

Chinook Winds Adventist Academy

RETURNING STUDENTS REGISTRATION FORM

2017-2018



Mission: “Engaging students to follow God completely, serve unselfishly, and achieve excellence.”

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RETURNING STUDENT REGISTRATION CHECKLIST

Thank you in advance for taking the time to complete this registration package. Please check off items to ensure all applicable submissions are included:

√	REQUESTED ITEMS FOR ENROLLMENT
_____	Registration fee of \$100 per student
_____	Registration Data Check Sheet
_____	Financial Information Form
_____	Payment Form
_____	Student Code of Conduct Form
_____	Personal Information Protection Act (PIPA) Form
_____	Volunteer Form
_____	Severe Allergy/Health Concern Alert Form (<i>if applicable</i>)
_____	School Bus Agreement Form (<i>if applicable</i>)

2016-2017 FEE SCHEDULE

GRADE	Annual Fee (SDA Student)	Annual Fee (non-SDA Student)	Annual Fee (International Student)
Application Fees	\$50	\$50	\$50
Registration Fees	\$100	\$100	\$100
Academic Fees			
Kindergarten (Jr/Sr)	\$2,300	\$2,300	\$2,300
Grades 1-6	\$3,100	\$4,000	\$9,700
Grades 7-9	\$3,800	\$4,700	\$10,600
Grades 10-12	\$5,200	\$6,100	\$12,500
Bus Fees	\$1,700 for First Rider, \$1000 for Second + Additional Rider(s)		

Note:

- **REGISTRATION FEES** are nonrefundable fees, which include administrative costs, yearbooks, agendas, and selective technology fees.
- **ACADEMIC FEES INCLUDE** Tuition Fees (Textbooks, salaries, non-consumable teaching resources and salaries), Activity/Resource Fees (consumable student resources, field trips, graduation fees, etc.), Capital Fees (facility costs and improvements).
- CWAA offers two incentive programs: **1.) REFERRAL INCENTIVE** (Families that are instrumental in bringing a new family to CWAA will receive a \$250 discount per newly enrolled family. Both existing and new students must remain enrolled for a full school year to be eligible for the Referral Incentive. The \$250 discount is per family and not per student and will be applied in June.) **2.) MULTI-CHILD FAMILY FEE INCENTIVE** (Families with more than one child will receive a reduction in fees for the second and third siblings:
 - SDA: Grades K = \$90, Grades 1-6 = \$130, Grades 7-9 = \$170, Grades 10-12 = \$230
 - Non-SDA: K = \$100, Grades 1-6 = \$200, Grades 7-9 = \$240, Grades 10-12 = \$300

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FINANCIAL INFORMATION FORM

PARENT/GUARDIAN (OR PAYEE):

NAME: _____ RELATIONSHIP TO STUDENT: _____

HOME PHONE: _____ CELL: _____

EMAIL: _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

STEP 1: ___ *I have included my non-refundable \$100 Registration Fee per student.*

STEP 2: **Please use the following Fee Schedule to complete family financial information.**

GRADE	SDA Fee	non-SDA Fee	International Fee
Kindergarten (Jr/Sr)	\$2,300	\$2,300	\$2,300
Grades 1-6	\$3,100	\$4,000	\$9,700
Grades 7-9	\$3,800	\$4,700	\$10,600
Grades 10-12	\$5,200	\$6,100	\$12,500
Bus Fees	\$1,700 for First Rider, \$1000 for Second + Additional Rider(s)		

Student (First and Last Name)	Grade	Academic Fees	Bus Fees	Discount <i>(2nd or 3rd child)</i>	Sub-total
TOTAL FEES (ALL STUDENTS)					

STEP 3: **Please check one of the following payment options:** (commencing September 1, 2017)

