



APPLICATION FOR ADMISSION

GRADES 1-12

*“Joining with the family to realize personal academic excellence
and Christ-like character in each student.”*



15001 - 69 Street NW
Calgary, AB T3R 1C5
Tel: 403.295.2566
Fax: 403.275.8170
www.bears paw school.com

January 2010

Dear Parent(s):

Thank you for your inquiry into Bears paw Christian School (BCS). As the Principal, I would like to give you a brief introduction to the school (God's school) and explain the purpose and mission of BCS.

Bears paw Christian School was founded in 1991 in the city of Calgary as Heritage Christian School Society. With the merger of two North West campuses, the current BCS was established in 1998. A grassroots commitment from families and friends of BCS raised approximately \$1.5 M to build our present facility. On September 14, 1998 classes began for 352 students in the new 28,000 square foot building. The school, positioned on 38 acres, is located at 144th Avenue and 69th Street, NW. We enjoy a picturesque setting with views of a wide blue sky and rolling hills.

The mission of BCS is "Joining with the family to realize personal academic excellence and Christ-like character in each student." Striving to fulfill the goal and mission could not be accomplished without the dedication of amazing teachers who proclaim that Jesus Christ is Lord over all areas of their life. Our teachers are certified by Alberta Education and have a passion for children.

As Principal, and as a parent of two children who have graduated from BCS, I am proud of this school and have seen the Lord's blessings in the work here as well as in the lives of our children.

We are eager to share our love of Christian education with prospective parents. We look forward to meeting you, and we welcome you to the BCS family.

May the Lord guide and bless you in your educational choices for your children.

Sincerely,

Judy Huffman
Principal

ADMISSIONS PROCEDURE

Admission to BCS will be determined on the basis of the following criteria:

- Attendance at either Open House or Scheduled Tour
- One parent/guardian must be professing to have a growing personal relationship with Jesus Christ and must be in agreement with all parts of BCS Statement of Faith.
- Grade 10-12 student must have accepted Jesus Christ as their personal Savior and are committed to growing in their faith.
- Parents/guardians must support BCS's vision, mission and future direction.
- Complete application package
- Financial requirements in order
- Personal interview with parent(s) and student
- Character and academic references
- Placement testing (Standardized Woodcock-Johnson and Alberta Diagnostic) for all students grades K-6.
- BCS reserves the right to administer placement tests as deemed necessary for any student entering grades 7-12.
- Must have read our Parent-Student Handbook and must be in agreement with the BCS policies and procedures.
- All academic and related records (IPP's, assessments, etc) must be submitted prior to the personal interview.
- Where BCS does not possess the recommended academic courses and resource supports, admissions may be denied.

Step One: Application

Please Note: Applications may be submitted at anytime. However, interviews will not begin until February and will be contingent upon receipt of completed application forms and space availability.

Completed application includes:

- Application Checklist
- New Student(s) Application Form
- Statement of Faith & Parent Covenant Form
- Church Affiliation and Parent Testimony Form
- Student Covenant Form (Grades 7-12 only)
- Financial Information Form
- Request and Authorization for Release and Exchange of Information Form
- Personal Information Protection Act (PIPA) Form
- BCS Family Volunteer Form
- Medical Information; Medication Requirement Release; Severe Allergy/Health Concern Forms
- Character Reference Form
- Educator Reference Form

Step Two: Personal Interview and Notification

Interviews will be conducted by Administration and, after prayerful consideration; a decision will be made by the Admissions team. Admission decisions are made with the best interests of the student in mind, and are based on a combination of the student's application, interview, report card marks, recommendations, and desire to attend BCS. A phone call will be made by administration to relay the admissions decision. A confirmation letter will be emailed out from the Registrar following notification. Students accepted into classes already capped will be placed on a waiting list.

