



Richmond Hill Christian Academy

MEMBER OF THE ASSOCIATION OF CHRISTIAN SCHOOLS INTERNATIONAL

Bayview Campus

9711 Bayview Avenue
 Richmond Hill, Ont. L4C 9X7
 Tel. (905) 770-4055
 Fax (905) 770-6255
 www.rhcaweb.ca

Hillsview Campus

R.H. (Chinese) Baptist Church
 136 Hillsview Drive
 Richmond Hill, Ont. L4C 1T2
 (905) 737-9055

Administration

96 Antioch Drive
 Etobicoke, Ont. M9B 5V4
 Tel. (416) 621-4100
 Fax (416) 621-0930
 rhca@rogers.com

Registration Form 1

Student's Name _____
First Middle Last
 M ___ F ___
 Address _____ City _____ Prov. _____ Postal Code _____
 Home Phone _____ Cell _____ Fax _____ E-Mail _____
 Have answering machine or call answer? _____ If not, indicate how we can leave messages: Thanks.

Birthdate:(Mo./Day/Year) _____ Birthplace _____ S.I.N. _____
 Applying for Grade _____ Requested Date for Enrollment _____

Living with child?
 Father _____ Marital Status _____ Yes ___ No ___
 Occupation _____ Employer _____ Bus. Phone _____

Living with child?
 Mother _____ Marital Status _____ Yes ___ No ___
 Occupation _____ Employer _____ Bus. Phone _____

Other Children	M	F	Birthdate	Grade	School Attending

Person authorized to care for your child in case of an emergency, where parents are not available:
 _____ Bus. Phone _____ Res. Phone _____

Health Card # _____
 Child's Doctor _____
 Phone _____

Another person authorized to pick up your child from school:
 _____ Phone _____

License numbers of cars used to pick up your child(ren):

Church You Attend _____
 Denomination _____

The Ministry of Education requires us to have a photo of your child. In this space, please attach a snapshot of your child or of your child with parents. Thank you.

The Ministry of Education also requires that you attach (separately) a copy of your child's Birth Certificate. Thank you.

Declaration: I/We have read and agree to cooperate with the philosophy and policies of the Academy as set out in the Parent-Student Handbook and any subsequent amendments thereto.

Signature of Father _____ Date _____
 Signature of Mother _____ Date _____

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Registration Form 2

This section of the Registration Form is to help us to become better acquainted with your child.

If you need additional space, please use the margins or attach an extra sheet.

Name of Student: _____

LANGUAGE: First Language _____

How well does your child speak English? _____

If your child does not know English, do you plan to enroll him/her in a program where he/she can learn more English before starting school? _____

Any difficulty with speech, hearing, or vision? _____

Any previous education help? _____

Has your child ever been assessed as having Attention Deficit Disorder or other emotional problems? _____

MEDICATION: Is your child taking any regular medication that would need to be administered at school? _____

Allergies (Please be specific) _____

ACTIVITIES, HOBBIES, AND INTERESTS: Does your child participate in any of these?

Sunday School _____ Location _____

Pioneer Clubs _____ Location _____

Christian Service Brigade _____ Location _____

AWANA _____ Location _____

Cubs ___ Beavers ___ Scouts ___ Brownies ___ Sparks ___ Guides ___ Location _____

Explorers ___ CGIT ___ Location _____

Lessons (e.g. piano): Type: _____ Location _____

Team Sports _____

Other _____

Hobbies, Collections _____

Favourite Activities, Interests _____

Computer Skills _____

PERSONAL HABITS:

How many hours per week: Watching TV? _____ Reading? _____

Child's Bedtime? _____ Average hours sleep per night _____

Fears, if any _____

Do you have any special concerns about your child? _____

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Registration Form 3

Name of Student _____

How did you (parent or guardian) hear of Richmond Hill Christian Academy? _____

Please name any families you know that are already enrolled in the school. _____

Please indicate how important to you the following aspects of a Christian school are:

(1) Very important (2) Important (3) Somewhat Important (4) Of little importance

Facilities and equipment _____

A Christian curriculum _____

Academic excellence _____

Extra-curricular programs _____

Biblical values taught _____

Firm and loving discipline _____

Character training _____

Safety and happiness of the environment _____

The Christian character and influence of the teachers and principal _____

What role would you like to have in your child(ren)'s education? _____

What values do you teach your child(ren) at home that you would like to see the school reinforce? _____

What are your goals for your child(ren)?

(a) Spiritually _____

(b) Academically _____

(c) Socially _____

(d) Physically _____

If your child has had difficulties with behaviour or with academic progress at another school, please provide details: _____

Do you intend to provide your child with a Christian school education in succeeding grades? _____

Do you foresee a transfer from a Christian school to a public school as being necessary at some point? _____ Reason: _____

Do you need a subsidy to make it financially feasible for your child to attend Richmond Hill Christian Academy? _____

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Registration Form 4

Name of Student _____

Last School Attended _____ Grade _____

Complete and accurate address of school: _____

Phone _____

1. Please attach a copy of the latest Report Card, if available.

North

2. Please draw a simple map of the area where you live, including the nearest major intersection, and indicating the position of your house or apartment.



3. Please indicate how you will be getting your child to and from school. _____

4. Would you be interested in car pooling? _____

If yes, may we give your name and phone number to other registrants in your neighbourhood?

Yes _____ No _____ (In addition, a map will be posted on Orientation Night so that you can locate and contact other school families in your neighbourhood to form car pools.)

5. Do you need before-school care? _____

(Please see Parent-Student Handbook for rate)

6. Do you need after-school care? _____

(Please see Parent-Student Handbook for rate)

7. Are you interested in providing after-school care yourself? _____

Would you like us to include your name on the list of after-school care providers that we supply to parents that request it? _____

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8. (**Junior Kindergarten Only**): In the first week of school only, half the JK students will start on Wednesday, stay home Thursday, and then return Friday, while the other half will start Thursday and continue Friday. Please indicate whether it would be convenient to start your child in:

The Wednesday-Friday group The Thursday-Friday group Doesn't matter

Name of parent we should contact in this regard: _____

Daytime Phone Number _____