadvertent viewing of inappropriate material (sexual, obscene, violent, coarse language) on the Internet to a staff member.
- Students will be given access to Public WiFi on personal technology devices (smart phones, iPods/iPads, laptops) in the school foyer and library to access the Internet for personal use and course work.
- Google Apps accounts will be given to each student entering high school. These accounts may be monitored and/or disabled if used inappropriately. All digital interactions should be “life-giving” and in the spirit of Philippians 4:8 - “...whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable—if anything is excellent or praiseworthy—think about such things.”
- School technology devices (laptops, desktop computers, video cameras, etc.) are to be handled with care, and signed out/returned to assigned storage areas in the library tech center.
- Students may use personal technology devices (smart phones, iPods/iPads, laptops) during class time when given express permission to do so, and for the purposes outlined by the classroom teacher. Devices used at times and/or in ways not outlined by the classroom teacher may be confiscated. Students should assume that devices are not to be used in class unless instructed otherwise.
- Students are encouraged to access media (music, video) that is consistent with a Christian worldview and is a “shared value” at Cedars in ways that include others. Open dialogue about all media should be welcomed by both students and staff.
- Students should refrain from malicious hacking and/or altering the settings of technology devices in the building that negatively affect their use by another user. Users that are deemed a security risk or engage in intentional abuse will face disciplinary action and/or expulsion.
- Students should give credit where credit is due - citing references and sources, respecting copyright laws, and not plagiarizing others’ work.

In light of the above, I give my child permission to use: (please **circle** your choices in the correct grade area below)

Grades K-2	Grades 3-4	Grades 5-12
Class Dojo Y N	G-Suite Applications: Google Drive (Docs, Slides, etc.), Classroom, Calendar Y N	Gmail (for student-student and student-staff interaction) Y N
	Google Meet, Hangouts, Chat (for student-student and student-staff interaction) Y N	G-Suite Applications: Google Drive (Docs, Slides, etc.), Classroom, Calendar Y N
	Zoom (audio/video conferencing) Y N	Google Meet, Hangouts, Chat (for student-student and student-staff interaction) Y N
		Zoom (audio/video conferencing) Y N

Consent Statement:

This consent shall be considered valid from **September** _____ until the end of **June** _____, or if at any time, you decide to withdraw your consent.

I hereby acknowledge that MY CHILD/STUDENT AND I have **read** and **understood** the expectations laid out in the Cedars Acceptable Use Policy above and I give permission for these and other tools that the school chooses to employ with administrative vetting and oversight.

Signature

INFORMATION RELEASE CONSENT

Protecting your privacy and the privacy of your child is important to us. Please take the time to fill in the following sections to indicate your preferences. Student Name: _____
Grade on Entry: _____

For the following section, please **circle** either "yes" or "no" as it applies. **Do not leave blanks.**

Internal School Community Directory

Our School Community Directory is a paper directory distributed only to families who have children attending Cedars.

We will include **parent/guardian names and children's names** along with the **home phone number if you answer "yes" below.**

Would you like your family to be included in the Community Directory?	Yes	No
---	-----	----

If you answered Yes above, please choose what else you would like included:

Home Address	Yes	No
--------------	-----	----

Email Address	Yes	No
---------------	-----	----

External Media Coverage

For newspaper article or media broadcast of a school event, where the media may possibly use my child's photo and perhaps name in their coverage...

I/we permit the school to allow my child's picture to be taken and/or name to be disclosed.	Yes	No
---	-----	----

Cedars Online Communications

Cedars' standard practice when we post names in our e-newsletter, on our website, or on our Facebook page, is to use only first names and last initials for all students. With that in mind, for our online communications:

I/we permit the school to post my child's name and/or photograph(s)	Yes	No
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Yearbook

For the Cedars yearbook, I permit the school to post my child's name, grade, and/or photograph(s)	Yes	No
---	-----	----

Other Notes, as needed:

*** It is the parents' responsibility to let the office know of any changes to this information during the school year.

The above information is collected under the authority of the School Act and the Independent School Act. It is collected and used by Cedars Christian School in accordance with the Personal Information Protection Act (PIPA) and the Cedars Christian School Privacy Policy. The information is collected for the purpose of the proper management and operation of the school including BC Ministry of Education reporting.

Signature

VOLUNTEER APPLICATION AND DOCUMENTATION

Each family with children attending Cedars is expected to contribute **25 hours of volunteer time** with the school each year. In fact, many of our programs depend on volunteer help.

Student Name: _____

Keeping children safe is our primary concern. In order to volunteer at the school, you need to submit this application form and the documents described herein.

Grade on Entry: _____

Volunteer Details

Volunteer Name (first and last): _____

Please Print

* If you are a **current Cedars parent**, please skip this bordered section.

Contact #: _____ Address: _____

References

Please list one (minimum) or two character references. Your reference should have known you for two or more years.

Name of Reference	Contact #	Office Use
1)		
2)		

Criminal Record Check

We need to have a Criminal Record Check on file for an individual prior to any volunteer activity in the school. Cedars is enrolled with the Criminal Records Review Program (CRRP) online application services. All volunteers for our school, including the Preschool, are required to apply for their Criminal Record Check (CRC) online.

You can find the link and our unique access code on our website at <https://cedars.bc.ca/volunteers>

You will be alerted by the CRRP if they are unable to process your application. In that case, simply print the document they provide and bring it to the school where we can complete the submission process.

