



MEDICINE HAT
CHRISTIAN SCHOOL

2021-2022 APPLICATION FOR ENROLMENT

FOR OFFICE USE ONLY
DATE RECEIVED: _____
START DATE: _____

FAMILY SURNAME: _____

PARENT/GUARDIAN INFORMATION: (please print)			
Mother's Name:		Father's Name:	
Address:		Address: (if different)	
City:	Postal Code:	City:	Postal Code:
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	
Email:		Email:	
I would like to receive school correspondence by email (Email address may be displayed in a group list)		I would like to receive school correspondence by email (Email address may be displayed in a group list)	
<input type="checkbox"/> Yes _____ <input type="checkbox"/> No <div style="text-align: center;">Signature</div>		<input type="checkbox"/> Yes _____ <input type="checkbox"/> No <div style="text-align: center;">Signature</div>	
What church are you presently attending?		What church are you presently attending?	

CHILDREN'S NAMES	GRADE ENTERING	CHILDREN'S NAMES	GRADE ENTERING
1.		4.	
2.		5.	
3.		6.	

CHRISTIAN EDUCATION COMMITMENT: (Why do you wish to enroll your child/ren at MHCS?)

PERSONAL INFORMATION PROTECTION ACT (PIPA):
Medicine Hat Christian School Society respects your privacy. We protect your personal information and adhere to legislative requirements in accordance with the Alberta Personal Information Protection Act (PIPA). The information you provide will be used to deliver services and to keep you informed and up to date on the activities of Medicine Hat Christian School, including programs, services, special events, fundraising, open houses and/or opportunities to volunteer.

The following are examples of how personal information may be used for school related activities:

- The release of names of parents/guardians, addresses, phone numbers or email addresses as well as class lists of students to parent groups responsible for organizing activities for the school (fundraising, hot lunch program, sports teams, classroom activities, meetings, yearbook, etc). These groups would have access to personal information for authorized purposes only.
- The right to use, publish, or submit names and images of the child(ren) listed on this application for newsletter, school publications (including website and yearbook), promotional materials, and newspaper, magazine, or internet.

If you have any questions about the collection and/or the intended purposes, please contact the school principal. Changes in these permissions must be made by written notice to Medicine Hat Christian School Society.

STATEMENT OF FAITH

Medicine Hat Christian School Society believes:

1. That man, the world, and all purpose is to be ultimately understood only in relation to God.
2. The Holy Scriptures as originally given by God are divinely inspired, infallible, entirely trustworthy and the only supreme authority in all matters of faith and conduct.
3. There is one God eternally existent in three persons – Father, Son and the Holy Spirit.
4. In our Lord Jesus Christ, God manifest in the flesh; His Virgin Birth, His sinless human life, His divine miracles, His death, His resurrection, His ascension to the right hand of the Father, His mediatory work, and His personal return in power and glory.
5. That man's disobedience to his Creator has broken the relationship of man with his Maker.
6. The salvation of the lost and sinful man through the blood of the Lord Jesus Christ by faith apart from works, and the regeneration of the Holy Spirit.
7. In the Holy Spirit whose indwelling enables the believer to live a holy life, to witness and work for the Lord Jesus Christ.
8. In the unity of the Spirit of all true believers, the Church, which is the body of Christ.

FINANCIAL INFORMATION

Society Program Fees: (as per current fee schedule) Please choose payment schedule:

- Payment in full by September 30
 Quarterly payments OR Ten monthly payments
____ Cash
____ Post-dated Cheques - cheques to be made out to Medicine Hat Christian School
____ Pre-Approved Debit – attach PAD authorization for with void cheque

Bus Services Required No Yes - *Please submit completed Transportation Application Form

PARENT COMMITMENT

- I have read and agree with the Statement of Faith of the Medicine Hat Christian School Society.
- I agree that my child's education will be in harmony with the constitution and by-laws of the Society, the policies of the Medicine Hat Public School Board, and that he/she is also subject to the authority invested by the principal and the classroom teacher. I have read and understand the "Personal Information Protection Act" (PIPA).
- I agree to make full Society Program fee payments in accordance with arrangements as noted under "School Program Fees" on this form.
- I accept responsibility as a Society member with voting privileges and will strive to attend Society meetings where decisions concerning the governing of MHCS are discussed.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date



Medicine Hat Christian School
68 Rice Drive SE, Medicine Hat, AB T1B 3X2
Phone: 403-526-3246
Website: www.medhatchristian.mhpsd.ca