



☐ **Administration Office**  
261 Youville St  
Winnipeg, MB R2H 2S7  
**Phone** 204-231-3640  
**Fax** 204-257-1286

☐ **Jr/Sr High Campus**  
261 Youville St  
Winnipeg, MB R2H 2S7  
**Phone** 204-231-3640  
**Fax** 204-237-8849

☐ **Elementary Campus**  
595 Lagimodiere Blvd  
Winnipeg, MB R2J 3X2  
**Phone** 204-235-0863  
**Fax** 204-235-0390

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**email** [info@springs.ca](mailto:info@springs.ca)

**web** [www.springschristianacademy.ca](http://www.springschristianacademy.ca)

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Dear Parent/Guardian:

Thank you for expressing an interest in Springs Christian Academy, offering Licensed Preschool through Grade 12. Your decision to enroll your children in SCA will ensure them the competitive edge for life – excellence in academics, athletics, fine arts and technology fueled by a relationship with God.

The school is easily accessible from all parts of the city and surrounding areas. We offer Manitoba curriculum infused with Biblical principles. We place strong emphasis on the spiritual, intellectual, physical, social and emotional development of each student. At SCA we are passionate about training and equipping your children to be tomorrow's leaders and we are grateful for an environment that helps us raise confident kids that are able to carry out the amazing plans God has for their lives. We believe that God has given authority to parents to lead their children and teach them spiritual doctrines. We want to come alongside Christian families and the Church to help teach their children to live a Christ-centered life, while providing them with a high-quality education. Please read our full Handbook, available online.

There is a great demand for solid Christian education; openings will be limited. We encourage you to complete and submit application forms to either school campus, in a timely manner, as many classes fill quickly.

We look forward to hearing from you. If you have any questions, please contact Springs Christian Academy Administration Office at 204-231-3640 or visit our website [www.springschristianacademy.ca](http://www.springschristianacademy.ca).

In Christ,

Kim Fuller, Principal

KF/mh



**Family Name:** \_\_\_\_\_

**Child(ren) Name(s):** \_\_\_\_\_



## **NEW ENROLLMENT CHECKLIST**

### **Administration Office**

261 Youville St., Winnipeg, MB, R2H 2S7

**Phone:** 204-231-3640 **Fax:** 204-257-1286

	<b>Enrollment Forms Checklist</b>	<b>(Not all forms are required for every grade level)</b>
	Application Forms (one per child)	
	Parental Agreement signed & <b>witnessed</b> (located on page 2 of application form)	
	Financial Page	
	Application Fee (paid by cheque, cash, debit or credit over the phone and is required prior to application being processed)	
	Payment Plan (select one of the following) <input type="checkbox"/> post-dated cheques <input type="checkbox"/> cash <input type="checkbox"/> pre-authorized debit <input type="checkbox"/> credit card <input type="checkbox"/> online bill payments	
	Pastoral Reference for Applicant Family ( <b>one per family</b> )	
	Statement of Faith ( <b>one per family</b> )	
	Honour Code	
	Technology & Network Agreement	
	Informed Consent for Release of Photos/Video	
	Library Acceptable Use Agreement	
	Before/After School Program Application (required for all families K-Grade 6 in case of emergency use)	
	Intercampus Shuttle Bus (required for all K-Grade 12 families in case of emergency use)	
	Authorization for Exchange of Information (K-Grade 12)	
	Copy of most recent Report Card	
	Transcript (required for Grade 10–12 students)	
	Copy of Birth Certificate (and any subsequent name changes)	
	Read Handbook found online at <a href="http://www.springschristianacademy.ca">www.springschristianacademy.ca</a>	
	<b>Additional Forms Upon Request</b>	
	Parent Advisory Council Information	
	Parent Volunteer Application	
	Medical Alert/Medication Dispensing Form	
	Parental Agreements (legal – please supply copy of legal documents.)	

**Please use this checklist and attach to completed forms.**





# SPRINGS CHRISTIAN ACADEMY

## NEW STUDENT APPLICATION

Administration Office

261 Youville Street, Winnipeg, MB R2H 2S7

Phone 204-231-3640 Fax 204-257-1286

APPLICATION FOR ENTRY INTO GRADE: \_\_\_\_\_ FOR THE SCHOOL YEAR: \_\_\_\_\_

### STUDENT INFORMATION

Legal Last Name	Legal First Name		
Middle Name(s)	Gender (please circle) M / F	Birth Date	M: D: Y:
Preferred Name	Address		
Student Email	City	Province	
Student Cell #	Postal Code	Home #	
Language spoken at home	If mailing address is different, please enter below:		
Entry date to Canada (please provide documentation)			
Mailing Address			
Citizenship <input type="radio"/> Canadian Citizen <input type="radio"/> Permanent Resident <input type="radio"/> Temporary Resident <input type="radio"/> Refugee <input type="radio"/> International Visitor			
<b>Indigenous Identity Declaration:</b> Is your child an Indigenous person that is First Nation (North American Indian) Métis Inuk (Inuit)			
If you have selected an Indigenous identity, select <u>up to two</u> of the following cultural-linguistic identities that best describe your child			
<input type="radio"/> Anishinaabe (Ojibway/Saulteaux) <input type="radio"/> Dakota <input type="radio"/> Inuktitut <input type="radio"/> Ininiw <input type="radio"/> Oji-Cree <input type="radio"/> Dene (Sayisi) <input type="radio"/> Michif <input type="radio"/> Other			
The info you provide is collected in compliance with section 36(1)(b) of The Freedom of Information and Protection of Privacy Act. This information helps to support the efforts of MB Education and Advanced Learning, the School Division and schools to plan and improve programs in a way that is responsive to Indigenous learners. Providing this information is voluntary. For more information visit: <a href="http://www.edu.gov.mb.ca/aed/abidentity.html">http://www.edu.gov.mb.ca/aed/abidentity.html</a> or contact our Registration Office.			

### PARENT(S)/GUARDIAN(S) INFORMATION

<b>FATHER</b> <input type="radio"/> Parent <input type="radio"/> Legal Guardian <input type="radio"/> Guardian	<b>MOTHER</b> <input type="radio"/> Parent <input type="radio"/> Legal Guardian <input type="radio"/> Guardian
Is this student <input type="radio"/> Biological <input type="radio"/> Adopted <input type="radio"/> Foster <input type="radio"/> Other	Is this student <input type="radio"/> Biological <input type="radio"/> Adopted <input type="radio"/> Foster <input type="radio"/> Other
Title <input type="radio"/> Dr <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms	Title <input type="radio"/> Dr <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms
Legal Last Name	Legal Last Name
Legal First Name	Legal First Name
Relationship to student	Relationship to student
Home # Cell #	Home # Cell #
Email	Email
Employer Business #	Employer Business #
Parent(s)/Guardian(s) are <input type="radio"/> *Married <input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Common-Law	
Custody <input type="radio"/> Joint <input type="radio"/> Sole Student lives with <input type="radio"/> Both Parents <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Guardian <input type="radio"/> Other	
If applicable, a copy of legal custody documents must accompany this application	
* <b>MARRIED</b> as defined by the Statement of Faith: We believe marriage is a covenant union between God, one naturally born man and one naturally born woman. This covenant is a spiritual and legal contract performed by a minister of the Gospel or a duly authorized government official in the presence of witnesses. (Matthew 19:4-6; Mark 10:6-9) <b>See Handbook for complete Statement of Faith</b>	