- ___ Full Year Payment
- ___ Ten Month On-Line
- ___ Ten Month Pre-authorized Bank Withdrawal (*PAYMENT FORM ON BACK*)
- ___ Ten Month Pre-authorized Credit Card (VISA/MasterCard) (*PAYMENT FORM ON BACK*)
- ___ Other (please state): _____

PARENT/GUARDIAN COMMITMENT

- I commit to paying CWAA all monies owing and agree to the above Tuition and Fee Payment Option.
- I will support Chinook Winds Adventist Academy's philosophy, mission and values.
- I have read the Parent-Student Handbook and I understand and support its policies.
- I will communicate regularly with my child's teachers and attend functions requiring parent participation.
- I will practice the principle found in Matthew 18 regarding conflict resolution.
- I will support the school in maintaining a high standard of Christian conduct for its students.
- I authorize CWAA to provide emergency medical treatment to my child if necessary.
- I confirm that the information detailed in this application is true and correct.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

(Must be signatory on account used for tuition withdrawal)



PAYMENT FORM

I. PRE-AUTHORIZED CREDIT CARD (VISA OR MASTERCARD)

Please circle which credit card will be used: Visa MasterCard

Please enter credit card information here:

Name on Credit Card: _____

Credit Card Number: _____

Expiry Date: _____

Security No. on Back: _____

Signature: _____

II. PRE-AUTHORIZED BANK WITHDRAWAL

ATTACH VOID CHEQUE HERE

Signature: _____



STUDENT CODE OF CONDUCT FORM

I determine to do my best and to support the school and its philosophy of providing a quality and wholesome Christian education to its students. In particular, with God's help I will strive to:

- Achieve personal excellence in all that I do: academics, extracurricular activities, service to others, and behavior;
- Show pride in my work;
- Contribute to a positive learning environment;
- Faithfully develop the gifts and abilities God has given me;
- Be truthful and uphold my integrity;
- Respect God and strive to follow Jesus Christ;
- Respect and honor my parents and teachers for their knowledge, guidance, and support;
- Treat others with dignity and respect, acting with compassion and kindness;
- Refrain from harassment and bullying of any kind.

STUDENT COVENANT

- It is my desire to attend CWAA this school year and I commit to honor this Covenant.
- I will support Chinook Winds Adventist Academy's philosophy, mission and values.
- I have read the Parent-Student Handbook and I understand and support its policies.
- I acknowledge that should my behavior (whether inside CWAA or outside CWAA), become incompatible with the standards of CWAA, I accept that CWAA administration has the right to discipline me.

Print Student Name

Student Signature

Grade

Date



PERSONAL INFORMATION PROTECTION ACT (PIPA) FORM

The Personal Information Protection Act (PIPA) protects the personal information of the public and employees of private sector organizations operating in Alberta. It governs the collection, use and disclosure of personal information by organizations in a manner that recognizes and balances the right of an individual to have their personal information protected, and the need of an organization to collect, use or disclose personal information for purposes that are reasonable. CWAA is bound by the requirements of this Act and collects, uses or discloses personal information in accordance with its provisions.

Please initial each choice and complete only one form per family.

1) Parent Contact Information (Please initial one)

In order to effectively administer the activities of the school, it is desirable to provide parent contact information to CWAA staff and volunteers.

I consent to CWAA disclosing my personal contact information as necessary. My contact information may be used for class lists, team rosters, school directories, volunteer directories, and any other activities reasonably related to the operation of the educational and extra-curricular activities of CWAA.

I do not consent to the disclosure of my personal contact information for the purposes described above.

2) General Media (Please initial one)

I consent to photographs and/or videos of my child/children being used on class webpages and in CWAA's promotional material (yearbook, newsletters, bulletin board, website and any other school publication). My child's name will not be associated with any photograph or video that is used in promotional material or on CWAA's promotional videos or web site. I will not hold CWAA responsible in any way if these pictures are used by individuals for purposes other than was originally intended.

I do not consent to the use of photographs and/or videos as described above.