APPLICATION CHECKLIST

**PLEASE USE THIS CHECKLIST AND ATTACH TO COMPLETED FORMS AND MATERIALS.
APPLICATION FORMS WILL ONLY BE PROCESSED WITH ALL APPLICATION FEES AND FORMS.**

NEW STUDENT(S) ENROLLMENT CHECKLIST:

√	REQUESTED ITEMS FOR ENROLLMENT (BE SURE ALL FORMS ARE ATTACHED)	PAGE(S)
	Attendance at either Open House or Scheduled Tour (call Laurie Grafton at 403-295-2566 ext. 1102 to book)	
	"New Student Application" Form	5 & 6
	Copy of Report Cards for the past 2 years	
	Copy of Birth Certificate	
	Copy of Alberta Health Care Card	
	Copy of Immunization Records (for non-Calgary residents only)	
	Copy of Legal Parental Agreements (if applicable)	
	Copy of Resource Documents (Individualized Program Plan, Individualized Educational Plan) and/or copy of any Special Testing (Psychological, Speech/Language, Occupational Therapy, and Physical Therapy Reports) (if applicable)	
	Copy of Immigration papers or Student Visa date and number (if applicable)	
	"Statement of Faith & Parent Covenant" Form	7
	"Church Affiliation And Parent Testimony" Form	8
	"Student Covenant" Form (must be completed by all grades 7-12 only)	9
	"Financial Information" Form	11
	Non-Refundable Registration Fee (\$400.00/family)	
	Post-dated cheques or void cheque (for automatic monthly withdrawals) for Tuition	
	"Request and Authorization for Release and Exchange of Information" Form	12
	"Personal Information Protection Act" (PIPA) Form	13
	"BCS Family Volunteer" Form	14,15,16
	"Medical Information; Medication Requirement Release ; Severe Allergy/Health Concern" Forms	17,18,19
	"Character Reference" Form (must be completed by a person in a spiritual leadership position in the life of the student during the time of application)	20
	"Educator Reference" Form (must be completed by a teacher who has taught your child within the last year)	21

For our information, we would appreciate if you could answer the following questions:

We first learned of BCS through: (please check only one)

- Current BCS Student Alumni Telephone Book Website Open House
 Private School Catalogue Church Newspaper Radio BCS Parent
 Other: _____

The three main factors influencing us to apply to BCS: (please check only those that apply)

- Location Recommendation of BCS Family Christian Philosophy
 Academic Reputation Desire to Attend Christian School
 Other: _____

NEW STUDENT APPLICATION

A. STUDENT(S) INFORMATION *(please fill in and check the blanks that apply)*

1 FIRST NAME: _____ APPLYING FOR GRADE: _____ PREFERRED NAME: _____	MIDDLE NAME: _____ BIRTHDATE: MM/DD/Year __/__/____ CITIZENSHIP: _____**	LAST NAME: _____ ___ Copy of Birth Certificate ___ Copy of Alberta Health Care ___ Copy of Immunization Records*
2 FIRST NAME: _____ APPLYING FOR GRADE: _____ PREFERRED NAME: _____	MIDDLE NAME: _____ BIRTHDATE: MM/DD/Year __/__/____ CITIZENSHIP: _____**	LAST NAME: _____ ___ Copy of Birth Certificate ___ Copy of Alberta Health Care ___ Copy of Immunization Records*
3 FIRST NAME: _____ APPLYING FOR GRADE: _____ PREFERRED NAME: _____	MIDDLE NAME: _____ BIRTHDATE: MM/DD/Year __/__/____ CITIZENSHIP: _____**	LAST NAME: _____ ___ Copy of Birth Certificate ___ Copy of Alberta Health Care ___ Copy of Immunization Records*
4 FIRST NAME: _____ APPLYING FOR GRADE: _____ PREFERRED NAME: _____	MIDDLE NAME: _____ BIRTHDATE: MM/DD/Year __/__/____ CITIZENSHIP: _____**	LAST NAME: _____ ___ Copy of Birth Certificate ___ Copy of Alberta Health Care ___ Copy of Immunization Records*

*Immunization Records required for students who received their vaccinations in a different jurisdiction (outside Calgary, Airdrie and Cochrane).
 **If child(ren) are not Canadian citizens, please provide Canadian Immigration documentation.

Please answer the following questions:	Student Name:	Student Name:	Student Name:	Student Name:
Has the applicant ever been suspended, expelled, dismissed, or refused admission to another school?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Explain:				
Has the applicant ever had disciplinary difficulties that required administrative intervention?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Explain:				
Has the applicant ever been in trouble with the law (arrested, charged) or has the applicant ever used tobacco, drugs and/or alcohol?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Explain:				
Has the applicant ever been retained or repeated a grade in school?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Explain:				
Has the applicant received tutoring in the past two years? If so, what subjects and how many sessions per week?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Explain:				
Has the applicant ever required an Individual Program Plan (IPP)? If Yes, please provide a copy of the IPP with this application and provide details.	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Explain:				
Has the applicant ever had any of the following assessments: Psycho-educational, Speech & Language, Cognitive, Other Educational? If Yes, please include a copy of the assessment with this application and provide details.	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Explain:				
I consent to allowing the applicant to have computer and Internet access at BCS (please refer to Parent-Student Handbook for more details).	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No