### HEALTH INFORMATION

Physician	Phone #
<b>MEDICAL ALERT</b> Students with medical conditions and/or life-threatening allergies (anaphylaxis) that may require immediate action must complete a school U.R.I.S. medical plan. (Health Information remains in student file.)	
Medical conditions that may require immediate action:	
Allergies that may require immediate action:	
Does the student require: Epi-pen Y / N	Medications (please list): Other:
Personal Health ID # _____	Family Medical # _____

### SCHOOL HISTORY

*SCA is not presently able to provide services for severe psychological, cognitive, behavioural or physical disabilities.*

Has student received?	<input type="radio"/> Student Services	<input type="radio"/> IEP/AEP (please attach)	<input type="radio"/> Behavioural Support/IBP
	<input type="radio"/> Gifted/Enrichment	<input type="radio"/> Level 2 or 3 Funding	<input type="radio"/> None
Has student ever?	<input type="radio"/> Repeated any grade or course	<input type="radio"/> Been suspended	<input type="radio"/> Graduated from Gr 12
	<input type="radio"/> None		
	<input type="radio"/> Been refused admission to, or dismissed/expelled from, another school		

Please explain any checked items:

Last school attended	City	Province
Last grade completed	(include copy of most recent report card or transcript)	
	Phone #	

### EMERGENCY CONTACT INFORMATION (if parent is not available)

<b>#1 - Alternate Emergency Contact (Not Parent/Guardian)</b>		<b>#2 - Alternate Emergency Contact (Not Parent/Guardian)</b>	
Name		Name	
Relationship to student		Relationship to student	
Daytime #	Cell #	Daytime #	Cell #
Address		Address	

### PARENTAL AGREEMENT

- For academic and character references, I give permission to SCA to contact my child's previous school.
- I understand SCA must know in advance every potential or probable time required of our Student Services, including Clinician services. Failure to accurately inform SCA about these needs, or a change in needs, may lead to the discontinuation of the school's ability to meet the applicant's needs in the future. This could result in the potential removal of the student from SCA.
- I have read the SCA Handbook, SCA Preschool Policy (if applicable), and SCA Before/After School Handbook (if applicable), as interpreted by SCA and Springs Church including the Statement of Faith, and agree to support the School Administration and SCA's Policies & Procedures as interpreted by SCA and Springs Church.
- SCA is a respectful workplace, and as such, we require that all SCA staff be treated in a respectful manner. Any failure to comply may result in your child being removed from SCA.
- I agree to meet my financial obligations as outlined on the financial page.
- I understand that if my child is in breach of the Honour Code, there will be consequences which could include immediate expulsion from SCA.
- I understand that by signing the Parental Agreement, I agree to support both Springs Christian Academy and Springs Church verbally and digitally.
- I have supplied all necessary documentation to the school as required. (see checklist)
- In the event of an accident, I hereby authorize SCA to call an ambulance to provide first aid and transportation to the nearest hospital.
- In the case of an emergency, I give SCA permission to transport my child to a safe location.
- The information provided will be for SCA (a ministry of Springs Church) and Springs Church use only. I understand my phone number/email may be released to a Parent Advisory Council member or volunteer to contact me re: school or school related events. If I do not want this information released or if I have questions regarding the Privacy Act, I understand I will need to contact the SCA Compliance Officer at the Administration Office.
- I will notify the SCA Administration Office of any changes to my child's information.
- I solemnly declare that the statements made in this New Student Application and Pastoral Reference are true. Consequences for untrue statements may result in expulsion of the student.
- **I have read and accept the Parental Agreement.**

Parent or Legal Guardian (Print)	Parent or Legal Guardian signature	Date (Month/Day/Year)
Witness (Print)	Witness signature	Date (Month/Day/Year)

How were you introduced to Springs Christian Academy? ☐ Friend ☐ Website ☐ Social Media ☐ Springs Church ☐ Other

**If someone referred you, please let us know; they will be eligible for a Tuition Credit.**

#### FOR OFFICE USE ONLY:

Date Received _____	Interview Date _____	Approved _____
Student # _____	Family # _____	

### Application Fee

A non-refundable application fee of \$125.00 per student must accompany the application form(s). This fee is for processing of your application and does not indicate acceptance to SCA.

### Tuition

Tuition is received to supplement the cost of education for students and is calculated on the basis of the entire school year. **Students will only be re-enrolled and a classroom space reserved if a family's account is up-to-date.** Students that enrol after the government funding deadline on September 30<sup>th</sup> will be charged additional fees, please refer to our school handbook under admission process.

### Activity Fee

The tuition fee does not include activity fees. Please refer to the School Handbook for a listing of activity fees.

### School Improvement Fund

This fee has been instituted to cover the school's extra costs in the area of facilities. Each family is required to participate in paying these costs by contributing **\$30 per month** or **\$300 per year**.

### Bursary Assistance

Bursaries serve to supplement families in need of temporary financial assistance. A bursary request must be made annually by an application form, available from both school offices. Full tuition fees will be charged until the application is submitted and approved.

### Tax Information

Parents will receive income tax deductible donation receipts each February for the following:

- Tuition: Derived through a calculation done as a part of our year end audit taking into account the operating cost of the school, the cost of provincial curriculum and religious instruction.
- School Improvement Fund: 100%
- Activity Fees: 0%

Tax receipts are based on the payments received by SCA during the calendar year, January 1 to December 31.

### Returned Item Policy

A \$20.00 service charge will be administered for each returned item. In addition, if a family has two returned items in a given school year, SCA reserves the right to request future payments in cash.

### Accounts in Arrears

Families in arrears 60 or more days will be charged interest at a rate of 12% per annum.

#### FOR OFFICE USE ONLY

Date application received at SCA \_\_\_\_\_

a) Application Fee	\$125.00 x _____	=	_____	Ck # _____
b) Minus Application Fee Discount	\$25.00 x _____	=	_____	Ck Amt. _____
c) Application Adjustment _____		=	_____	
d) <b>Total Application Fees [Line a – (Line b + Line c)]</b>		=	_____	
e) Total Tuition		=	_____	
f) Tuition Adjustment _____		=	_____	
g) School Improvement Fund			\$ 300.00	
h) <b>Total Fees Owing (Line e – Line f + Line g)</b>		=	_____	

#### Payment Plan

- ☐ 12 Payments  
☐ 10 Payments  
☐ 2 Payments  
☐ 1 Payment  
☐ Other

## 2022 – 2023 FINANCIAL INFORMATION

### Student Application Fee Calculation

(non-refundable and must accompany application form)

\$125.00 per child x \_\_\_\_\_

(# of children) = \$ \_\_\_\_\_

For applications received on or before February 28, 2022

\$100.00 per child x \_\_\_\_\_

(# of children) = \$ \_\_\_\_\_

Separate payment is required for the application fee.

