

# Chinook Winds Adventist Academy

## RETURNING STUDENTS REGISTRATION FORM

2018-2019



*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 Health Concern / Allergy Alert Form ( <i>if applicable</i> )
___	School Bus Agreement Forms ( <i>if applicable</i> )

### 2018-2019 FEE SCHEDULE

GRADE	Annual Fee (SDA Student)	Annual Fee (non-SDA Student)	Annual Fee (International Student)
<b>Registration Fees</b>	\$100	\$100	\$100
<b>Academic Fees</b>			
<b>Jr/Sr Kindergarten</b>	\$2,400	\$2,400	\$2,400
<b>Grades 1-6</b>	\$3,200	\$4,100	\$9,800
<b>Grades 7-9</b>	\$3,900	\$4,800	\$10,700
<b>Grades 10-12</b>	\$5,300	\$6,200	\$12,600
<b>Bus Fees</b>	\$1,800 for First Rider, \$1100 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, non-consumable teaching resources and salaries), Activity/Resource Fees (consumable student resources, field trips, graduation fees, etc.) and Capital Fees (facility costs and improvements).
- **INTERNATIONAL FEES** are non-refundable. Once CWAA issues a letter of acceptance and the student is issued a Student Visa by the Canadian Immigration Authority, based on CWAA's Letter of Acceptance, tuition fees are non-refundable. Only in the event of inability to attend school due to immigration difficulty will the tuition fee be refunded.
- CWAA offers two incentive programs:
  - **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).
  - **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 = \$95, Grades 1-6 = \$135, Grades 7-9 = \$175, Grades 10-12 = \$235  
 Non-SDA: K = \$95, Grades 1-6 = \$180, Grades 7-9 = \$220, Grades 10-12 = \$280



# 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
<b>Jr/Sr Kindergarten</b>	\$2,400	\$2,400	\$2,400
<b>Grades 1-6</b>	\$3,200	\$4,100	\$9,800
<b>Grades 7-9</b>	\$3,900	\$4,800	\$10,700
<b>Grades 10-12</b>	\$5,300	\$6,200	\$12,600
<b>Bus Fees</b>	\$1,800 for First Rider, \$1100 for Second + Additional Rider(s)		

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

**STEP 3:** Please check one of the following payment options: (commencing September 1, 2018)

- \_\_\_\_ 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.

**Parent/Guardian Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_

*(Must be signatory on account used for tuition withdrawal)*

*"Engaging students to follow God completely, serve unselfishly and achieve excellence."*



## 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

ONE FORM COMPLETED PER STUDENT (GRADES 1-12 ONLY)

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.

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**Student Signature**

**Print Name**

**Grade**

**Date**





# PERSONAL INFORMATION PROTECTION ACT (PIPA)

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

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**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:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

- I have submitted or will submit a valid Police Information Check to CWAA*
- 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:**

<b>CLASSROOM/STUDENT SUPPORT</b>	
<input type="checkbox"/>	<b>CLASSROOM PARENT</b> - work with the classroom teacher to organize jobs, classroom helpers, photocopying, laminating, other prep work.
<input type="checkbox"/>	<b>CLASSROOM GUEST SPEAKER</b>
<b>OUTREACH/MISSIONS</b>	
<input type="checkbox"/>	<b>PRAYER TEAM COORDINATOR</b> - coordinate meeting times and place, keep in touch with team members and put announcements in Monday Breeze.
<input type="checkbox"/>	<b>TERRY FOX RUN</b> - work with staff member to help organize this event.
<input type="checkbox"/>	<b>SAMARITAN'S PURSE SHOEBOX CAMPAIGN</b> - 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"/>	<b>CHAPEL SPEAKER</b>
<input type="checkbox"/>	<b>MUSIC CONCERTS</b> - help organize, decorate, supervise volunteers, help at bake sale, etc.
<b>ATHLETICS</b>	
<input type="checkbox"/>	<b>COACH</b> - Please specify sport(s) of interest _____, Junior or Senior High, Boys or Girls (please circle)
<input type="checkbox"/>	<b>ASSISTANT COACH</b> - Please specify sport(s) of interest _____, Junior or Senior High, Boys or Girls (please circle)
<input type="checkbox"/>	<b>DRIVER</b> - 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"/>	<b>ELEMENTARY SPORTS DAY</b> - work with staff member to help organize this event.
<b>LIBRARY</b>	
<input type="checkbox"/>	<b>SCHOLASTIC BOOK FAIR HELPER</b> – book sales, set-up and cleanups.
<input type="checkbox"/>	<b>LIBRARY HELPER</b> - sort books, re-shelving books, inventory, year end cleanups, etc.
<input type="checkbox"/>	<b>VOLUNTEER READING PROGRAM HELPER</b> – read with children.
<b>FOOD</b>	
<input type="checkbox"/>	<b>COORDINATOR</b> - organize parent teacher interview suppers, staff appreciation lunches, work day lunches, oversee helpers, etc.
<input type="checkbox"/>	<b>HELPER</b> - prepare or coordinate dishes for staff appreciation lunches, parent teacher interview suppers, maintenance work day lunches, crisis/community care for families, special events, etc.
<b>FUNDRAISER(S) EVENTS</b>	
<input type="checkbox"/>	<b>OPEN HOUSE(S)</b> - help organize, plan, advertise, decorating, host/greeter, set-up or cleanup, etc.
<input type="checkbox"/>	<b>ENTERTAINMENT/SUTP</b> - set dates, organize volunteers, help deliver books to classrooms, take orders before and after school, etc.
<input type="checkbox"/>	<b>HIKE-A-THON</b> - work with staff member to help organize this event.
<input type="checkbox"/>	<b>CITRUS SALES</b> - track orders and arrange delivery of citrus.
<input type="checkbox"/>	<b>POINSETTIA SALES</b> - track orders and arrange delivery of poinsettias
<b>MISCELLANEOUS</b>	
<input type="checkbox"/>	<b>BULLETIN BOARDS</b> - help decorate hallway bulletin boards.
<input type="checkbox"/>	<b>LOST &amp; FOUND</b> - help clean out, sort and display items from the 'lost & found' bin.
<input type="checkbox"/>	<b>UNIFORMS:</b> help sort, display and place price-tags on uniform items for re-sale.
<input type="checkbox"/>	<b>CLEANING BEE COORDINATOR</b> – 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.
<b>OTHER – please state preference</b>	
<input type="checkbox"/>	
<input type="checkbox"/>	





# SEVERE HEALTH CONCERN / ALLERGY ALERT FORM

**COMPLETE ONLY IF STUDENT HAS A DANGEROUS, LIFE-THREATENING HEALTH CONCERN.**

**STUDENT NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_  
*Legal Surname                      Legal Given Names (First and Middle)*

**MEDIC ALERT ID:** \_\_\_\_\_

This student has a **DANGEROUS, LIFE-THREATENING HEALTH CONCERN / ALLERGY** as described here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This student uses an EpiPen?     Yes    No  
This student uses an Inhaler?    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 _____                                |  |

<ul style="list-style-type: none"> <li>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.</li> <li>I will provide CWAA with updated medical information regarding my child during the school year.</li> <li>If my child uses an Inhaler or EpiPen I will provide CWAA office with an up-to-date Inhaler or EpiPen.</li> </ul>		
Parent/Guardian Signature	Print Name	Date



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# 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](http://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.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
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 IN BOX BELOW***

STUDENT SIGNATURE	PRINT STUDENT NAME	GRADE	DATE