B. FAMILY INFORMATION

RESIDENCE:

STREET ADDRESS: _____ HOME PHONE: _____
 CITY: _____ PROV: _____ POSTAL CODE: _____

FATHER'S NAME:

WORK PHONE: _____ CELL: _____
 EMAIL 1: _____
 EMAIL 2: _____
 ADDRESS (if different than student): _____
 CITY: _____ PROV: _____ POSTAL CODE: _____
 Check all that apply: Lives with Legal custody OK to pick up from school Receives mailings

MOTHER'S NAME:

WORK PHONE: _____ CELL: _____
 EMAIL 1: _____
 EMAIL 2: _____
 ADDRESS (if different than student): _____
 CITY: _____ PROV: _____ POSTAL CODE: _____
 Check all that apply: Lives with Legal custody OK to pick up from school Receives mailings

LEGAL GUARDIAN NAME (other than parent):

WORK PHONE: _____ CELL: _____
 EMAIL 1: _____
 EMAIL 2: _____
 ADDRESS (if different than student): _____
 CITY: _____ PROV: _____ POSTAL CODE: _____
 Check all that apply: Lives with Legal custody OK to pick up from school Receives mailings

EMERGENCY CONTACT NAME:

RELATIONSHIP TO STUDENT: _____
 HOME PHONE: _____ WORK PHONE: _____
 CELL: _____ EMAIL: _____

Student(s) live(s) with:	<input type="checkbox"/> Father & Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Other (explain)
Check if applicable:	<input type="checkbox"/> Father Deceased	<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Parents Separated	<input type="checkbox"/> Parents Divorced		

If you wish to declare that you are an Aboriginal person, please specify:

- Status Indian/First Nations (331)
- Non-Status Indian/First Nations (332)
- Metis (333)
- Inuit (334)

STATEMENT OF FAITH

Upon enrollment of your child(ren) at BCS, parents become members of Bears paw Christian School Society. Members of the Society are united by their acceptance of the following statement of faith. They are joined together for the purpose of spiritual growth, academic progress and personal development. Together we seek to honour Christ by integrating faith and learning while our hearts and lives reflect the process of maturing in Christ. We are an inter-denominational Christian school comprised of families who agree with our statement of faith.

- We believe that there is one God, who is infinitely perfect and eternally existent in three equal persons: the Father, the Son and the Holy Spirit.
- We believe the Bible to be the inerrant, inspired and only authoritative, written Word of God.
- We believe God is the creator of heaven and earth, and upholds and directs all things according to His will and by His power.
- We believe in the full deity and full humanity of our Lord Jesus Christ, in His pre-existence, in His virgin birth, in His sinless life, in His atoning death, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory to establish His kingdom of righteousness and peace.
- We believe in the Holy Spirit, sent to indwell, guide, teach and empower the believer; and to convict the world of sin, righteousness and judgment.
- We believe that every believer should walk in obedience to God's will as revealed in the Bible; through faith in prayer and in God's promises, and above all, through love toward God and toward others.
- We believe that the church is the body of born-again believers in fellowship with Christ and with fellow believers.
- We believe in the resurrection of all people, the saints to everlasting joy and bliss, and the lost to judgment and eternal separation from God.
- We believe that it is God's intent that each believer should maintain regular attendance at a Bible-believing, Christ-confessing Church.

PARENT COVENANT

- I fully agree with and wholeheartedly support the Statement of Faith.
- I am committed to support the mission, vision and school policies as stated in the Parent/Student Handbook.
- I will ensure that my child(ren) regularly attend(s) school and arrive at school on time.
- I am committed to communicating regularly with my child's teachers.
- I will practice the principle found in Matthew 18 where I am asked to resolve any difficulties with school personnel directly. If the conflict is unresolved, I will discuss the matter with the next person in authority. The line of authority is as follows: teacher, vice-principal, principal, president.
- I will support the school in maintaining a high standard of Christian conduct for its students. I accept that BCS administration has the right to discipline my child(ren) if he/she does not respect its standards.
- I will regularly attend functions requiring parent participation.