Student Last Name	Student First Name	Entering Grade

Print Parent/Guardian Name

Parent/Guardian Signature

Date

Please be advised that personal information of students will be shared with the North American Division for the purposes of furthering and improving the education in the Seventh-day Adventist Church Education System. This sharing is not in violation of any Canadian privacy legislation as the Seventh-day Adventist Church in Canada is a division of the North American Division of the Seventh-day Adventists. Personal information may also be provided to the Minister of Education for the purposes of carrying out programs, activities, or policies under this jurisdiction.

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VOLUNTEER REGISTRATION FORM

Volunteers compliment, assist and partner with our staff at CWAA. We appreciate this contribution greatly and strive to offer our volunteers a productive and rewarding experience. It is our hope that each family will participate in various volunteer opportunities throughout the year.

PARENT/GUARDIAN NAME(S): _____ **Contact Phone #:** _____

- I will submit a valid Police Information Check to CWAA* (Date Completed: _____).
- I have read and agree to the **VOLUNTEER CODE OF CONDUCT** in the Student-Parent Handbook.

Please make your choices by checking the box next to the area(s) you wish to volunteer for:

CLASSROOM/STUDENT SUPPORT	
<input type="checkbox"/>	CLASSROOM PARENT - work with the classroom teacher to organize jobs, classroom helpers, photocopying, laminating, other prep work.
<input type="checkbox"/>	CLASSROOM GUEST SPEAKER
OUTREACH/MISSIONS	
<input type="checkbox"/>	PRAYER TEAM COORDINATOR - coordinate meeting times and place, keep in touch with team members and put announcements in Monday Breeze.
<input type="checkbox"/>	TERRY FOX RUN - work with staff member to help organize this event.
<input type="checkbox"/>	SAMARITAN'S PURSE SHOEBOX CAMPAIGN - duties include in-school (i.e. chapels) and classroom promotion of campaign, collecting and counting boxes, setting a start date, organizing a pick up date with Samaritan's Purse and getting promotional pamphlets, videos, boxes from Samaritan's Purse.
<input type="checkbox"/>	CHAPEL SPEAKER
<input type="checkbox"/>	MUSIC CONCERTS - help organize, decorate, supervise volunteers, help at bake sale, etc.
ATHLETICS	
<input type="checkbox"/>	COACH - Please specify sport(s) of interest _____, Junior or Senior High, Boys or Girls (please circle)
<input type="checkbox"/>	ASSISTANT COACH - Please specify sport(s) of interest _____, Junior or Senior High, Boys or Girls (please circle)
<input type="checkbox"/>	DRIVER - transporting students to games. (Must have a completed driver form and a copy of \$2,000,000 insurance on file at the school office).
<input type="checkbox"/>	ELEMENTARY SPORTS DAY - work with staff member to help organize this event.
LIBRARY	
<input type="checkbox"/>	SCHOLASTIC BOOK FAIR HELPER – book sales, set-up and cleanups.
<input type="checkbox"/>	LIBRARY HELPER - sort books, re-shelving books, inventory, year end cleanups, etc.
<input type="checkbox"/>	VOLUNTEER READING PROGRAM HELPER – read with children.
FOOD	
<input type="checkbox"/>	COORDINATOR - organize parent teacher interview suppers, staff appreciation lunches, work day lunches, oversee helpers, etc.
<input type="checkbox"/>	HELPER - prepare or coordinate dishes for staff appreciation lunches, parent teacher interview suppers, maintenance work day lunches, crisis/community care for families, special events, etc.
FUNDRAISER(S) EVENTS	
<input type="checkbox"/>	OPEN HOUSE(S) - help organize, plan, advertise, decorating, host/greeter, set-up or cleanup, etc.
<input type="checkbox"/>	ENTERTAINMENT/SUTP - set dates, organize volunteers, help deliver books to classrooms, take orders before and after school, etc.
<input type="checkbox"/>	HIKE-A-THON - work with staff member to help organize this event.
<input type="checkbox"/>	CITRUS SALES - track orders and arrange delivery of citrus.
<input type="checkbox"/>	POINSETTIA SALES - track orders and arrange delivery of poinsettias
MISCELLANEOUS	
<input type="checkbox"/>	BULLETIN BOARDS - help decorate hallway bulletin boards.
<input type="checkbox"/>	LOST & FOUND - help clean out, sort and display items from the 'lost & found' bin.
<input type="checkbox"/>	UNIFORMS: help sort, display and place price-tags on uniform items for re-sale.
<input type="checkbox"/>	CLEANING BEE COORDINATOR – help set dates in liaison with Principal; outline specific duties or projects that will be undertaken for each work bee date. Help with advertising the events in church bulletins.
<input type="checkbox"/>	VOLUNTEER COORDINATOR
OTHER – please state preference	
<input type="checkbox"/>	
<input type="checkbox"/>	



