St. Anthony's Catholic School
1750 Nalabila Boulevard
Kitimat, BC, V8C 1E6
Tel: 250.632.6313 Fax: 250.632.6317
Email: staprincipal@cispg.ca
www.stanthonysschoolkitimat.com

Enrollment Package Checklist

Student's Name: _____

	Student Demographic Information Form
	Release of Information form
	Internet Use Agreement Form
	Legal Residency Form (and a copy of immigration documents if not born in Canada)
	Copy of Birth Certificate
	Copy of Care Card
	$50.00 Application Fee (Non-Refundable)

*Please make sure that you have provided all the following information when returning your enrollment package to the office. Thank you!

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Giving your child the gift of a Catholic Education is giving a gift that will last a lifetime.

Enrollment Package

More information on our website at www.stanthonysschoolkitimat.com

Registration for Grade _____ Start Date: _____ /_____/_____
Day Month Year

STUDENT DEMOGRAPHIC INFORMATION

Last Name _____ First _____ Middle _____

Sex M☐ F☐ Date of Birth ____/____/____ Birth City _____ Birth Province _____
Day Month Year

Mailing Name _____ Mailing Address _____

Postal Code _____ Phone Number _____

RELIGIOUS BACKGROUND

Father's Religion _____ Mother's Religion _____ Marital Status _____

Child's Baptism Date _____/_____/_____ Church _____ City _____
Day Month Year

(Copy of Child's Baptismal Certificate Required)

Date of 1st Comm./Confirmation _____/_____/_____ Church _____ City_____
Day Month Year

Date of 1st Reconciliation _____/_____/_____ Church _____ City _____
Day Month Year

Registered with the Christ the King Parish Yes_____ No_____

EDUCATION HISTORY

Name of school presently enrolled in _____

Address of school presently enrolled in _____

FAMILY INFORMATION

Mother's Last Name _____First Name _____ Phone _____

Address (if different from student) _____

Mother's Cell Number _____ Mother's E-mail Address _____

Legal Custody of student? _____ Emergency Contact? _____ Available at Work? _____

Mother's Occupation __ _____ Employer _____ Phone _____

Father's Last Name _____First Name _____ Phone _____

Address (if different from student) _____

Father's Cell Number _____ Father's E-mail Address _____

Legal Custody of student? _____ Emergency Contact? _____ Available at Work? _____

Father's Occupation _____ Employer _____ Phone _____

Siblings:	Name	Relationship	Sex	Birth Date
1.	_____		M ☐ F ☐	_____ /_____/_____ Day Month Year
2.	_____		M ☐ F ☐	_____ /_____/_____ Day Month Year
3.	_____		M ☐ F ☐	_____ /_____/_____ Day Month Year
4.	_____		M ☐ F ☐	_____ /_____/_____ Day Month Year
5.	_____		M ☐ F ☐	_____ /_____/_____ Day Month Year

EMERGENCY CONTACTS / ACCESS AUTHORIZATION

Persons other than parents/guardian to contact in case of emergency:

1) Emergency Contact _____ Relationship to Child _____

Home Phone _____ Work Phone _____ Cell Phone _____

2) Emergency Contact _____ Relationship to Child _____

Home Phone _____ Work Phone _____ Cell Phone _____

MEDICAL INFORMATION (Confidential)

Family Doctor _____ Telephone _____

Family Dentist _____ Telephone _____

Health Card Number (Care Card) _____

Please indicate if your child has any of the following problems by ticking the appropriate boxes:

☐ **VISION** Nature of Problem Wears glasses: ☐ Contact Lenses ☐

☐ **HEARING** Nature of Problem Wears hearing aid: Yes ☐ No ☐

☐ **ALLERGIES** List: _____

Requires emergency treatment? _____ Specify: _____

☐ **ASTHMA**

Requires emergency treatment? _____ Specify: _____

☐ **DIABETES** Requires insulin Yes ☐ No ☐

☐ **EPILEPSY** Type: Requires medication: ☐ No ☐

Specify: _____

☐ **HEART CONDITION** Nature of problem: _____

Physical activity is limited to the following: _____

☐ **OTHER** (specify): _____ Medication required for treatment/control of the disease:

_____

If any are selected above please answer the following: Is the medical condition life threatening: _____

Is your child able to participate in a full P.E. program? ☐ Yes ☐ No If NO please provide an exemption note from your family physician as P.E. is a required subject. Our ultimate goal is to cooperate with you in keeping your child healthy, so if you have any further questions, please do not hesitate to call your local Health Office or the Public Health Nurse. If your child's medical condition changes during the year, please inform the school.