### Tuition Fee Calculation

Grade	Rate per child	# of children	Total
Half-time Kindergarten	\$2,374		
Full-time Kindergarten	\$4,580		
Grade 1 – 4	\$4,580		
Grade 5 – 6	\$4,953		
Grade 7 – 8	\$5,045		
Grade 9 – 12	\$5,732		
Family Max*	\$12,825		

\*Families enrolled at SCA will not be charged more than the yearly family maximum for combined Preschool-Grade 12 tuition fees.

### Discounts

#### Payment Discount Option (dates are subject to returning families)

Tuition paid in **one installment** prior to May 1, 2022 will receive a \$100.00 discount per full-time student (Half-time Kindergarten students receive a \$50.00 discount).

Tuition paid in **two equal installments** (May 1, 2022 & January 15, 2023) will receive a \$50.00 discount per full-time student (Half-time Kindergarten students receive a \$25.00 discount).

Payment Option Discount Total

\$ \_\_\_\_\_

#### Alumni Tuition Discount

SCA graduates will receive a 25% tuition discount per family.\*

☐ At least one parent/guardian is a graduate of SCA Year of graduation \_\_\_\_\_

\*Restrictions apply, please contact the administration office for more information. Discount does not apply to Preschool fees.

Alumni Tuition Discount Total

\$ \_\_\_\_\_

Total Tuition Payable

\$ \_\_\_\_\_

### School Improvement Fund

\$ 300.00

Total Fees = Tuition plus School Improvement Fund

\$ \_\_\_\_\_

### Enrollment will be processed when payments are received for the following:

- **Application Fees** post-dated **February 28, 2022** (for returning families)
- **Balance of Payments** 12, 10, 2 or 1 payment plan.

Please indicate your choice below.

Include payments (post-dated cheques, cash, credit card, pre-authorized debit or online bill payments) along with the application.

- |  |                            |          |
|--|----------------------------|----------|
| <input type="checkbox"/> 12 payment plan (post-dated payments commence <b>July 1, 2022</b> )               | Total Fees divided by 12 = | \$ _____ |
| <input type="checkbox"/> 10 payment plan (post-dated payments commence <b>Sept 1, 2022</b> )               | Total Fees divided by 10 = | \$ _____ |
| <input type="checkbox"/> 2 payment plan (post-dated payments dated <b>May 1, 2022 &amp; Jan 15, 2023</b> ) | Total Fees divided by 2 =  | \$ _____ |
| <input type="checkbox"/> 1 payment plan (post-dated payment dated <b>May 1, 2022</b> )                     | Total Fees =               | \$ _____ |





## PRE-AUTHORIZED DEBIT

**Office Use Only:**

Family Name: \_\_\_\_\_

Family ID#: \_\_\_\_\_

Pre-authorized debit is a banking process that allows funds to be transferred directly from your bank account to Springs Christian Academy's bank account on the date specified. This is done in accordance with the Canadian Payments Association's (CPA) rules or standards.

Direct deposit is convenient and eliminates the use of post-dated cheques. It allows funds to be drawn on any account and reduces processing and paper costs.

***What is needed from you?***

You, the payor, are required to sign the agreement and provide Springs Christian Academy with either a voided cheque or have your bank complete the banking section.

***Agreement***

I authorize Springs Christian Academy to debit my account for the payment of **tuition and capital**. I understand that I am responsible to inform Springs Christian Academy of any changes in banking information a **minimum of 10 days prior** to the run date. I understand that in the event of a chargeback/returned item, I will be charged a service fee of \$20.00 in addition to fees charged by my banking institution.

***Please complete the following:***

☐ Over 10 months (September to June) OR until balance is paid in full

OR

☐ Over 12 months (July to June) OR until balance is paid in full

***I would like my monthly payment to be processed on:***

☐ 1<sup>st</sup> of each month

OR

☐ 20<sup>th</sup> of each month

**Note:** SCA will continue to process fees with this agreement for the duration of enrollment, until balance is paid in full. Should you wish to change your payment plan please contact the administration office.

\_\_\_\_\_  
**Payor Signature**

\_\_\_\_\_  
**Date**

To be completed by your bank

**BRANCH NUMBER****INSTITUTION NUMBER****ACCOUNT NUMBER****NAME OF ACCOUNT HOLDERS****BRANCH STAMP**

## **TERMS AND CONDITIONS**

1. I hereby authorize Payee, in accordance with the terms of my/our account agreement with Processing Institution, to debit or cause to be debited the Account for the purposes indicated in the "Payment Types" section on page 1 of this Agreement.

2. Particulars of the Account that Payee is authorized to debit are indicated in the "Payment Details" section on page 1 of this Agreement. A specimen cheque, if available for the Account, has been marked "VOID" and attached to this Authorization.

3. I/We undertake to inform the Payee, in writing, of any change in the Account information provided in this Authorization prior to the next due date of the PAD.

4. This Authorization is continuing but may be cancelled at any time upon notice being provided by me/us, either in writing or orally, with proper authorization to verify my/our identity within the specified number of days before the next PAD is to be issued as noted on Page 1, Cancel Payment section. I/we acknowledge that I/we can obtain a sample cancellation form or further information on my/our right to cancel this Acknowledgement from Processing Institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca). I/we acknowledge that if I/we wish to cancel this Authorization or if I/we have any questions or need further information with respect to a PAD, I/we can contact the Payee at the telephone number or address set out in this Agreement.

5. Revocation of this Authorization does not terminate any contract for goods or services that exists between me/us and Payee. This Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

6. I/We acknowledge that provision and delivery of this Authorization to Payee constitutes delivery by me/us to Processing Institution. Any delivery of this Authorization to Payee constitutes delivery by the Payor.

7. If this Authorization is for fixed or variable amount business, personal or funds transfer PADS recurring at set intervals, unless I/we have waived any and all requirements for pre-notification of debiting in the "Waiver of Pre-Notification 1" section on page 1 of this Agreement, or unless the change in the amount of any such PAD will occur as a result of my/our direct action (such as, but not limited to, telephone instructions or other remote measures), I/we acknowledge I/we will receive:

(a) with respect to fixed amount business or personal PADS, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of the first PAD, and such notice will be received every time there is a change in the amount or the payment date(s); or

(b) with respect to variable amount business or personal PADS, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of every PAD; or

(c) with respect to business, personal or funds transfer PADs, at least 10 calendar days written notice from the Payee of any change in the amount of the PAD which results from a change in any applicable tax rate, a top-up or other adjustment. No pre-notification will be given if the amount of the PAD decreases as a result of a reduction in municipal, provincial, or federal tax.

Pre-notification may be given in writing or in any form of representing or reproducing words in visible form, which, if I/we have provided an email address to the Payee, includes an electronic document. The amount of pre-notification provided will change when there is a change in the pre-notification requirements contained in the CPA Rules.

8. If this Authorization provides for PADs with sporadic frequency, I/we understand that the Payee is required to obtain an authorization from me/us for each and every PAD prior to the PAD being exchanged and cleared. I/we agree that a password or security code or other signature equivalent will be issued and will constitute valid authorization for the Processing Institution to debit the Account.

