



# Richmond Hill Christian Academy

MEMBER OF THE ASSOCIATION OF CHRISTIAN SCHOOLS INTERNATIONAL

*Campus*  
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*“Speaking  
 the truth  
 in love”*

*Administration*  
 96 Antioch Drive  
 Etobicoke, Ont. M9B 5V4  
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## 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 \_\_\_\_\_

Father \_\_\_\_\_ Marital Status \_\_\_\_\_ Living with child? Yes \_\_\_ No \_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Mother \_\_\_\_\_ Marital Status \_\_\_\_\_ Living with child? 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 \_\_\_\_\_

Persons you authorize to pick up your child from school:  
 1. \_\_\_\_\_ Phone \_\_\_\_\_  
 2. \_\_\_\_\_ Phone \_\_\_\_\_

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 \_\_\_\_\_

*Richmond Hill Christian Academy*

**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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Richmond Hill Christian Academy*

**Registration Form 4**

Name of Student \_\_\_\_\_

Last School Attended \_\_\_\_\_ Grade \_\_\_\_\_

Complete and accurate address of school:

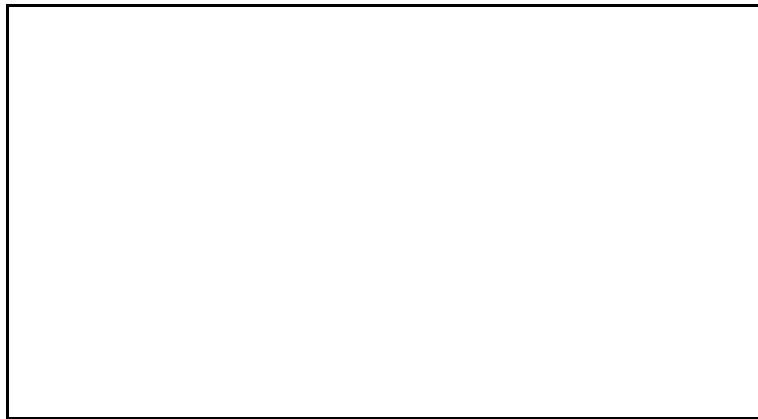
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_

.....

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 \_\_\_\_\_