Family Name (Please print): _____

Father/Guardian Signature

Mother/Guardian Signature

TUITION INFORMATION

TUITION & OTHER FEES SCHEDULE: SENIOR KINDERGARTEN – GRADE 12

	S.K.	GRADES 1-5	GRADE 6	GRADES 7-9	GRADE 10	GRADE 11	GRADE 12
CAPITAL FEE	\$790						
TUITION FEES		\$4,600	\$4,600	\$4,810	\$5,040	\$5,040	\$5,040
SCHOOL SUPPLIES & ACTIVITIES FEE	\$155	\$170	\$340	\$245	\$100	\$100	\$165
GR. 12 GRADUATION							\$175
GR. 11 MISSIONS TRIP – Initial Deposit						\$900	
TOTAL FEES	\$945	\$4,770	\$4,940	\$5,055	\$5,140	\$6,040	\$5,380
FAMILY MAXIMUM	\$11,440 (for Tuition & Capital Fee)						

FEE EXPLANATIONS:

- **Tuition Fees:** Amounts are subject to change each school year.
- **Capital Fees:** Senior Kindergarten only. A capital fee is charged to help support facility costs (there is no tuition charged).
- **School Supplies and Activities Fees:** Includes school supplies (elementary), subject workbooks (elementary and secondary), study guides and keys (grades 7-12), gym strip (grades 7-10), yearbook (grades 7-12) and anticipated activity and field trip costs. Grade 6 fees include a 3 day campout.
- **Grade 12 Graduation:** Includes grad photo sitting fee, invitations/diplomas, cords, gowns, flowers, cost of graduate's dinner ticket.
- **Grade 11 Missions Trip:** Parent deposit for missions trip (amount subject to change depending on variables such as exchange rates, destination, airfare, etc.)

OPTIONAL COSTS:

- **Hot Lunch Program (Senior Kindergarten – Grade 12):** optional lunch program (approximately \$5 per lunch).
- **Off Campus PE 20-30:** covers the cost of activities that take place in other facilities (approximately \$150).
- **Extracurricular Athletic Fees:** cost to participate in extracurricular athletics (cost varies per team and sport between \$25-\$300).
- **Secondary Options Fees:** cost varies based on options selected (approximately \$5-150).
- **Retreats:** covers the cost of an over-night retreat including transportation, food, accommodations and activities (approximately \$100-200)
- **Grades 7-12 subject field trips:** cost varies based on nature of field trip.
- **Fundraising Opportunities:** There will be a number of fundraisers throughout the year for programs such as Athletics and Missions that you may choose to support.



**REQUEST AND AUTHORIZATION FOR RELEASE AND
EXCHANGE OF INFORMATION
ONE FORM COMPLETED PER STUDENT**

Date: _____

Name and address of last school attended:

Phone #: _____ Fax #: _____

Please send cumulative records for the following student now registered at our school:

(Name) (Birthdate) (Grade)

I hereby authorize the release and exchange of education, behavioural, psychological, and medical information concerning my child.

Parent/Guardian Signature

Date

PERSONAL INFORMATION PROTECTION ACT (PIPA) FORM

In accordance with the Alberta Personal Information Privacy Act c. P-6.5, BCS is diligent to protect the information that you provide to us. ***We require that parents initial their choice and complete only one form per family.***

1) Parent Contact Information (Please initial one)

In order to effectively administer the activities of the school, it is desirable to provide parent contact information to Bears paw Christian School (BCS) staff and volunteers.

_____ I consent to BCS disclosing my personal contact information as necessary. My contact information may be used for class lists, team rosters, school directories, volunteer directories, and any other activities reasonably related to the operation of the educational and extra-curricular activities of BCS.

_____ I do not consent to the disclosure of my personal contact information for the purposes described above.

2) Student Photographs (Please initial one)

_____ I also consent to photographs and/or videos of my child/children being used on class web pages in ParentsWeb and in BCS’s promotional material (including web sites). My child’s name will not be associated with any photograph or video that is used in promotional material or on BCS’s promotional web site (www.bears paw school.com).

_____ I do not consent to the use of photographs and/or videos as described above.

_____ Parent/Guardian Signature

_____ Date

Student Last Name	Student First Name	Grade Student is Entering

*Please note that this form is not to be altered. No additions or subtractions will be accepted.

BCS FAMILY VOLUNTEER FORM

PLEASE NOTE: Completion of this form is required as part of the registration process at BCS.