9. I/We acknowledge that Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of this Authorization, including, but not limited to, the amount.

10. I/We acknowledge that Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Payee as a condition to honouring a PAD Issued or caused to be issued by Payee on the Account.

11. I/We acknowledge that, if this Authorization is for personal or business PADs or for funds transfer PADS that have recourse through the clearing system, a PAD may be disputed but only under the following conditions:

(a) the PAD was not drawn in accordance with this Authorization;

(b) this Authorization was revoked; or

(e) pre-notification was required and was not received.

I/We further acknowledge that in order to be reimbursed, a declaration to the effect that either (a), (b), or (c) took place must be completed and presented to the branch of Processing Institution holding the Account on or before the 90th calendar day in the case of a personal PAD or a funds transfer PAD that has recourse through the clearing system or, in the case of a business PAD, on or before the 10th business day, in each case after the date on which the PAD in dispute was posted to the Account.

12. I/We acknowledge that any claim made after the periods set out above must be resolved solely between me/us and the Payee and there is no entitlement to reimbursement from the Processing Institution.

13. I/We acknowledge and agree that if this Authorization is for funds transfer PADS and the Payee does not provide recourse through the clearing system, then no recourse will be provided through the clearing system (that is, I/we will not receive automatic reimbursement in the event of a dispute) and I/we must seek reimbursement or recourse from the Payee in the event a PAD is erroneously charged to the Account.

14. Unless this Authorization is for a funds transfer PAD that does not have recourse through the clearing system, I/we acknowledge that I/we have certain recourse rights if a debit does not comply with this Authorization. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Authorization. To obtain more information on my/our recourse rights I/we can contact Processing Institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

15. I/We acknowledge that I/we understand that I/we are participating in a PAD plan established by Payee and I/we accept participation in the PAD plan upon the terms and conditions set out herein.

16. I/We consent to the disclosure of any personal information that may be contained in this Authorization to the financial institution that holds the account of the Payee to be credited with the PAD to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule HI of the Rules of the Canadian Payments Association.

☐ New Applicant Family ☐ Re-enrolling Family

Applying for (please check all that apply)

☐ Preschool ☐ Kindergarten-Grade 6 ☐ Grade 7-12

List Student's Names \_\_\_\_\_

**TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN**

Parent(s)/Guardian Information:	FATHER/STEP-FATHER <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian	MOTHER/STEP-MOTHER <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
Full Name: (First, Surname)		
Street Address:		
City/Province/Postal Code:		
Telephone:	H: W or C:	H: W or C:
Please Circle:	Single *Married Separated Divorced Widowed Common-Law	Single *Married Separated Divorced Widowed Common-Law

\* **MARRIED** as defined by the Statement of Faith: We believe marriage is a covenant union between God, one naturally born man and one naturally born woman. This covenant is a spiritual and legal contract performed by a minister of the Gospel or a duly authorized government official in the presence of witnesses. (Matthew 19:4-6; Mark 10:6-9) See Handbook for complete Statement of Faith.

Name of Home Church:		
Pastor's Name:	Phone #:	Phone #:
Church Attendance: (including online church)	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Rarely	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Rarely
How long have you attended:		
What areas are you currently involved in at your church: (including prior to Covid-19)		

Have You?	Father	Mother	Legal Guardian(s)
Accepted Jesus Christ as personal Lord & Saviour according to Romans 10:9-10?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**UPON COMPLETION OF THE APPLICATION, PLEASE ARRANGE A MEETING WITH YOUR PASTOR TO COMPLETE THE PASTORAL PORTION ON PAGE 4.**

IF SPRINGS IS YOUR HOME CHURCH, PLEASE CONTACT THE CHURCH OFFICE (204-233-7003).

ARRANGE AN APPOINTMENT WITH THE PASTOR OF YOUR CHOOSING.

THE COMPLETED FORM WILL BE SUBMITTED TO SCA DIRECTLY BY THE CHURCH OFFICE.

SCA RESERVES THE RIGHT TO EVALUATE PASTORAL REFERENCES FOR ACCEPTANCE PURPOSES.

**TO BE COMPLETED BY STUDENTS – YOUNGER CHILDREN MAY NEED PARENTAL HELP**

*These questions are to help your pastor to know your child better as they complete your reference. These answers don't necessarily impact entrance to Springs Christian Academy.*

**Preschoolers are not required to answer any questions.**

**Kindergarten to Grade 6**

1. List 5 words that remind you of God.
2. Share something that God has done for you lately.

**Grade 7 – 12 Students**

1. Please tell how and when you came to know Jesus as your personal Lord and Saviour.
2. The Bible tells us that we are to ask God for "Our Daily Bread" and that "God's mercies are new every morning". How often do you have devotions? Please share something that God has done for you.
3. Most churches have places you can volunteer, do you volunteer in your home church, school or community. If so, where and how often?

**TO BE COMPLETED BY STUDENT****STUDENT NAME:****GRADE ENTERING:****AGE:**

Have you accepted Jesus Christ as personal Lord & Saviour according to Romans 10:9-10?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My personal devotion life is	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly <input type="checkbox"/> Rarely
I attend a kids or youth group/Bible study	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly <input type="checkbox"/> Rarely

**TO BE COMPLETED BY STUDENT****STUDENT NAME:****GRADE ENTERING:****AGE:**

Have you accepted Jesus Christ as personal Lord & Saviour according to Romans 10:9-10?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My personal devotion life is	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly <input type="checkbox"/> Rarely
I attend a kids or youth group/Bible study	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly <input type="checkbox"/> Rarely



**TO BE COMPLETED BY PASTOR**

Dear Pastor,

Admissions requirements for both, new applicant families, and re-enrolling families at SCA, state that \* **"SCA serves as an extension of the Christian home and church. At least one parent and the student(s) must give clear testimony of Jesus Christ as personal Lord and Saviour and must be actively attending their home Christian Church on a regular basis. Volunteering/involvement in their home church should be a natural outflow of being plugged into a local church and is required to be considered for Admissions. Only parents and prospective students living in accordance with God's Word and Springs Church Statement of Faith will be considered for Admission."** Please note that due to Covid-19 restrictions, we understand that families may be unable to attend church in person and that volunteer opportunities may be limited.

(Handbook is available to view at <http://springschristianacademy.ca/admissions/admissions/>)

The expectation is for families to arrange a meeting with their local church pastor to complete this reference. Please note that while Springs Church serves as an outreach, Springs Christian Academy is intended to be a Christian school for the active and involved Christian family. SCA serves as an extension of the Christian home and church. Our mandate is to build upon each family's sincere growth in Christ. As such, in filling out this reference, we need you to tell us about their church attendance, volunteer involvement, devotional lives and review the student's response on the previous page as this is the criteria vital to entry into SCA.