SEVERE ALLERGY/HEALTH CONCERN ALERT FORM

COMPLETE ONLY IF STUDENT HAS A DANGEROUS, LIFE-THREATENING ALLERGY.

STUDENT: _____ **ENTERING GRADE:** _____
Legal Surname Legal Given Names (First and Middle)

MEDIC ALERT ID: _____

This student has a **DANGEROUS, LIFE-THREATENING ALLERGY** to the following:

This student uses an Inhaler? Yes No

This student uses an EpiPen? Yes No

SYMPTOMS FOLLOWING EXPOSURE TO AN ALLERGEN CAN INCLUDE: *(check which apply)*

- | | |
|---|--|
| <input type="checkbox"/> hives and itchiness on any part of the body; | <input type="checkbox"/> nausea, vomiting, diarrhea; |
| <input type="checkbox"/> coughing, wheezing or change of voice; | <input type="checkbox"/> difficulty breathing or swallowing; |
| <input type="checkbox"/> fainting or loss of consciousness; | <input type="checkbox"/> panic or sense of impending doom; |
| <input type="checkbox"/> swelling of any body parts, eyelids, lips, face or tongue; | <input type="checkbox"/> throat tightness or closing; |
| <input type="checkbox"/> other, please specify _____ | |

- I agree to allow CWAA to share my student’s picture, take the emergency measures as necessary, with the staff of the school and health care providers.
- I will provide CWAA with updated medical information regarding my child during the school year.
- If my child uses an Inhaler or EpiPen, I will provide CWAA office with an up-to-date Inhaler or EpiPen.

Print Parent/Guardian Name

Parent/Guardian Signature

Date



PARENT SCHOOL BUS AGREEMENT

Terms and Conditions

The following terms and conditions form part of this Charter Transportation (Southland Bus Company) contract.

1. The Parent/Guardian acknowledges and agrees that the student must comply with the School Bus Safety Rules and School Bus Protocol while being transported to and from school.
2. The Parent/Guardian is responsible for the safety of their student travelling to, from and at the bus stop.
3. The Parent/Guardian understands that no changes shall be made regarding specific pick-up/drop-off locations and times without prior written request.
4. The Parent/Guardian agrees that routes will be determined after all bus information has been received from all families. Bus routes are determined according to route safety and congregated community stops. Southland does not guarantee front door pick-up.
5. The Parent/Guardian agrees to pay the annual fee referred to in this Contract.
6. If the Parent/Guardian moves his/her residence during the school year, Southland provides no assurance that bus services will still be available at the new residence.
7. If the Parent/Guardian no longer requires transportation services, a prorated refund will be administered upon the receipt of the Parent/Guardian's request in writing.
8. The bus company considers all stops to be full time and the school is charged accordingly. Students riding full or part-time pay the same rate.
9. The Parent/Guardian agrees to directly contact Southland by phone (403-205-6688) when students are not riding the bus during the day or for a longer periods of time.
10. In the event of a late bus (over 15 minutes late), the Parent/Guardian will check Southland's website, www.myschoolbusmonitor.com or call dispatch (403-398-6975) to receive updates.
11. The Parent/Guardian understands that the student must be ready at his/her bus stop 5 minutes before the bus arrives; the scheduled "pick-up" time is the time when the bus pulls away from the stop.