As a non-profit organization, BCS needs volunteers ... and we really need your help! Please indicate one or more volunteer opportunities that align with your gifts and/or interests you. Carefully evaluate all the opportunities on the following pages before making your selection. If more than one family member is able to volunteer, please complete a form for each person. If you have any questions regarding this form or volunteer opportunities, please contact Stacey Kelly, Coordinator of Volunteer Services, at skelly@bears pawschool.com.

In addition there will be opportunities for volunteering that come up throughout the year. You will receive either a 'Volunteer Alert' email or an email via your Classroom Liaison. These may include sports day, classroom helpers, or Christmas concert.

FAMILY COMMITMENT	2010-2011
I _____ commit that I will volunteer at BCS. _____ Name of Volunteer – Please Print Clearly Signature	
I _____ am not able to commit any volunteer hours to BCS at this time. We would like to understand your situation so please let us know why you are unable to volunteer _____	
Dated this _____ day of _____, 20_____.	

Please make your choices by checking the box next to the area you wish to volunteer for:

FUNDRAISER(S)	
	COORDINATOR — responsible for planning meetings, oversee volunteers, marketing event, etc.
	ASSISTANT — work closely with coordinator, organize volunteers, etc.
	HELPER — could include ticket sales, planning, advertising, decorating, host, set-up or clean-up, etc
ANNUAL GOLF TOURNAMENT	
	COORDINATOR/ADMINISTRATOR — responsible for planning and attending meetings both at the school and away from the school
	COMMITTEE MEMBER — must be available to attend evening meetings, responsible for obtaining corporate sponsors, prizes and players.
	HELPER — assisting the day of the event at registration table, at a golf hole, etc.
FUN LUNCH PROGRAM	
	COORDINATOR — works with fun lunch provider, plan lunches, oversees a group of volunteers, sort forms etc.
	ASSISTANT — may include supervising volunteers and organizing duties, help with forms.
	HELPER — delivering fun lunches to classroom, helping hand out lunches if required, help with forms
ENTERTAINMENT/SUTP BOOKS	
	COORDINATOR — must be available for planning meeting with ENT and SUTP in May, set dates, organize volunteers, etc.
	HELPER — helping deliver books to classrooms, taking orders before and after school, paperwork.
SCRIP	
	COORDINATOR — organize paperwork etc., work with SCRIP retailers, etc.
	HELPER — help with paperwork, pick up certificates, etc.

RESOURCE POOL: An in-school team that does photocopying, laminating, booklet making, overheads and other prep work for the teachers and staff. Manages the Parent Board as well.	
	COORDINATOR — oversees the team, trains and schedules volunteers on an ongoing basis. Keeps in touch with the Administration staff to best meet the needs of the school. Chooses a volunteer to manage the Parent Board and keep it up to date.
	HELPER — comes into the school when scheduled; duties as noted above.
	DATA INPUT – comes into the school to help input data (ie. Science lab).
	OFFICE SUPPORT – help out at front desk answering phones etc. when a staff member is away.
OPEN HOUSE(S)	
	ASSISTANT — help organize, help supervise volunteers, etc.
	HELPER — greeters, help at bouncy tents, popcorn machines, etc.
LIBRARY	
	BOOK FAIR HELPER
	LIBRARY HELPER — sorting books, etc. and year end clean-up (i.e. re-shelving books, inventory, washing book bags.)
HOUSEKEEPING: Includes helping with cleaning out, sorting and displaying items from the ‘lost & found’ bin; cleaning of the staff room and appliances. This work is done on a rotational basis and does require that you are able to come into the school during the day.	
	COORDINATOR — organizes and schedules volunteers for ‘lost & found’, cleaning staff room appliances, etc.
	ASSISTANT — will help coordinator with the organizing and distributing of workloads as required.
	HELPER — duties as outlined above.
FOOD	
	COORDINATOR — organize parent teacher interview suppers, staff appreciation lunches, work day lunches, oversee helpers, etc.
	HELPER — if baking or cooking is your passion this may be for you. Use your talents to help prepare dishes for staff appreciation lunches, parent teacher interview suppers, maintenance work day lunches, crisis/community care for families, special events, etc.
	STAFF SNACK HELPER — Principal requires a helper to suggest snacks and purchase (will be reimbursed) or prepare them for monthly staff meetings
MAINTENANCE – INSIDE AND OUT	
	COORDINATOR — work closely with Facility Manager to determine needs, organize and schedule volunteers for work days, organize food for volunteers with Food Coordinator
	HELPER — cleaning, fixing, building, etc. Usually twice per year. Your Junior and Senior High students can earn credit for their “Service Hours” by participating in these clean-ups
	***Please list your trade or special interest(s) here _____
ATHLETICS	
	COACH — Please specify sport(s) of interest _____, Junior or Senior High, Boys or Girls (please circle)
	ASSISTANT COACH — Please specify sport(s) of interest _____, Junior or Senior High, Boys or Girls (please circle)
	DATA INPUT – come into school to input game schedules on Renweb.
CLASSROOM/STUDENT SUPPORT	
	SECONDARY CLASSROOM ROOM PARENT COORDINATOR — oversees and provides support and assistance to all Classroom Room Parents in Grades K-12.
	ELEMENTARY CLASSROOM ROOM PARENT COORDINATOR — oversees and provides support and assistance to all Classroom Room Parents in Grades K-12.
	CLASSROOM ROOM PARENT — includes helping on 1 st day of school, work with the classroom teacher in organizing jobs, organizing classroom helpers, distribute monthly volunteer calendars and class lists, keep lists up to date, fan outs when needed. Please indicate which grade(s) you prefer. _____.