**TO BE COMPLETED BY PASTOR AFTER FAMILY INTERVIEW**

1. Has at least one parent/guardian in this family read the SCA Handbook? ☐ Yes ☐ No
2. How long have you known this family personally? \_\_\_\_\_ (weeks/months/years)
3. How long has this family been actively attending and volunteering in your local church? \_\_\_\_\_
4. Confirm this family's church attendance, as stated on the front of this form. weekly // monthly // rarely \_\_\_\_\_
5. Where does this family volunteer in your church? \_\_\_\_\_
6. List some specific ways in which you feel that this family is demonstrating a living relationship with the Lord Jesus Christ:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. In your opinion, does this family meet the Admission requirements for SCA? ☐ Yes ☐ No  
\*By checking yes, you have read the requirements and expectations listed above.  
\*Your Pastoral Reference will be kept in confidence.

8. Please feel free to make any additional comments about this applicant family.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Pastor's Name (Please Print)

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Church Name

Date signed M\_\_\_\_ D\_\_\_\_ Y\_\_\_\_

\_\_\_\_\_  
Church Address

Pastor's Phone Number \_\_\_\_\_

Pastor's Email Address \_\_\_\_\_

(Please submit the complete form to [info@springs.ca](mailto:info@springs.ca) or fax at 204-257-1286).

Document Updated November 2021

**For Office Use Only:**

Date Received: M\_\_\_\_ D\_\_\_\_ Y\_\_\_\_

Received by: \_\_\_\_\_

Does this family meet the Admission requirements for SCA? Yes / No



**We believe... THE SCRIPTURES** – The Bible is the inspired Word of God, the product of holy men of old who spoke and wrote as they were moved by the Holy Spirit. The New Covenant, established through the death, burial, resurrection and ascension of the Lord Jesus Christ as recorded in the New Testament, we accept as our infallible guide in matters pertaining to conduct and doctrine. (2 Timothy 3:16; 1 Thessalonians 2:13; 2 Peter 1:21)

**We believe... THE GODHEAD** – Our God is one, but manifested in three persons – the Father, the Son, and the Holy Spirit, being co-equal. (Philippians 2:6) God the Father is greater than all: the sender of the Word (Logos) and the Begetter. (John 14:28; John 16:28; John 1:14)

The Son is the Word flesh-covered, the One Begotten, and has existed with the Father from the beginning. (John 1:1; John 1:18; John 1:14)

**We believe** in the Lord Jesus Christ, the Saviour of all men, conceived by the Holy Spirit, born of the Virgin Mary. He is totally God and yet, totally Man. (Luke 1:26; John 1:14-18; Isaiah 7:14, 9:6)

**We believe** Christ died for our sins, was buried and rose again on the third day. (1 Corinthians 15:1-4; Romans 4:25)

**We believe** in the bodily ascension of Jesus to heaven. The Holy Spirit proceeds forth from both the Father and the Son and is eternal. (John 15:26)

**We believe that** the operation of the gifts and ministries of the Spirit that are listed in 1 Corinthians 12 & 14 and Ephesians 4 are still relevant for us today.

**We believe... MAN, HIS FALL AND REDEMPTION** - We believe all people were created equal. (Genesis 1:27; Genesis 5:1-2; James 2:1-9)

**We believe** our bodies are not to be abused. (1 Corinthians 6:9-20; Ephesians 5:18; Proverbs 23:20-21; Proverbs 31:4-5)

**We believe** life starts at conception in the womb. Life is therefore sacred and deserving of protection beginning at conception. (Jeremiah 1:4-5; Psalm 139:13-16; Romans 8:28-31; Ephesians 1:4-6, 10-12)

All people were created in the image and likeness of God. Through Adam's transgression and fall (voluntary disobedience) sin came into the world. "...All have sinned and come short of the glory of God," and "There is none righteous, no, not one." Jesus Christ, the Son of God, was manifested to undo the work of the devil and gave His life and shed His blood to redeem and restore man back to God. (Romans 5:12-15; Romans 3:10; Romans 3:23; 1 John 3:8)

**We believe** that while we were still sinners, Christ died for us, offering forgiveness to all who believe in Him. (John 3:16; Romans 5:8) Salvation is the gift of God to man, separate from works and the Law, and is made operative by grace through faith in Jesus Christ, producing works acceptable to God. (Ephesians 2:8-10)

**We believe... ETERNAL LIFE AND THE NEW BIRTH** – Man's first step toward salvation is godly sorrow that worketh repentance. We believe that upon sincere repentance and whole-hearted acceptance of Christ, we are forgiven and made perfect before God. We believe that salvation is a spiritual new birth that offers new life in Christ. The New Birth is necessary to all men, and when experienced produces eternal life. (1 John 1:1; 2 Corinthians 5:17; John 3:5-7; 2 Corinthians 7:10; 1 John 5:12; John 3:3-5)

**We believe... COMMUNION AND WATER BAPTISM** – These are ordinances to be observed by the Church during the present day. We believe in the commemoration of the Lord's Supper by the use of the bread and the juice of the vine. (1 Corinthians 11:24-25)

Baptism in water is by immersion, a direct commandment of our Lord, an outward sign of an inward work, and is for believers only. The ordinance is a symbol of the Christian's identification with Christ in His death, burial, and resurrection. (Matthew 28:19; Romans 6:4; Colossians 2:12; Acts 8:36-39)

**We believe... BAPTISM IN THE HOLY SPIRIT** – The present day ministry of the Holy Spirit is to comfort and guide the believer, with the final purpose of glorifying the Lord Jesus Christ in the earth. During this age, He indwells guides, instructs, and empowers the believer for godly living and service. The Baptism in the Holy Spirit and fire is a gift from God as promised by the Lord Jesus Christ to all believers in this dispensation and is received subsequent to the New Birth. This experience is accompanied by the initial evidence of speaking in other tongues as the Holy Spirit Himself gives utterance. (Matthew 3:11; John 14:16-17; Acts 1:8; Acts 2:38-39; Acts 19:1-7; Acts 2:4)

**We believe... SANCTIFICATION** – The Bible teaches that without holiness no man can see the Lord. We believe in the Doctrine of Sanctification as a definite, yet progressive work of grace, commencing at the time of regeneration and continuing until the consummation of salvation at Christ's return. (Hebrews 12:14; 1 Thessalonians 5:23; 2 Peter 3:18; 2 Corinthians 3:18; Philippians 3:12-14; 1 Corinthians 1:30)

**We believe... SEXUAL RELATIONSHIPS** - We believe marriage is a covenant union between God, one naturally born man and one naturally born woman. This covenant is a spiritual and legal contract performed by a minister of the Gospel in the presence of witnesses. (Matthew 19:4-6; Mark 10:6-9)

Sex was designed by God and is only acceptable when occurring between one naturally born man and one naturally born woman within the confines of a covenant marriage. (Genesis 2:23-25; Acts 15:28-30; 1 Corinthians 6:17-19; 1 Corinthians 7:1-3; Galatians 5:19-21; Thessalonians 4:2-4; Leviticus 18:22; 1 Corinthians 6:9 (Amplified); Leviticus 20:13; Romans 1:21-32)

**We believe... DIVINE HEALING** – Healing is for the physical ills of the human body and is wrought by the power of God through the prayer of faith, and by the laying on of hands. It is provided for in the atonement of Christ, and is the privilege of every member of the Church today. (Mark 16:18; James 5:14, 15; 1 Peter 2:24; Matthew 8:17; Isaiah 53:4, 5)

