



Our Lady of Perpetual Help Parish

2465 Crown Street, Vancouver, B.C. V6R 3V9 Tel: 604-224-4344 Fax: 604-224-4323

**DEADLINE IS
JANUARY 30th, 2017**

JUNIOR KINDERGARTEN REGISTRATION 2017-2018

The Our Lady of Perpetual Help Junior Kindergarten is operated under the jurisdiction of Our Lady of Perpetual Help Parish.

The **Admission Policy** of Junior Kindergarten is similar to that of the Catholic schools in the Catholic Independent Schools of the Vancouver Archdiocese. The admission priority is:

1. Siblings of children already in the school, whose families are practicing Catholics active in the parish.
2. Children whose families are practicing Catholics active in the parish.
3. Siblings of children already in the school, whose families are practicing Catholics active in other parishes.
4. Children whose families are practicing Catholics active in other parishes.
5. Children whose families are either not practicing Catholics or Catholics not active in their parishes.
6. Non-Catholics. Once accepted into the school, non-Catholics need meet only the criteria expected of other students to be readmitted in subsequent years. Siblings of non-Catholics cannot be given priority over Catholics.

FEEES

Program	Times	Cost
3 Year Olds	8:45 – 11:00am (Mon – Thu)	\$290.00/month
4 Year Olds	12:15 – 3:00 pm (Mon/Tue/Thu)	\$450.00/month
	12:15 – 2:00 pm (Wed)	
	12:15 – 3:00 pm (Fri)	

Application fee: \$100.00 per family (Siblings are considered a New Application)

*Please submit a completed application form to the main school office. You will be contacted to schedule an interview with the Junior Kindergarten Director. Upon acceptance, a **non-refundable deposit of one month's tuition** must be submitted along with payment information.*

*Please make cheques payable to **OLPH***

Parent Participation Levy: \$400.00 per family. Each family is required to contribute 20 volunteer hours for the school year. Families completing a portion of the 20 hour requirement will be assessed a pro-rated levy. If you are unable to participate, the cheque for \$400.00 is payable September 5th, 2017. **NOTE:** *If you currently have children attending Our Lady's School, you are not required to submit the \$400 and participation hours in Junior Kindergarten can be counted towards your OLPH School participation hours.*

Fieldtrip Fee: \$30.00 per student

School Yearbook (optional): \$50.00 each. 'The Marian' is Our Lady of Perpetual Help School yearbook. It is a comprehensive record of all aspects of school life.



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2465 Crown Street, Vancouver, B.C. V6R 3V9 Tel: 604-221-0002

3 Year Old Program

4 Year Old Program

Start Date: _____

Leave Date: _____

JUNIOR KINDERGARTEN APPLICATION 2017- 2018

STUDENT INFORMATION

Student Name: (Last Name)		(First Name)	(Middle)	(Preferred)	
				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth:	Place of Birth:		Country of Citizenship:		
Address:		City:	Province:	Postal Code:	
Home Phone:		Family Email: (For school newsletters and notices – Please provide only one email)			

PARISH INFORMATION

Our Lady's Church registered member: <input type="checkbox"/> Yes, member since:	Home Parish if not Our Lady's Church:	Date of Baptism:	Church (Name/City):
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PARENTAL/EMERGENCY CONTACT INFORMATION (All information below must be completed.)

Father's Name:		Citizenship:	Religion:
Address: (if same as child's, please leave blank.)			Home Phone:
Employer:		Occupation:	
Work Phone:	Cell Phone:	Email:	
Mother's Name:		Citizenship:	Religion:
Address: (if same as child's, please leave blank.)			Home Phone:
Employer:		Occupation:	
Work Phone:	Cell Phone:	Email:	
In the event of a serious emergency (fire, earthquake, etc) and I cannot be contacted, my child(ren) may be released into the custody of:			
1. Emergency Contact Name(s):		Relationship to Student:	
Home Phone:	Work Phone:	Cell Phone:	
2. Emergency Contact Name(s):		Relationship to Student:	
Home Phone:	Work Phone:	Cell Phone:	

SCHOOL PREVIOUSLY ATTENDED:

Name: _____	Dates: _____
Comments/instructions to help us care for your child. (Please feel free to add additional pages.)	
Toileting/Diapering (special words): _____	
Rest Time (special comfort – toy/blanket): _____	
Eating/Mealtime (include food likes/dislikes): _____	

Persons authorized to pick up your child.

Name: _____	Relationship _____	Phone: _____
Print Name		
Name: _____	Relationship _____	Phone: _____
Print Name		
Name: _____	Relationship _____	Phone: _____
Print Name		

HEALTH INFORMATION: (Comments/instructions to help us care for your child. (Please feel free to add additional pages.)

Doctor's Name	Phone:	Care Card Number/Health Care:
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Health professionals involved with your child (**other than doctor and dentist**). Please list Name, Profession and Phone No.

Does your child have:

A medical condition/concern? Yes No If yes, please provide further information: _____

Allergies? Yes No If yes, please provide further information: _____

Asthma? Yes No If yes, please provide further information: _____

Has your child had a seizure in the past year? Yes No If yes, please provide further information: _____

Does your child require a special diet related to a medical condition? Yes No If yes, please provide further information: _____

Food sensitivities? Yes No If yes, please provide further information: _____

List all prescription and "over the counter" medications your child receives:

Medication	Times Given	Reason for Medication
_____	_____	_____
_____	_____	_____

You may be asked to complete additional forms if you answered yes to any of the above.

This health information may be made available to the staff of Vancouver Coastal Health.

In order to provide a safe and productive learning environment, it is imperative that pertinent information is disclosed to the school for educational planning purposes. Acceptance is contingent upon appropriate disclosure of relevant information to the school. Disclosure of this information **WILL NOT AFFECT** your child's admission.

I consent to having Junior Kindergarten collect personal information that may include student identification information, birth certificate, legal guardianship, court orders, if applicable, parents' work numbers & email address, behavioral, academic & health information, most recent report card, emergency contact name & number, doctor's name & number, health insurance number & any similar information needed for registration. *It will also allow the school to respond immediately to an emergency.* I certify that the above information is correct:

Signature of Parent/Guardian _____ Date: _____

A sibling is currently attending OLPH School _____
Name Grade

Thank you for your application!

REGISTRATION CHECKLIST (For office use)

Registration Fee \$100.00 (non-refundable) _____

Completed Application Form JrK

Copy of student's Birth Certificate