OUTREACH/MISSIONS PROGRAM - TRANSFORMATIONS	
	COORDINATOR — work closely with Darryn Werth, plan meetings with coordinators of mission events (i.e. Samaritan's Purse Shoebox campaign), oversee coordinators of mission events, work with teachers for classroom missions K-12, special attention to Grade 11 as they are going on the mission trip.
	ASSISTANT — help oversee and organize parent volunteers, help work with teachers in classroom missions, etc.
	TERRY FOX RUN — work with staff member to help organize this event
	SAMARITAN'S PURSE SHOEBOX CAMPAIGN — duties include in-school (i.e.: chapels) and classroom promotion of campaign, collecting and counting boxes, setting a start date, organizing a pick up date with Samaritan's Purse and getting promotional pamphlets, videos, boxes etc from Samaritan's Purse
CHILD'S GRADE 11 MISSION TRIP TO GUATEMALA **	
*GRADE 11 PARENTS PLEASE VOLUNTEER FOR ONE OF THE FOLLOWING AREAS AS THEY DIRECTLY IMPACT YOUR CHILDS MISSION TO GUATEMALA EXPERIENCE **	
	GRADE 11 FUNDRAISING COORDINATOR(S) — organizes Grade 11 parents to assist with fundraising for the Spring Mission Trip, work closely with the Missions/Services Coordinator
	TAC TIC TUCK SHOP — duties include organizing the concession (type of snacks etc.), supervising other parent volunteers
	HELPER - TAK TIC TUCK SHOP — popcorn making, sitting at concession, picking up items for concession, etc.
	POINSETTIA SALES COORDINATOR — track orders and arrange delivery of poinsettias
	BOTTLE RECYCLING — collect bottles from school yard and take to depot on a regular basis
	BOTTLE DRIVE COORDINATOR — duties include choosing area of bottle drive, securing a suitable bottle depot, making maps and organizing volunteers.
	HELPER – BOTTLE DRIVE — driving to collect bottles in chosen area, taking bottles to depot, helping to sort bottles at depot
	QSP MAGAZINE COORDINATOR — collect magazine orders and submit to QSP
MISCELLANEOUS	
	FAMILY FUN NIGHT COORDINATOR — Organizes and supervises monthly Friday night activities at the school.
	CARPOOL COORDINATOR — Assists families in finding potential carpooling in their area.
	YEARBOOK COORDINATOR/HELPER — work closely with staff member to create yearbook and oversee volunteers.
	PICTURE DAY HELPER — help direct students to photo area etc.
	PRAYER TEAM COORDINATOR —coordinate meeting times and place, keep in touch with team members and put announcements in Wednesday Memo, oversee crisis care
	CHAPEL SPEAKER
	LAFARGE/BURNCO COMMUNITY CONTACT – organize date and distribution of goodies to pits to say 'Thank-you' for driving safely.
	JUST CALL ME! – occasionally we require volunteers on short notice or for things that always seem to just 'come up'—IF YOU DON'T MIND US CONTACTING YOU FOR SUCH OCCASIONS PLEASE CHECK HERE.
	COMMENTS/OTHER AREAS OF GIFTING/INTEREST

MEDICAL INFORMATION

Do any of the student(s) have any serious medical concerns or require regular medication?
 No Yes (If yes, fill out the "MEDICAL/SEVERE ALLERGY RELEASE FORM".)