**We believe... CHURCH RELATIONSHIPS** – We believe that there is one true universal Church that is made up of genuine believers. However, this one universal Church is composed of many local churches in different localities. (Acts 15:22; Matthew 16:18, 18:15-20) The Universal Church of the Lord Jesus Christ is composed of all those who are born again. Through the new birth we are united together in the Body of Christ. Jesus Christ is the Lord and Head of the Church, and has provided leadership for the local church through ministry gifts, which only He can give. It is the Christian's responsibility to identify with a local church and to support it with their time, gifts, and finances. (Colossians 2:19; Ephesians 4:12; Colossians 1:18; Colossians 3:15; Acts 16:5; Hebrews 10:25)

**We believe... TITHES AND OFFERINGS** – Believers should give tithes and offerings to their church to support and spread the cause of Christ. (Malachi 3:10; 2 Corinthians 9:7)

**We believe... RESURRECTION OF THE JUST AND THE RETURN OF OUR LORD** – The pre-millennial second coming of Jesus Christ is two-part in nature; He will come in the air to resurrect the righteous dead and catch away the living saints. (1 Thessalonians 4:16-17) He will then before the millennium come to the earth to establish His physical Kingdom and begin His thousand-year reign. (Revelation 20:6) The angels said to Jesus' disciples, "...this same Jesus, which is taken up from you into heaven, shall so come in like manner as ye have seen Him go into heaven." His coming is imminent. When He comes, "...the dead in Christ shall rise first; then we who are alive and remain shall be caught up together with them in the clouds to meet the Lord in the air..." (Acts 1:11; 1 Thessalonians 4:16-17) Following the tribulation, He shall return to earth as King of kings, and Lord of lords, and together with His saints who shall be kings and priests, He shall reign a thousand years. (Revelation 20:6)

**We believe... HEAVEN** – We believe that Heaven is the glorious eternal home of believers, the place that the Lord Jesus said He was going to prepare. (John 14:1-3; Revelation 7:15-17)

**We believe... HELL AND ETERNAL RETRIBUTION** - The one who physically dies in his sins without accepting Christ is hopelessly and eternally lost in the lake of fire and, therefore, has no further opportunity of hearing the gospel or repenting. The lake of fire is literal. The terms "eternal" and "everlasting", used in describing the duration of punishment of the damned in the lake of fire, carry the same thought and meaning of endless existence as used in denoting the duration of joy and ecstasy of saints in the Presence of God. (Hebrews 9:27; Revelation 19:20).

We believe that the Devil is a real spiritual person who will eventually be judged with his angels in the Lake of Fire. (Matthew 25:41; Revelation 20:10-15)

The heart of Christian Education at SCA is to infuse Biblical principles into all we do giving a spiritual emphasis to the daily routine of school. As a ministry of Springs Church, our culture is "spirit contemporary". We allow the Spirit of God to move while we teach in a contemporary way to help our students understand the Bible and how it is relevant in their lives today.

**I have read and accept the Statement of Faith.**

---

Parent or Legal Guardian's Name (please print)

---

Parent or Legal Guardian's Signature

---

Date





## HONOUR CODE Grades 4 to 6

I agree that my behaviour and my choices in how I act, what I say, and my attitude, must line up with and comply with the Statement of Faith of Springs Christian Academy.

In particular, I will:

- Make a habit of reading the Bible and praying.
- Be friends with others and go to Church regularly.
- Encourage my classmates in faith and in life.
- Work diligently as a student and do my best to grow my mind.
- Come to class with all my supplies and with all my homework done.
- Speak respectfully to the SCA staff and volunteers, and follow their directions.
- Speak positive words about SCA staff and school.
- Allow Holy Spirit to mature me.
- Show God's love to others and respect my classmates, refraining from bullying of any kind.
- Follow the guidelines and expectations of SCA, including the Dress Code and the Technology & Network Agreement.
- Practice good health habits and be active.
- Use the Internet/Social Media devices properly and responsibly, without cyber-bullying, or misrepresenting myself or posing as someone else. Comments and "likes" (agreeing with comments) made, must reflect Biblical standards. Negative comments directed towards SCA or Springs Church staff or leadership are not appropriate.
- Avoid gossip and speak truthfully in love.
- Not smoke, vape, drink alcohol, use marijuana or do illegal drugs.
- Keep myself pure in relationships with the opposite gender.
- Be honest about my words and behaviour; keep from deceptive behaviour.
- Avoid doing things that even seem or look wrong.
- Let an adult know if I see or hear wrongdoing, especially harmful or hurtful behaviour. In love, verbally stand up for others.
- Not view pornography.
- Not gamble.
- Not speak negatively or use hurtful words, especially about someone's race or unique differences.
- Not swear or use inappropriate language.
- Not bring/or have in my possession a weapon or anything intended to be used as a weapon at school.
- Obey the law and Criminal Code of Canada.

*I acknowledge that the previous list is not exhaustive.*

I understand that being a student at Springs Christian Academy is a privilege and not a right. I will do my best to support the school and its philosophy of providing a quality and wholesome Christian Education. By signing below, I understand and agree to behave according to the entire Grades 4 to 6 Honour Code, and that it is an agreement between Springs Christian Academy, my parents and me. **I understand that this Grades 4 to 6 Honour Code pertains to my life whether I am at school or not**, and that it will become part of my permanent file. I also understand that breaking the Honour Code will have consequences which could include immediate expulsion from SCA.

Student Name: \_\_\_\_\_ (please print) Grade: \_\_\_\_\_ (in Sept)

\_\_\_\_\_  
Signature of Student (Grades 4 – 6) M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian (required for all students) M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_



## TECHNOLOGY & NETWORK AGREEMENT

**Grades: 4-6**

Here at Springs Christian Academy, we encourage the use of technology as an effective tool for helping you in your learning. Like all learning tools, we must ensure we are using them for their intended purpose and in a way which reflects our Christ-like climate. We have therefore created a set of guidelines which will help you to use the technology that the school has made available, as well as your own devices, in a way that is productive and safe.

The following regulations govern the acceptable use of Springs Christian Academy technology and Springs Christian Academy networks by students:

1. The use of Springs Christian Academy technology and networks is a privilege – not a right.
2. By using Springs Christian Academy technology and networks, students understand there is no expectation of privacy. Be aware that anything you access or look at whilst attending Springs Christian Academy can be accessed by Springs Christian Academy staff, without your consent.
3. Keep your passwords private and do not allow others to use your devices or accounts for any reason. Springs Christian Academy cannot accept responsibility for personal consequences ensuing for students who have disclosed their passwords to other people. It is also understood that you may not log in as somebody else, or pose as another person.
4. Technology and networks are provided by Springs Christian Academy for educational purposes only, unless given permission otherwise by a staff member.
5. Students agree not to attempt unauthorized access to systems, networks, data, resources, or programs (e.g. “hacking”).
6. Students are to respect and abide by all laws of Manitoba and Canada (e.g. no illegal downloads or use of copyrighted materials).
7. Students agree not to use Springs Christian Academy technology and networks for any behaviours which are in conflict with, or a violation of our school code of conduct. Students using their own personal devices while at school for purposes contrary to the Springs Christian Academy Honour Code, will be asked to leave their own personal devices at home.
8. Students agree not to look for or access (i.e. using a proxy site) inappropriate material or sites and to cooperate with school staff in any precautionary steps taken to ensure appropriate use.
9. You may not video or photograph another student or staff member without their permission. At any time, permission that may have been given can be revoked.
10. Students may not download or use apps that they are not old enough to legally use. All downloads or apps must be in compliance with our school Honour Code. This includes the use of messaging apps and any social media apps. Staff at Springs Christian Academy have permission to tell you to delete these apps while on school property.
11. Students are only allowed to use and view their own devices. Students may not share devices with friends, unless they have been instructed to do so by a teacher.

