



SUSSEX PRE-SCHOOL APPLICATION FORM

2018

Student Information				
Last Name	First Name	Middle Name	Age	Date of Birth (dd/mm/yyyy)
Applying for:				
<input type="checkbox"/> Summer Pre-school Camp: August 7-10, 2018				
Family Information				
Father's Last Name	Father's First Name	Lives with student	Employer	Work Phone
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mother's Last Name	Mother's First Name	Lives with student	Employer	Work Phone
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Address		Mailing Address		
Apartment Number	Street address	PO Box Number	Other	
City/ Town	Postal Code	City/ Town	Postal Code	
Contact Information				
Home Phone	Cell #	(Other)	Primary E-Mail Address	
Church Affiliation:				
Church Name		Pastor's name		
How did you learn about Sussex Christian School?				
PERMISSION SLIPS				
School Sponsored Events off School Property				
<input type="checkbox"/> Yes <input type="checkbox"/> No I give permission for my child to take part in all school activities, including sports and school sponsored trips away from the school's premises. I absolve Sussex Christian School and Sussex Wesleyan Church from liability to me or my child because of any injury to my child at school or during any school activity.				
Parent Signature:				
Publishing Photos				
<input type="checkbox"/> Yes <input type="checkbox"/> No I give permission for my child's photo to be published in print media.				
<input type="checkbox"/> Yes <input type="checkbox"/> No I give permission for my child's photo to be published on school website and/ or Face Book page.				
<input type="checkbox"/> Yes <input type="checkbox"/> No I give permission for my child's photo to be published in video media (for such things as school dramas, etc.)				
Parent Signature:				

OFFICE USE ONLY

Date Rec'd _____
Reg. Paid (\$60/ child) _____
Camp Date Aug 7-10

45 Chapman Drive
Sussex, NB
E4E 1M4

T 506.433.4005
E info@sussexchristianschool.ca
W www.sussexchristianschool.ca



MEDICAL INFORMATION

One copy of this page to be completed for each student being enrolled

Child's full name

Local Physician's Name (If applicable)

Phone #

Medicare #

Expiry Date

Does applicant have any mental, emotional, physical limitations, or learning disabilities that may affect his/her activities or progress, or for some reason should be known by his/her teachers?

Please specify if your child has any allergies.

Please specify if your child requires any medications that would need to be administered during camp.

Parent Signature

Emergency Medical Treatment

I hereby authorize Sussex Christian School to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical aid and surgical care in the case that I, or the designated guardian, am not immediately available. Any qualified physician, called by SCS, may treat and do whatever is necessary for the health and well-being of my child.

It is understood that a conscientious effort must be made to notify me before such action will be taken. I also agree to accept responsibility for the cost of above medical services.

Emergency Contact (In the case that a parent cannot be reached)

Neighbour or Relative

Phone#

Parent Signature

Date