Please state any medical conditions such as allergies/asthma that BCS should be aware of. For serious allergies or conditions (i.e. nut allergy, heart condition, etc.) Note: *Tylenol Release signature is optional.*

Student name: _____ Medical Condition: _____

Tylenol® Release Yes No

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Student name: _____ Medical Condition: _____

Tylenol® Release Yes No

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Student name: _____ Medical Condition: _____

Tylenol® Release Yes No

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Student name: _____ Medical Condition: _____

Tylenol® Release Yes No

Parent/Guardian Signature Date

Parent/Guardian Signature Date

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event I cannot be reached to make arrangements for emergency medical care at the time of an incident, I hereby authorize Bears paw Christian School to take my child(ren) to the nearest emergency medical service location. In the event of a serious accident, I hereby authorize Bears paw Christian School to call an ambulance to provide first aid and transportation to the nearest Emergency Medical Service location.

Parent/Guardian Signature

Date

Family Doctor: _____ Doctors Phone #: _____

MEDICATION REQUIREMENTS RELEASE

****If your child needs staff to assist in administering prescription medication, please fill in the sections below that apply and sign the following page.***

Student Name: _____ Parent/Guardian

Name: _____ Phone: _____

Physician Name: _____ Physician's Office Phone: _____

ACKNOWLEDGEMENT BY PARENT

- Primary responsibility for the administration of medication rests with the student and his/her parents.
- Any change in the student's medical condition or medication is to be brought to the attention of the school office promptly.
- Action taken by staff will be limited to what can be done by medical untrained personal.
- This Medical Release Form is valid only for the duration of your child's enrollment at BCS.

Prescription medication(s) which the student requires _____

Medical condition(s) which make(s) the medication(s) necessary _____

Daily dosage, frequency of administration and time of day _____

Storage requirements _____

Need for staff assistance: ___ Yes ___ No If yes, explain _____

Possible side effects requiring emergency action _____

Action to be taken if an emergency arises _____

In signing this form, the parent/guardian releases Bears paw Christian School, its staff and agents from and against all claims suit, demands and actions whatsoever taken now or in the future which may arise by reason of the administration of medication to the student. The action taken by staff, as requested above, is both requested and authorized. Staff members are authorized to take emergency action as deemed appropriate.

Parent/Guardian Signature

Date

SEVERE ALLERGY/HEALTH CONCERN ALERT FORM

If your child has a life-threatening allergy or medical concern, please complete this form.

The information on this form will be posted with a photo in the staff room and made available in the classroom in order to respond to potential emergency situations.

Name of Student: _____ Medic Alert ID: _____

DESCRIPTION OF ALLERGY & PRECAUTIONS

This student has a DANGEROUS, life-threatening allergy to the following: _____

SYMPTOMS FOLLOWING EXPOSURE TO A PARTICULAR MATERIAL CAN INCLUDE: *(check which apply)*

- | | |
|--|--|
| <input type="checkbox"/> hives and itchiness on any part of the body; | <input type="checkbox"/> nausea, vomiting, diarrhea; |
| <input type="checkbox"/> coughing, wheezing or change of voice; | <input type="checkbox"/> difficulty breathing or swallowing; |
| <input type="checkbox"/> fainting or loss of consciousness; | <input type="checkbox"/> panic or sense of doom; |
| <input type="checkbox"/> swelling of any body parts, especially eyelids, lips, face or tongue; | <input type="checkbox"/> throat tightness or closing; |
| <input type="checkbox"/> other, please specify _____ | |

EMERGENCY MEASURES *(check applicable measures)*

- Get EpiPen® (epinephrine)** or other **Medication** and administer immediately.
- HAVE SOMEONE CALL AN AMBULANCE** and advise of need for an **EpiPen® (epinephrine)**.
- Unless student is resisting, lay student down, tilt head back and elevate legs.
- Cover and reassure student.
- Record the time at which **EpiPen® (epinephrine)** was administered.
- Have someone call the parent.
- If the ambulance has not arrived in 10-15 minutes, and breathing difficulties are present, administer a second **EpiPen® (epinephrine)**.
- Even if symptoms subside, take the student to the hospital immediately because there may be a delayed reaction.
- If possible, have school staff member accompany the student to the hospital.
- Provide ambulance and/or hospital personnel with a copy of the Severe Allergy/Health Concern Alert Form for the student and the time which the **EpiPen® (epinephrine)** or **Medication** was administered.