Students are obligated to notify a Springs Christian Academy staff member if they have reason to believe that another student has breached this Technology & Network Acceptable Use Agreement. Disclosure of such information will be kept confidential by the staff member, as best as possible.

It is important that families are aware of our official ‘Technology & Network Acceptable Use Agreement’ which is signed when you are enrolled at Springs Christian Academy. It applies to, is enforced, and in effect throughout the entire period of enrollment at Springs Christian Academy.

**A violation of this Technology & Network Acceptable Use Agreement may result in disciplinary action, including, but not limited to, reprimand, suspension or termination of access to Springs Christian Academy technology and/or networks, suspension or expulsion from Springs Christian Academy and/or appropriate legal action.**

Student Name: \_\_\_\_\_ (please print)      Grade: \_\_\_\_\_ (in Sept)

**By signing below, I am stating that I have read, understand and accept the terms of the Springs Christian Academy Technology & Network Acceptable Use Agreement.**

\_\_\_\_\_  
Signature of Student (Grades 4 – 6)      M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian (required for all students)      M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_



**INFORMED CONSENT FOR RELEASE OF  
PHOTOS/VIDEO  
All Grades**

**Purpose**

We believe Springs Christian Academy (SCA) is a great school with dynamic activities happening on a daily basis! Because of this, SCA often documents everyday learning and fun happening in and around the school through photos or videos. We are seeking your permission to share externally these photos and videos, showcasing SCA students, with our current families and prospective parents. These photos and videos represent the “life” of the school and help paint a picture of how SCA is pursuing Christ and pursuing excellence.

These photos and videos may be used in the following ways (this list is not exhaustive):

- Social Media.
- Media shown at SCA and Springs Church.
- Print and web advertising.
- Website, blog and e-newsletters.

With all photos or video taken by SCA, we will ensure:

- SCA activities are the focus.
- Students are represented in a God-honouring way.
- Any request to have a photo removed will be honoured.
- All photos or video are not sold to other organizations.

**Authorization**

We have read the *Informed Consent for Release of Photos/Video* and we understand that in allowing our child to appear in external media, including the Internet; we are assuming the risks associated with doing so. This consent is in effect from the date below until such time as we inform SCA, in writing, of our choice to discontinue the standing consent.

[ ] YES, I will allow SCA to use photos/video taken of my child for the purposes listed above.

[ ] NO, I will NOT allow SCA to use photos/video of my child for the purposes listed above.

Student's Name (please print) \_\_\_\_\_

Parent or Legal Guardian's Name (please print) \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_



## LIBRARY ACCEPTABLE USE AGREEMENT

### All Grades

Springs Christian Academy is pleased to offer access to the Library, provided students honour the SCA acceptable use policy. SCA provides such access because we view access to the Library as a necessary component of a student's education. We ask that you read each of the conditions below and that the student and parent or guardian sign to indicate a commitment to keeping the letter and spirit of this policy.

#### RESPONSIBILITIES

1. Springs Christian Academy (SCA) Library is open to the following: SCA students, parents and employees, Springs of Living Water Church (SLWC) employees, and SCA Preschool employees.
2. All transactions should take place during school hours at the Elementary Campus. Library hours are 7:30am to 4:30pm at the Jr./Sr. High Campus and all transactions should take place during these hours.
3. All books, CD's and DVD's have a borrowing period of two weeks (some exceptions may apply).
4. Some materials have restrictions on borrowing privileges.
5. Encyclopedias, specified reference materials, and magazines may not be removed from the Library.
6. All items checked out of the Library may be subject to fines beginning the first day after the due date. Borrowing privileges will be discontinued until fines have been paid in full.
7. Fines are on a per-day rate and continue until the item has been returned. Several times a year, the Library purchases books with any fines/charges collected.
8. If a book is not returned, the client will be responsible to pay the replacement cost of that item plus a \$3.00 administration fee.
9. If the replacement cost of a book has been paid and is then found and returned in the same condition as when checked out, 50% of the replacement cost will be refunded.
10. Parents agree to be responsible for their child(ren) using the SCA Library and will pay any fines and charges incurred by their child(ren).
11. Terms of this agreement are at the discretion of SCA and are subject to change without notice.
12. This agreement applies to and is in effect throughout the entire period of my enrollment as a student in SCA, unless modified by mutual agreement in writing by the signatories to this agreement and by SCA.

#### **AGREEMENT:**

**I have read and understand the terms and conditions of this agreement and accept these terms.**

Student/Patron Name (please print) \_\_\_\_\_

\_\_\_\_\_  
Signature of Student (Grade 4 and up)

M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian (required for all students)

M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_



**BEFORE/AFTER SCHOOL PROGRAM 2022-2023**  
**REGISTRATION FORM**  
**(BASP)**

595 Lagimodiere Blvd.  
Winnipeg, MB R2J 3X2  
Ph. (204) 235-0863 Fx. (204) 235-0390

**Kindergarten - Grade 6 parents please complete this form just in case your child attends on an emergency basis.**

**Note:** All students still at school after 4:00 pm will be joining the After School Program. The BASP will operate on student school days only. The morning hours of operation are from 7:00 am to 8:30 am. Afternoon hours are from 4:00 pm to 5:30 pm. Please note that drop off and pick up is located at the school office. During BASP hours, you can reach the staff directly at [basp@springs.ca](mailto:basp@springs.ca).

The Before/After School Program (BASP) is a Kindergarten–Grade 6 program for those families who require this service. At the Elementary campus, we will provide games, gym times, special activities as well as a quiet place for those who wish to do homework. A small snack will be provided for after school students only, however, children may bring additional snacks. Please ensure that all snacks are **nut free**.

Parent(s) / Guardian(s) Names: \_\_\_\_\_

List of child(ren) attending program:

<u>Name</u>	<u>Grade</u>
_____	_____
_____	_____
_____	_____
_____	_____

**Health Information:**

For medical conditions that may require attention or allergies that may require immediate action, please put child's name and pertinent information below:

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

Who is authorized to pick up your child(ren):

<u>Name</u>	<u>Relationship to Child</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing below, I acknowledge I have read the BASP Handbook ([www.springschristianacademy.ca](http://www.springschristianacademy.ca)) and understand the guidelines.

