



Elementary Campus:  
Secondary Campus:

6890 Pleasant Valley Road  
6920 Pleasant Valley Road  
Vernon BC V1B 3R5

Phone: 250-545-7345  
Fax: 250-545-0254  
Email: [info@vcs.ca](mailto:info@vcs.ca)

## IMPORTANT INFORMATION FOR STUDENT RE-ENROLLMENT 2010/2011

***Please be sure to read the following items carefully!!***

1. Wait lists have become a reality at VCS! In order to secure your child's place in the classroom you must submit your forms by the deadline – **Monday, March 29, 2010**.
2. For families who are adding a Kindergarten student, please fill in a **Kindergarten Information Form**. This form can be downloaded from the VCS website ([www.vcs.ca](http://www.vcs.ca) - under Admissions), or hard copies are available in the EC Office.
3. For those who get their **fully** completed re-enrollment package in by the deadline, your family name will be entered into a draw for one **FREE** month of tuition!! **Incomplete packages will be returned and will not be eligible for the free draw unless submitted by the deadline date.**
4. Forms to be filled out and returned:
  - Family Information including tuition calculation, with \$500 tuition deposit cheque attached, dated August 1, 2010.
  - If you have chosen monthly bank withdrawals as your payment option, a **Personally Approved Payment Service** form must be completed (attached), including a void cheque
  - If new Kindergarten enrollment, **Kindergarten Information Form**
  - Parental Conditions and Commitment of Re-enrollment (signed by parents)
  - Consent form (signed by a parent and students in grade 4 – 12)
  - Privacy Waiver/Driver Waiver (signed by a parent)
  - Please carefully consider making a pledge to the Capital Contributions Program (information and pledge form attached)

<input type="checkbox"/>	Please check here and return only this cover sheet if you will <b>not</b> be re-enrolling your child(ren) at Vernon Christian School for the 2010-2011 school year.
_____	_____
(family name)	(signature)

**Information in this re-enrollment package will be used in accordance with the school's privacy information policy.**



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## RE-ENROLLMENT INFORMATION AND TUITION CALCULATION 2010 - 2011

Parent/Guardian 1 – Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Int. \_\_\_\_\_  
 Parent/Guardian 2 – Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Int. \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
 Students' names:      1. \_\_\_\_\_ Grade in September: \_\_\_\_\_  
                                  2. \_\_\_\_\_  
                                  3. \_\_\_\_\_  
                                  4. \_\_\_\_\_  
 Do you attend church on a consistent and regular basis? \_\_\_\_ Yes \_\_\_\_ No  
 Name of church: \_\_\_\_\_

### Annual Tuition Calculation:

A.	FAMILY BASE TUITION	Kindergarten only:	\$1,870	
		Grade 1 – 12:	\$4,000	
B.	PLUS: Tuition for oldest child	Kindergarten:	\$ 680	
		Grade 1 – 6:	\$1,400	
		Grade 7 – 12:	\$1,740	
C.	PLUS: Tuition for second oldest child (if applicable):	Kindergarten:	\$ 680	
		Grade 1 – 6:	\$1,400	
		Grade 7 – 12:	\$1,740	
D.	PLUS: Tuition for third oldest child (if applicable)	Kindergarten:	\$ 230	
		Grade 1 – 6:	\$ 475	
		Grade 7 – 12:	\$ 590	
<b>Total annual family tuition:</b> (Add A + B + C + D; not to exceed \$8,000) (for examples of 10 and 12 month calculations, please see reverse side of this sheet)				

#### Notes:

- There is a refund policy that may apply if you withdraw after enrolling. VCS requires a minimum of one month's notice if a student is leaving, or payment in lieu.
- A portion of your tuition payment is considered a charitable donation.
- **Please attach a \$500 tuition deposit cheque dated for August 1, 2010.** This amount is non-refundable and will be deducted from your final month's tuition.

I/We pledge to pay the tuition for the above-mentioned child(ren) in one of the following ways:

- In full on or before Sept. 15, 2010 (1.5% discount will apply)
- Pre-authorized debit – 10 month schedule September through June
- Pre-authorized debit – 12 month schedule August through July

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_



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## PERSONALLY APPROVED PAYMENT SERVICE

I/we authorize **VERNON CHRISTIAN SCHOOL SOCIETY** to begin deductions as per my/our instructions from my/our bank account (void cheque attached) covering payments due by the undersigned to **VERNON CHRISTIAN SCHOOL** for **TUITION** for the school year beginning September 2010 in the amount of \$\_\_\_\_\_00.

Please check desired arrangement:

- 10 months: Sept – June
- 12 months: Aug – July

Please indicate your preference:

- 5<sup>th</sup> of the month
- 20<sup>th</sup> of the month
- 5<sup>th</sup> & 20<sup>th</sup> (50% on each)

### I WAIVE MY RIGHT TO A 10 DAY PRE-NOTIFICATION OF THE AMOUNT OF THE DEBIT.

- I can cancel this authorization at any time upon 1 week written notice. I can make changes by telephone or e-mail. Any changes do not affect the tuition due, and I will make new payment arrangements. I can find information on cancellation rights or sample forms at financial institutions or the CPA's website ([www.cdnpay.ca](http://www.cdnpay.ca)). Contact person for inquiries, information or seeking recourse in the event of an error is the Business Administrator. Please phone: 250-545-7345 ext 30 or email [rkumlin@vcs.ca](mailto:rkumlin@vcs.ca).
- I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with the terms of this PAD agreement. For information on my recourse rights I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)
- Any delivery of this authorization to you constitutes delivery by the undersigned.
- This is a Personal PAD (Pre-authorized debit)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ (please print) Oldest student's name: \_\_\_\_\_

