

ADMISSION PROCEDURES

1. Bring the completed Application and Tuition forms to the school office.
2. We will also need a copy of your child's health card.

If you'd like more information regarding our school policies you can email us at nca.derkeatz.wanda@gmail.com or call 306-752-3503.



Date: _____, 20____

PRE-SCHOOL APPLICATION FORM

PART 1 – STUDENT DEMOGRAPHICS (PLEASE PRINT CLEARLY)

Student's Legal Name: _____
(Last) (First) (Middle)

Name Used (If different than legal name): _____

Birthdate: ____/____/____ (mm/dd/year) Age: _____ Gender: Male Female

Home Phone: _____ Listed Unlisted

Address: _____
Apartment #/ House # Street City Postal Code

PO Box # / RR Address: _____

Student resides with (check one that applies):

Mother and Father Mother Only Father Only Guardian

Name of Sibling(s) at this school: _____

Emergency Contact Name (Other than Parent/Guardian): _____

Phone No. of Emergency Contact: _____

MEDICAL INFORMATION

Health Services Number (HSN): _____

Medical Information the school should be aware of: _____

Additional Information: (Allergies, Phobias etc.): _____

Does your child have any medication and/or procedures that are required to be administered during the regular school hours?

_____ YES _____ NO

If you answered YES to the above question, please ask for a Parental Release and Authorization Form from the School Office, and return before the first day of your child's attendance in school.



PART 1 – STUDENT DEMOGRAPHICS CON'T (PLEASE PRINT CLEARLY)

How did you hear about this school? _____

Reason for selecting this school: _____

PART 2 – PARENTAL/GUARDIAN CONTACT INFORMATION (PLEASE PRINT CLEARLY)

Married Single Separated/Divorced Remarried Blended Family Widowed

Custody Agreement is in place (Please provide a copy for our file)

Parent/Guardian Contact #1:

_____ Mr. _____ Mrs. _____ Ms. _____
(First Name) (Last Name)

Relationship to Student: _____
(i.e. Mother, Father, Guardian, etc.)

_____ Lives with student **OR** give address below.

Address: _____
Apartment #/ House # Street City Postal Code
PO Box # /RR Address: _____

Daytime Phone (Business): _____ **Home Phone:** _____
Cell Phone: _____ **Email Address:** _____

Parent/Guardian Contact #2:

_____ Mr. _____ Mrs. _____ Ms. _____
(First Name) (Last Name)

Relationship to Student: _____
(i.e. Mother, Father, Guardian, etc.)

_____ Lives with student **OR** give address below.

Address: _____
Apartment #/ House # Street City Postal Code
PO Box # /RR Address: _____

Daytime Phone (Business): _____ **Home Phone:** _____
Cell Phone: _____ **Email Address:** _____

Church Attending: _____ Pastor: _____

Parent/Guardian #1: Christian? Yes _____ No _____ Parent/Guardian #2: Christian? Yes _____ No _____



PART 3 – STUDENT BEHAVIOR AND HISTORY (PLEASE PRINT CLEARLY)

What are some of your child’s strengths, or things you would like us to know: _____

Has the student ever had behaviour challenges?

Yes _____ No _____ if yes, please explain: _____

STATEMENT OF COMMITMENT:

Because the education of children is a cooperative venture between parents/guardian and the school, I/we agree to abide by the policies and regulations of Northeast Christian Academy, and agree to uphold the decisions of the school administration. By signing this form, I/we agree that all information given are true, current and correct; and I/we understand that any information knowingly omitted or falsified by a parent/guardian may result in an application being rejected or the possibility of that student being removed from enrollment in the program.

(Parent’s/Guardian’s Name – Please Print)

(Parent’s/Guardian’s Signature)

(Date signed)

(Parent’s/Guardian’s Name – Please Print)

(Parent’s/Guardian’s Signature)

(Date signed)



Parent/Guardian Name(s): _____

Date Registered: _____

PART 1 – TUITION FEES

Preschool Tuition	Payment in Full	Pay in 2 Installments (September and January)	Pay over 10 Months (September to June)
Per Child	\$700	\$350 x 2	\$70 x 10
Select your payment plan:	Payment in Full	2 Installments	10 Monthly Payments
	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____

PART 2 – TUITION PAYMENT OPTIONS

PLEASE SELECT "ONE" PAYMENT OPTION (or choose Credit Card below)

Cash Debit Etransfer Post-dated Cheques

NOW SELECT "ONE" PAYMENT SCHEDULE *There will be a \$50 charge for each NSF payment.

1st of every month
 15th of every month

I hereby agree to adhere to the payment plan noted above.

Name: _____

Signature: _____

Date: _____

Credit Card: (Only Visa or MasterCard accepted) *There will be a \$50 charge for each NSF payment.

Name on Credit Card: _____

Credit Card # _____ Expiry Date: _____

Withdrawal 1st of every month
 Withdrawal 15th of every month

I hereby authorize Northeast Christian Academy to withdraw payments from my credit card as stated above.

Name: _____

Signature: _____

Date: _____