\_\_\_\_\_  
Parent or Legal Guardian (please print)

\_\_\_\_\_  
Parent or Legal Guardian (signature)

\_\_\_\_\_  
Date

**BEFORE/AFTER SCHOOL PROGRAM 2022-2023**  
**REGISTRATION FORM continued**

*Please indicate in the space provided below the required days you will have your child(ren) attend the Before/After School program.*

**1 Child (Half-Time Kindergarten Student only)**

- ☐ Before School @ \$37.00 per month  
☐ After School @ \$42.00 per month  
☐ Before & After @ \$78.00 per month

**Days Required**

Monday:            AM        PM

Tuesday:           AM        PM

Wednesday:        AM        PM

Thursday:           AM        PM

Friday:              AM        PM

**1 Child**

- ☐ Before School @ \$72.00 per month  
☐ After School @ \$82.00 per month  
☐ Before & After @ \$153.00 per month

**2 Children**

- ☐ Before School @ \$118.00 per month  
☐ After School @ \$148.00 per month  
☐ Before & After @ \$264.00 per month

**3 Children**

- ☐ Before School @ \$149.00 per month  
☐ After School @ \$169.00 per month  
☐ Before & After @ \$315.00 per month

**Occasional visits will be billed at a rate of \$6.00 per visit per child. These spaces are on a first come, first serve basis and will be billed at the end of each month.**

**Calculation of Total Fees:**

Calculate your Before School and After School Fees. \$ \_\_\_\_\_

Please contact the school office to set up a payment plan for your Before and After School Program Fees.

**Late Pick Up Fee**

All children must be picked up by 5:30 p.m. There is an automatic **\$10.00 surcharge per child for every ten minute period after 5:30 p.m.** After 6:00 pm, the surcharge is \$10.00 for every 5 minute period.

Children picked up late on a regular basis may be suspended or removed from the After School Program.

Please complete reverse

Submit forms to either of the School Offices. If you have any questions, contact the BASP Director at [baspsprings.ca](mailto:baspsprings.ca)



## INTERCAMPUS SHUTTLE BUS 2022-2023 REGISTRATION FORM

261 Youville St.  
Winnipeg, MB R2H 2S7  
Ph. (204) 231-3640 Fx. (204) 257-1286

**Kindergarten - Grade 12 parents please complete this form just in case your child attends on an emergency basis.**

**Note:** The SCA Intercampus Shuttle Bus is available before and after school transporting students between our Elementary Campus and Jr./Sr. High Campus. Students can be dropped off or picked up at either SCA Campus and the bus would take them to the other Campus.

Parent(s) / Guardian(s) Names: \_\_\_\_\_

List of child(ren) attending program:

Name

Grade

_____	_____
_____	_____
_____	_____
_____	_____

**Bussing Times:**

**Before School:**

8:10 Leaving from Elementary Campus  
8:25 Leaving from Jr./Sr. High Campus

**After School:**

4:05 Arriving at Jr./Sr. High Campus  
4:25 Arriving at Elementary Campus

**Monthly Pricing – to be paid before use:**

**1 Student:**

- ☐ \$50.00 Both Ways (before and after school)
- ☐ \$30.00 One Way (before OR after school)

**2 Students:**

- ☐ \$60.00 Both Ways (before and after school)
- ☐ \$40.00 One Way (before OR after school)

**3 Students:**

- ☐ \$70.00 Both Ways (before and after school)
- ☐ \$50.00 One Way (before OR after school)

**One Way (please select):**

- ☐ AM, Elementary to Jr./Sr. High
- ☐ AM, Jr./Sr. High to Elementary
- ☐ PM, Elementary to Jr./Sr. High
- ☐ PM, Jr./Sr. High to Elementary

**Onetime Pass:**

- ☐ \$ 5.00 per student for a Onetime Pass\*

**\*Onetime Passes are on a first come, first serve basis and must be paid to the bus driver.**

**Total Fees: \$** \_\_\_\_\_

Please contact the School Office to set up a payment plan for your shuttle bus fees. **Please note that priority will be given to students who have pre-registered ahead of time. If the shuttle bus is full, you will be placed on a waiting list.**

I acknowledge the SCA Intercampus Shuttle is an additional fee and payments must be up to date for continued use. I freely and voluntarily assume the risks/hazards inherent in having my child take the Intercampus Shuttle Bus, and understand and acknowledge that my child may suffer personal and potentially serious injury due to an unforeseeable event.

\_\_\_\_\_  
Parent or Legal Guardian (please print)

\_\_\_\_\_  
Parent or Legal Guardian (signature)

\_\_\_\_\_  
Date

## **INTERCAMPUS SHUTTLE BUS 2022-2023 REGISTRATION FORM, continued**

### **Important Information**

- ❖ Early Dismissal Schedule
  - Before School, remains the same
  - After School
    - 2:25 Arriving at Jr./Sr. High Campus
    - 2:45 Arriving at Elementary Campus
- ❖ Bus Cancellations
  - Shuttle Bus cancellation occurs when the combined temperature and wind chill is -40°C or below
  - SCA reserves the right to cancel the Shuttle Bus due to inclement weather
  - Families will be notified on our Facebook page.
- ❖ If you need to contact the Shuttle Bus please email [info@springs.ca](mailto:info@springs.ca)





**SPRINGS**  
CHRISTIAN ACADEMY

☐ **Administration Office**  
261 Youville St  
Winnipeg, MB R2H 2S7  
**Phone** 204-231-3640  
**Fax** 204-257-1286

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261 Youville St  
Winnipeg, MB R2H 2S7  
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**Fax** 204-237-8849

☐ **Elementary Campus**  
595 Lagimodiere Blvd  
Winnipeg, MB R2J 3X2  
**Phone** 204-235-0863  
**Fax** 204-235-0390

[www.springschristianacademy.ca](http://www.springschristianacademy.ca)

### **AUTHORIZATION FOR EXCHANGE OF INFORMATION (Kindergarten-Grade 12)**

I hereby authorize Springs Christian Academy to receive or provide written and/or verbal information regarding medical, educational or psychological services pertaining to the following student:

\_\_\_\_\_  
Student School Date of Birth: year/month/day

*I authorize Springs Christian Academy personnel to exchange information with (check all that apply)*

- ☐ Child & Family Services \_\_\_\_\_
- ☐ Child Care/Early Childhood Program(s) \_\_\_\_\_
- ☐ Clinical Education Services provided by other school divisions \_\_\_\_\_  
(e.g. Child Guidance Clinic, Student Support Services)
- ☐ Hospital \_\_\_\_\_
- ☐ Occupational Therapist \_\_\_\_\_
- ☐ Pediatrician/Physician \_\_\_\_\_
- ☐ Physiotherapist \_\_\_\_\_
- ☐ Psychiatric Services \_\_\_\_\_
- ☐ Psychiatrist/ Psychologist \_\_\_\_\_
- ☐ Audiologist \_\_\_\_\_
- ☐ Reading Clinician \_\_\_\_\_
- ☐ Social Worker \_\_\_\_\_
- ☐ Speech-Language Pathologist \_\_\_\_\_
- ☐ Other School Division(s)/school \_\_\_\_\_
- ☐ Other Services \_\_\_\_\_

Signature of Parent/Legal Guardian/Student (18 years of age or older) \_\_\_\_\_

Date Signed: \_\_\_\_\_