



Kindergarten Registration Form

Lighthouse Christian Academy

2018-2019

Office Use Only	
Reg. Date	Student #
PD Date	PEN #

PERSONAL AND FAMILY INFORMATION: (Please Print Clearly)

Student's Usual Name: _____
 Student's Legal Name: _____
 Gender: Male Female **Grade:** _____
 Address: _____
 Birth date: _____ (copy of birth certificate)
 Birthplace: _____ Home Language: _____
 Aboriginal Ancestry: Yes No
 Living With: Mother Father Both

Parent (Father/Caregiver): _____ Parent (Mother/Caregiver): _____
 Home Phone: _____ Cell Phone: _____
 Employer: _____ Work Phone: _____
 Email Address: _____
 Emergency Contact 1: _____ Phone: _____ Cell Phone: _____
 Emergency Contact 2: _____ Phone: _____ Cell Phone: _____
 Out of Province Contact: _____ Phone: _____ Cell Phone: _____

EDUCATIONAL INFORMATION (Please Print Clearly)

Has your child attended a preschool program? Yes No If Yes, please provide details:

 Is there anything you would like the school to know about who your child is or your child's background?

 Does your child have any difficulty with social situations or social adjustments? Yes No If Yes, please explain:

MEDICAL INFORMATION: (Please Print Clearly)

Doctor's Name: _____ Phone: _____ Care Card #: _____
 Is your child's immunizations up to date? Yes No
 Does your child have any allergies/Health Conditions? Yes No If Yes, please explain:

 Are any of the above conditions life threatening? Yes No
 Does your child require medications? Yes No If Yes, please explain: _____

 Does your child require assistance in taking medications? Yes No (If yes, authorization forms available at the office)
 Additional comments: _____

EDUCATIONAL SUPPORT SERVICES (Please Print Clearly)

Is English your child's first language? Yes No If No, what is your child's first language? _____

Does your child have any difficulty with speech or language? Yes No

Has your child received, or is your child receiving, Speech Language Therapy? Yes No

Has your child received, or is your child receiving Occupational Therapy? Yes No

Has your child been diagnosed with ADD, ADHD or Anxiety/Behaviour issues? Yes No

Has your child received, or is your child receiving services through a Child Development Center? Yes No

If yes to any of the above, please explain and attach copies of all relevant documentation:

LEGAL INFORMATION (Please Print Clearly)

Has there been Social Services involvement regarding your child? Yes No

Is there a court order in effect or pending? Yes No Copy on File? Yes No

If YES give details concerning custody, guardianship and access: _____

**NOTE: Copy of an up-to-date court order must be on file with the school.*

Is there anyone to whom your child should NEVER be released? _____

INFORMATION TO ATTACH TO APPLICATION

\$150 non-refundable reg. fee

2 current photographs Birth Certificate Booster Seat Form

PERMISSIONS

- I give my consent for the release of my name, parent info, address, phone #'s and emails for the LCA Family Directory.
- I give my consent for the publication of my child's photograph & name in the school yearbook or newsletter.
- I give my consent for the publication of my child's photograph in the LCA newsletter, website, Facebook and PR publications.
- I give my consent for my child to participate in local, curriculum-based trips, either on the LCA bus/van, other parent's cars or walking.

Parent Signature(s) _____ Date _____

- I have read and support the mission, policies and rules of LCA as described in the Student/Parent Handbook.
- I agree to abide by the school rules and guide my child to uphold the Discipline Policy of the school as outlined in the Handbook.

Parent Signature(s) _____ Student Signature (10 or over)

_____ Date _____