STUDENT NAME	ENTERING GRADE	STUDENT PRIMARY RESIDENCE ADDRESS	SERVICE START DATE

AUTHORIZATION AND RELEASE OF INFORMATION AND ACCEPTANCE OF TERMS AND CONDITIONS

In signing this form:

- I am giving permission to CWAA to share the information above with the transportation provider for the purpose of transportation planning and administration;
- I certify that the information given in this application and in any documents attached is updated, correct and complete;
- I have read and agree with the terms of the Student School Bus Agreement;

Print Parent/Guardian Name

Parent/Guardian Signature

Date



STUDENT SCHOOL BUS AGREEMENT

Terms and Conditions

I understand that riding on the school bus is a privilege and not a right. I understand that I am responsible for my conduct while on the bus. I acknowledge that the school bus driver is responsible for my safety and transportation and I am accountable to the bus driver while riding the bus. I understand that violating this agreement will result in disciplinary action and possibly a loss of bus riding privileges. My signature below indicates that I have read the following School Bus Agreement and I am committed to honoring and following the rules.

In particular, I will:

- Be ready at my bus stop 5 minutes before the bus arrives;
- Go promptly to my bus after school. Busses are scheduled to leave 10 minutes after the 3:15 p.m. bell rings.
- Remain on the bus until my approved destination has been reached;
- Be ready for and promptly get off the bus when my destination has been reached;
- Remain seated while the bus is in motion and sit facing forward with legs, arms and hands in the seat and not in the aisles or out windows;
- Not eat or drink on the bus;
- Dispose of garbage in the assigned garbage before leaving the bus;
- Address the bus driver with courtesy and respect and follow their direction;
- Not distract the bus driver;
- Show courtesy and respect to all bus riders;
- Refrain from the use of inappropriate language;
- Refrain from yelling or speaking loudly on the bus;
- Refrain from throwing objects on the bus or out the bus windows;
- Refrain from harassment and bullying of any kind;
- Treat the bus with respect and report any damage;
- Represent the school to the public honorably while riding on the bus;
- Be a good citizen while riding the bus;
- Read and sign the School Bus Agreement prior to receiving bus transportation;
- Honor and follow the student policies as outlined in the Parent/Student Handbook.

Bus protocols:

- The bus will depart on Monday to Thursday at 3:25 p.m.;
- The bus will depart on Friday at 1:30 p.m.;
- Students that are late to the bus will be left behind;

PLEASE SIGN

STUDENT NAME:	ENTERING GRADE	STUDENT SIGNATURE	DATE



ECS TRANSPORTATION CONTRACT FOR REIMBURSEMENT
(Jr/Sr Kindergarten Applicants Only)

2017-2018 School Year

Name of School: **Chinook Winds Adventist Academy**
Student Name: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____

I (parent/guardian) _____ live more than 2.4 kilometres from the school. I understand that I am responsible for providing transportation for my ECS child(ren) to and from school each day from **August 31, 2017** to **June 22, 2018**.
(mm/dd/yyyy) (mm/dd/yyyy)

My child will be transported as follows (please indicate):

- (1) By Parent/Guardian _____
(2) By School Bus _____ Bus Route #: _____
(3) Other (describe) _____

According to this contract I will receive an amount up to the government stipulated amount as reimbursement for the cost I will incur in the current school year if all the conditions stipulated in the most current student funding manual for school authorities are met.

Date: _____
Parent/Guardian Signature

Date: _____
School Representative

* This application is due at the time of registration.