_____ _____

Date Parent's Signature

Has your child experienced any learning difficulties or any behavioral problems? Has your child received Learning Assistance? Please give details.

_____

_____

Has your child received Speech Therapy? _____

RELIGION PROGRAM

All Catholics and Non-Catholics must participate in religious instruction during normal school hours.

FAMILY LIFE PROGRAM

The intent of the program is to assist parents in promoting the integration of Christian Principles into the whole pattern of human life.

My child will participate in the Family Life and Religion Program offered by St. Anthony's School.

_____

Parent's Signature

TUITION FEES

Tuition Fees can either be made by ten monthly payments using our credit/debit machine, post-dated cheques, pre-authorized bank payments or a single annual payment. Payments can be made on either the 1st or 15th day of each month (September to June).

We require a non-refundable $50.00 Application Fee.

Tuition: ***TUITION RATES ARE SUBJECT TO CHANGE***

- Single Student $310 per month
- Family $435 per month

❖ **Please note, all fees are subject to change**

❖ **$15 late fee will apply for all late payments**

_____

Parent's Signature

WHEN RETURNING THE ENROLLMENT PACKAGE PLEASE REMEMBER TO INCUDE A COPY OF THE STUDENT'S BIRTH CERTIFICATE, CARE CARD AND BAPTISMAL CERTIFICATE (IF BAPTIZED).

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Dear Parents/Guardians

Re: P.I.P.A. – Personal Information Privacy Act Form

Students could be involved in media or fundraising events promoting our school. It is necessary for us to know who has permission to have their person information and/or picture shared. The Personal Information Privacy Act (PIPA) records what is/is not permitted. This form will be kept in the students file for reference.

Please indicate below and return with the application package.

PIPA – Personal Information Privacy Act Permission Form

Consent for release of information under the authority of the School Act Sections 13 & 97.

Student Name: _____ Grade: _____
(please print)

YES _____ NO _____ I permit my child's name and/or phot to be used in any school publications.

YES _____ NO _____ I permit my child to be included in any media coverage of a school event, including radio, television, newspaper, advertising and school website/facebook site.

YES _____ NO _____ I permit the school to disclose my name, phone number, mailing address, and my child's name and grade to the Parent Support Group for fundraising and volunteer purposes.

Parents Name: _____ Parent's Signature _____
(please print)

Date: _____

St. Anthony's School

INTERNET USE AGREEMENT

Internet access is now used by Kindergarten to Grade 9 students at St. Anthony's School. We are very pleased to offer this tool as a valuable resource to both students and teachers for the purpose of conducting research.

All students will receive Internet instruction which focuses on safety issues as well as how to navigate the Internet to search for information for school-based projects.

While we acknowledge that we cannot control the vast amount of information, which is available on the Internet, every effort has been taken to provide on-line safety. Students will be supervised whenever they are on the Internet.

We are using a filter system called "We-Blocker" which permits the school to block access to undesirable sites.

We invite students and parents to read the "Conditions of Internet Use" section below. Both student and parent signatures are required for students to access the Internet.

Internet Terms and Conditions

1. Students are responsible for their own behavior on school computers. General rules for behavior in keeping with the St. Anthony's standard of behavior apply.

2. The Internet is provided for students to conduct research. Access to the Internet is granted to students who agree to conduct themselves in a responsible manner. Access is a privilege. Inappropriate use or behavior on the part of an individual will result in cancellation of Internet privileges for the remainder of the year.

Inappropriate Behavior consists of:

- Attempting to download information without teacher permission
- Printing from the Internet without teacher permission
- Consistently not following teacher instructions
- Attempting to access inappropriate sites or other computers
- Attempting to access chat lines
- Intentionally damaging computers

INTERNET USE AGREEMENT (continued)

Student section:

I have read the St. Anthony's Internet agreement with my parent/guardian and I agree to follow the rules for using computers. I understand that if I break the rules, I may lose my Internet privileges for the rest of the school year, and I may face other consequences.

Student's Signature _____Grade _____

Parent or Guardian Section:

As the parent or legal guardian of the student signing above, I have read the Internet Use Agreement and grant permission for my son or daughter to access the Internet. I understand that the Internet access is designed for educational purposes only. I understand that the St. Anthony's staff has taken every precaution within their power to provide for online safety. I also understand that my son or daughter will be held responsible for any violations.