**(For a joint account, all people must sign if more than one signature is required on cheques issued against the account.)**



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## PARENTAL CONDITIONS AND COMMITMENT OF RE-ENROLLMENT

1. I/We understand the goals and objectives of Christian Education as indicated in the **Constitution and Bylaws and Parent Handbook**, and commit to support:
  - a. The Statement of Faith
  - b. The Philosophy of Education
  - c. The Standards of Conduct for VCS students
2. I/We understand that if we wish to change our payment arrangements, we will immediately notify the Business Administrator.
3. I/We understand that we are required to give one month's notice of intention to withdraw our child(ren), or payment in lieu.
4. In matters of discipline, our child(ren) will be subject to the school's **Discipline Policy**. Parents may discuss disciplinary matters affecting their child(ren) with representatives from the school.
5. I/We understand that the school reserves the right to dismiss any student who does not respect its **Standards of Conduct** or cooperate in the education process.
6. I/We understand that the grade placement of my child(ren) will be made upon the recommendation of the Principal in consultation with the parents/guardian.
7. I/We understand that we have a responsibility to be involved in part of the overall school family and that participation in fundraising and community building functions is an expectation.

Print name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Father/Guardian

\_\_\_\_\_ Date: \_\_\_\_\_  
Mother/Guardian



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## CONSENT FORM 2010 – 2011

### MEDIA COVERAGE STATEMENT

By initialing this box, I specify that I **DO NOT** want my or my child(ren)'s  
 photo  name to appear in any school publication, broadcast, or on the school website.

By initialing this box, I signify that I **WILL** allow media coverage for me and my child(ren).

### INTERNET USE POLICY

*By signing below* I indicate that I have read the Vernon Christian School Internet Guidelines in the Parent Handbook (appendix E) with my child(ren) and agree to support and abide by them. **Grade 4 - 12 students must also sign below to indicate their understanding of and agreement with the Internet Use Policy.**

By initialing this box, I signify that I understand & support the Internet Use Policy.  
[Appendix E](#) is available at the school office or online at [www.vcs.ca](http://www.vcs.ca)

### STANDARDS OF CONDUCT

*By signing below* I indicate that I have read the Vernon Christian School Standards of Conduct in the Parent Handbook (appendix C) with my child(ren) and agree to support and abide by them. **Grade 4 - 12 students must also sign below to indicate their understanding of and agreement with the Standards of Conduct.**

By initialing this box, I signify that I understand & support the Standards of Conduct.  
[Appendix C](#) is available at the school office or online at [www.vcs.ca](http://www.vcs.ca)

**My signature below indicates my understanding of and agreement with the above statements as they apply to my children and me:**

Student Name(s)	Grade	Student Signature (Gr. 4 – 12)

Parent/Guardian Name: \_\_\_\_\_

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

Date: \_\_\_\_\_



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## PRIVACY WAIVER

I consent to having **Vernon Christian School** collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and e-mail addresses, behavioural, academic and health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration.

**Vernon Christian School** acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision and instruction of your child(ren) at this school, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all digital and hard copy parent and student personal information.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of **Vernon Christian School**:

- 1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with **Vernon Christian School**,
- 2) for additional purposes identified when or before personal information is collected, and
- 3) as otherwise provided in **Vernon Christian School's** Personal Information Privacy Policy, a copy of which is available on request.

*This information is required in order to register your child at Vernon Christian School and will assist the school authority in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## PRIVACY DRIVER WAIVER

I acknowledge that my vehicle insurance information and driving record are required by the school to protect against third party liability (minimum \$2 million liability) claims in case of an accident, should I use my vehicle to drive for the school. I understand that this information will only be released in the event of an accident.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



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Dear Parents:

Every year many families share in the cost of maintaining and improving the school facilities, some at considerable financial sacrifice. We are extremely grateful to those families who are able to support the school in this way. While tuition covers operational costs such as teacher salaries and student/office supplies, it is important to continue supporting the capital requirements of the school.

We heartily encourage existing families to share in this cost with a voluntary contribution of \$500 over the course of the school year. This amount can be paid in several ways, including:

- Adding it to monthly tuition
- Making a one time payment during the school year (at the start of the year or upon receiving a tax refund, for example)
- Making several smaller contributions during the school year

You may encourage other family members such as grandparents, aunts and uncles, etc. to support your child's/children's education by making a similar contribution on your behalf.

All amounts paid are considered charitable donations and as such a contribution of \$500 would result in a \$200 income tax savings for most families.

Please consider returning a completed pledge form with your re-enrollment forms. We recognize that not all families will be able to make a contribution and thank you for your prayerful consideration of this matter.

In Christ,

Karen Wiseman  
Chairperson, Board of Directors  
Vernon Christian School Society

### CAPITAL CONTRIBUTION PLEDGE

I/We wish to support Vernon Christian School's Capital Contributions Program and pledge to contribute \$\_\_\_\_\_ over the course of the school year. I/We will pay this amount by:

- Adding \$\_\_\_\_\_ to our monthly tuition payments
- Making a one-time payment on or about \_\_\_\_\_ (date)
- Paying periodically during the school year
- I/We are unable to make a pledge at this time

Name: \_\_\_\_\_  
(please print)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

\*Donation receipts are issued on a calendar basis and only contributions made before December 31, 2010 will receive a 2010 donation receipt.