I agree that the school may post my student's picture, take the Emergency Measures and that this information will be shared, as necessary, with the staff of the school and health care providers.

Parent/Guardian Signature

Date

PHYSICIAN INFORMATION (To be completed by a physician)

Nature of Allergy/Allergens/Medical Concerns: _____

Symptoms of Reaction: _____

Recommended Response to Reaction: _____

Medication: _____ Dosage: _____

Suggested Location of Medication (ie: backpack, front pouch) _____

Additional Instructions or Information: _____

Physician Name

Physician Signature

Telephone

Date

CHARACTER REFERENCE FORM

ONE FORM COMPLETED PER STUDENT

Name of Student Applying: _____
 Your Name: _____ Title: _____
 Church/Organization: _____ Phone: _____

CHURCH LEADER: To be completed by Pastor, Youth Leader, Children’s Minister or Sunday School Leader/Teacher.

The above student has applied for acceptance at our school. It is our desire to develop a supportive relationship between home, school and church. **Please assist us by completing this form and returning this form directly to the school by fax (403) 275-8170.** New families are not interviewed until this form is received. BCS will keep the contents of this questionnaire confidential. Thank you for taking the time to fill this form out. Your input is very valuable.

- How long have you known the student? _____ In what relationship? _____
- How often are you in contact with the student? Weekly Monthly Occasionally Seldom
- Please place a check in one box in each category.

Participation	Self-Control	Integrity	Friendships
<input type="checkbox"/> High level of participation in activities	<input type="checkbox"/> Maintains a high level of self-control during activities	<input type="checkbox"/> Consistently responsible and honest – owns own behaviour and actions	<input type="checkbox"/> Gets along extremely well with other peers
<input type="checkbox"/> Consistently active participant in activities	<input type="checkbox"/> Overall a good level of self-control during activities	<input type="checkbox"/> Generally responsible and honest yet will own behaviour and actions.	<input type="checkbox"/> Liked by others and overall gets along well with peers
<input type="checkbox"/> Inconsistent participator	<input type="checkbox"/> Blurts out/yells; uses inappropriate language	<input type="checkbox"/> Concern in honesty or will not own behaviour or actions	<input type="checkbox"/> Avoided by peers
<input type="checkbox"/> Will not participate in activities	<input type="checkbox"/> Will wander away from/leave activities.	<input type="checkbox"/> No Opportunity to observe	<input type="checkbox"/> Concern(s) observed in peer relationships

4. Place a check mark beside the word/phrase(s) that characterizes this student (to the best of your experiences with them).

- | | |
|---|--|
| <input type="checkbox"/> positive attitude
<input type="checkbox"/> participates in group activities
<input type="checkbox"/> gets along well with peers
<input type="checkbox"/> forms friendships easily
<input type="checkbox"/> polite towards others
<input type="checkbox"/> thankful and appreciative
<input type="checkbox"/> teachable spirit
<input type="checkbox"/> assertive in a positive way
<input type="checkbox"/> obedient towards parents
<input type="checkbox"/> respects authority
<input type="checkbox"/> emotionally mature for age
<input type="checkbox"/> creative
<input type="checkbox"/> heart after God
<input type="checkbox"/> spiritual maturity
<input type="checkbox"/> playful | <input type="checkbox"/> likes to be the centre of attention
<input type="checkbox"/> inappropriate emotional responses
<input type="checkbox"/> cannot handle disappointment
<input type="checkbox"/> changes moods often
<input type="checkbox"/> easily angered
<input type="checkbox"/> likes to do things his/her own way
<input type="checkbox"/> occasionally rebellious or disrespectful
<input type="checkbox"/> controlling
<input type="checkbox"/> aggressive towards others
<input type="checkbox"/> easily influenced by peers
<input type="checkbox"/> needs continual parental assurance
<input type="checkbox"/> sometimes takes advantage of people
<input type="checkbox"/> can be withdrawn
<input type="checkbox"/> quiet or shy |
|---|--|

5. Based on your knowledge of this student, would you recommend acceptance?
 ___ Yes ___ No If No, please explain: _____

6. In 2 or 3 sentences, please describe your experience with this student.

 Signature of Reference _____
 Date