Parent's Signature _____ Date _____

Parent's Name (printed) _____

LEGAL RESIDENCY OF PARENT

(if parents are deceased, use Appendix B)

To be completed and signed by a parent or legal (court-appointed) guardian. If legal guardian, attach a copy of court order appointing you as legal guardian.

(Lawfully admitted into Canada)

1. I am (please X one):

- ☐ A Canadian citizen (if not born in Canada, please attach photocopy of citizenship paper/card)
- ☐ A landed immigrant (attach photocopy of landed immigrant status paper)
- ☐ Lawfully admitted to Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document):
  - ☐ Admission as a refugee claimant
  - ☐ A person claiming refugee status who has a letter of no objection
  - ☐ Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
  - ☐ Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
  - ☐ A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in his/her passport)
  - ☐ Other - document description: (must be cleared with Immigration Canada)

_____

_____

(Residency in British Columbia)

2. I am a resident of British Columbia (please X one):

☐ Yes Residency address: _____

☐ No I am not a resident of British Columbia

Confirming signature:

3. Parent's/legal guardian's name: _____

Parent's/legal guardian's signature: _____

Date: _____

CATHOLIC INDEPENDENT SCHOOLS
DIOCESE OF PRINCE GEORGE

Revised December 20, 2019

FAMILY STATEMENT OF COMMITMENT

"Motivated by a Christ-centered vision of humanity and human history, our school promotes the formation of the whole person. Such formation embraces not only intellectual, but also physical, emotional, moral and spiritual dimensions of human growth in accordance with the teachings of the Catholic Church. Intellect, emotions, creative ability and cultural heritage have a place in the life of the school. Human knowledge and skills are recognized as precious in themselves, but find their deepest meaning in God's plan for creation." From the PHILOSOPHY OF EDUCATION FOR CATHOLIC SCHOOLS IN THE PROVINCE OF BC by Catholic Bishops of BC.

Catholic Schools are committed to fidelity to Jesus Christ, Who said, "Seek first the kingdom of God." The school emphasizes first and foremost the teaching and practice of the Catholic faith. All students, regardless of their religious affiliation, must participate in all the religious instruction and activities of the school community.

CISPG Schools recognize that students may come from family situations that do not conform to the moral teachings of the Catholic Church. Although the personal family background of a student is not an absolute obstacle to enrolment in a CISPG school, when parents choose a lifestyle directly opposed to the Church's deeply held moral teachings, they should recognize that the school is not the right place for their child, since the home and school would be giving contradictory teaching.

Partners (home, school, parish) in Catholic education must work together to provide an environment where faith and learning go hand in hand, leading young people to fullest development. Parents and guardians who enroll their children accept that the school will at all times uphold the teachings of the Roman Catholic Church. While present on the school campus and in school-related activities offsite, every adult must demonstrate conduct that upholds the school's declared mission. A coherent witness to Catholic moral teaching is expected at all times, especially in the public forum.

The following statements confirm parental support of the goals and philosophy of our Catholic school and need to be accepted by all members of the community. Read them carefully. They ask you to make a commitment to the values of our Catholic School community. If you have any questions or concerns regarding this family commitment form, please bring them to the Principal or Pastor who will gladly discuss them with you.

By returning the signed statement with your completed application, you accept the responsibility of this commitment.

1. Parents and guardians agree that they and their families will exhibit conduct consistent with Catholic denominational standards. The determination of whether any conduct contravenes these standards is the right of the CISPG Board of Directors.
2. All students are required to participate in our religious education curricular and co-curricular programs, including liturgical celebrations, prayer, retreats and other spiritual activities.
3. Parents/Guardians are expected to participate in the religious education program as required.
4. Regular school attendance and full participation in all aspects of the academic program of the school are required of every student. Each student is expected to strive toward the development of his/her full academic potential. Parents are expected to support the academic program as required.
5. Each family is expected to support and participate in the fund-raising activities of the school.
6. Each student is expected to know and follow school policies on behaviour.
7. Parents/Guardians are expected to know and support school policy and procedures.
8. Parents/Guardians are expected to attend program-related events including but not limited to parent/teacher conferences and meet the teacher events.
9. Parents/Guardians agree to accept the responsibility for the cost of tuition, supplies, and other school activities.
10. If any of these conditions are not met, the school reserves the right to refuse admission, or remove a student from the school.

Every child's needs are complex. As such, we reserve the right to re-evaluate your child's enrolment if their learning needs are not being met despite our best efforts.

I have read and understand the above expectations and commitments and I hereby accept them as stated.

_____
Family Name (Please Print)
Parent/Guardian Signature: _____
Date: _____