The results of your criminal record check will be sent to the Main Office of the school. A digital and paper record will be kept by the school. **Once completed, the criminal record check is valid for 5 years.**

Child Abuse and Neglect Orientation

At Cedars, it has always been our practice that all paid staff and volunteers who are working with vulnerable persons (children and youth) complete a vulnerable sector Criminal Record Check. To further protect the children and youth in our care from abuse and/or neglect, we now require all staff and volunteers who work with our students to orient themselves in the types and signs of child abuse and neglect, steps to follow in the case of student disclosures, and the duty to report.

Please take time to complete this orientation if you plan to work with children and youth enrolled at Cedars Christian School. A record of this completed form will be filed digitally and shared with staff and administration for insurance and planning purposes. Orientation must be renewed every five years.

You can find the link to this orientation on our website at <https://cedars.bc.ca/volunteers>. It should take you approximately 15 minutes to complete the orientation.

OFFICE USE ONLY

- CRC on file
- References checked
- Child Abuse & Neglect Orientation completed

Signature

VOLUNTEER APPLICATION AND DOCUMENTATION (con't)

Volunteer Driving

Student Name: _____

Driver Regulations

Grade on Entry: _____

1. Vehicles used for student transportation must be rated appropriately and insured with Province of British Columbia with minimum Third Party Liability Insurance. The vehicle must be properly equipped with seat belts for each occupant; seat belts must be secured when traveling.
2. The volunteer driver and owner should ensure that, to the best of his/her knowledge, the motor vehicle used for student transportation is in good mechanical condition. In winter, the vehicle must have winter tires in good condition.
3. Vehicles used will only be driven by the volunteer driver noted above who must be at least 21 years of age and in good health. The driver should be accident free for at least three years and cannot be a secondary school student.
4. For safety and health reasons, volunteer drivers or passengers will not smoke in the vehicles while students are being transported.
5. The driver must not, at any time during his/her performance as a volunteer driver, consume any alcoholic beverages or use any restricted substances.
6. The driver must not operate the vehicle in an unsafe manner or in contravention of any statute of regulation governing the operation of motor vehicles. This includes driving the speed limit at all times.
7. **The driver must provide a copy of his/her current driver's abstract to the school office (see below).**
8. **A current copy of your vehicle insurance needs to be submitted at the office prior to any volunteer driving activity.**
9. **A criminal record check must be on file at the school office (see previous page).**
10. The school does not accept responsibility for any damage to the vehicle in the event of an accident, not for deductible, loss of insurance discount, or loss of use.

Note: If a vehicle has the capacity to carry more than nine occupants, the driver must have a Class 4 driver's license and adhere to all National Safety Code regulations.

You have two options to get your Driver's Abstract to us:

- Online at the Driver's Abstract Website (see link on our website at <https://cedars.bc.ca/volunteers>), or
- Call **1-800-663-3051** between 8:00am and 5:00pm, Monday to Friday, and ask them to fax it to the school at **250-564-0729**.

Volunteer Driver and Vehicle Information

Driver's Name: _____ Driver's License No. _____

Address: _____

Postal Code: _____ Telephone: _____

Vehicle(s) to be used:	Vehicle 1	Vehicle 2
Year/Make:	_____	_____
Colour:	_____	_____
Passenger Capacity:	_____	_____

Volunteer Driver's and Vehicle Owner's Declaration:

(I/We) have read the above items 1 through 11, including notes, regarding transportation of students for sanctioned school activities and accept and agree to follow these school regulations.

OFFICE USE ONLY

- Insurance copied
- Driver's Abstract received

Signature



Consent for Release of Education Information

Educating and equipping discerning disciples of Jesus Christ for restorative work in His Kingdom.

(Fill in one form per student IF they have come from a previous school)

Student's Full Name:	
Date of Birth:	
To Previous School:	
Fax Number/Email:	
Date:	

The above-named student has now been registered at **Cedars Christian School**. As parent/guardian of this student, I hereby give my permission to send **Cedars Christian School** the following:

- A copy of the most recent student Report Card**
- Student File** including: report cards, documents relating to custody or other legal issues, non-confidential reports by professional staff or outside agencies, Student Conduct Review Committee letters, all safety concerns, all records pertaining to behaviours/violence, including all suspension letters, records of discipline matters, and consequences/interventions, and behaviour plans.
- Permanent Student Record Card**
- Individual Education Plan (IEP)** if there is one for the student
- Special Services File** if there is one for the student, including any confidential or other documents pertaining to the above-named student from Area Support Team Members such as Psychologists, Social Workers, Speech Language Pathologists, etc.
- I further consent to administrative or counselling staff speaking to **Cedars Christian School** regarding academic or behavioural programming.

I confirm I am the parent/guardian for the above-named individual:

Parent/Guardian Name (please print)	Parent/Guardian Signature	Date
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Office Use Only:	Faxed	Mailed	eMailed	Date
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Family Reference from Pastor

Educating and equipping discerning disciples of Jesus Christ for restorative work in His Kingdom.

Dear Pastor,

The _____ family has requested admission to Cedars Christian School. We would appreciate information regarding the membership and involvement of this family in your church community. Please assist us by filling out the following questionnaire.

Family Name: _____ **Children:** _____

Church Name: _____ **Church Phone:** _____

How long has this family attended this church? _____

Does this family attend (circle one): usually? occasionally? rarely?

Please provide a brief statement of your understanding of this family's personal relationship with Jesus Christ and their involvement and commitment to your church community.

Other comments:

Thank you for taking the time to provide us with this information.

Print Name: _____ Signature: _____

Date: _____

CALL US

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Fax: 250.564.0729

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