

## DEVON CHRISTIAN SCHOOL PRE-KINDERGARTEN REGISTRATION FORM 2025-2026

<b>Family Name:</b>	<b>Home Phone:</b>	<b>Complete Address:</b>	<b>Postal Code:</b>
<b>Father/Guardian Name:</b>	<b>Cell Phone:</b>	<b>Employer Name/Location:</b>	<b>Work Phone:</b>
<b>Mother/Guardian Name:</b>	<b>Cell Phone:</b>	<b>Employer Name/Location:</b>	<b>Work Phone:</b>

<b>Are both parents living with children?</b> Yes    No	<b>If not, please explain non-custodial parent's involvement, and attach a copy of the Legal Custodial Agreement.</b>
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<b>Father E-Mail Address:</b>	<b>Mother E-Mail Address:</b>	
<b>Church:</b>	<b>Church Phone:</b>	<b>Church Address:</b>
<b>Church Member?</b> Yes    No	<b>Attend Regularly?</b> Yes    No	<b>Church or Community Involvement:</b>

<b>First Name:</b>	<b>Middle Name(s):</b>	<b>Surname:</b>	<b>Birthdate:</b> DD/MM/YY
<b>Fears:</b>	<b>Hand Preference:</b> <input type="checkbox"/> L <input type="checkbox"/> R	<b>Pets:</b>	<b>Siblings:</b> Yes    No


<b>First Name:</b>	<b>Middle Name(s):</b>	<b>Surname:</b>	<b>Birthdate:</b> DD/MM/YY
<b>Fears:</b>	<b>Hand Preference:</b> <input type="checkbox"/> L <input type="checkbox"/> R	<b>Pets:</b>	<b>Siblings:</b> Yes    No

<b>First Name:</b>	<b>Middle Name(s):</b>	<b>Surname:</b>	<b>Birthdate:</b> DD/MM/YY
<b>Fears:</b>	<b>Hand Preference:</b> <input type="checkbox"/> L <input type="checkbox"/> R	<b>Pets:</b>	<b>Siblings:</b> Yes    No

<b>Class Preference:</b>	<input type="checkbox"/> 8:30 am - 11:15 am	<input type="checkbox"/> 12:00 pm - 2:45 pm
	<input type="checkbox"/> No Preference	

**DECLARATIONS:**  
Please carefully read the following statements and sign below, **if you agree with them** :

- 1 I hereby certify that the foregoing statements are true and complete to the best of my knowledge.  
(Falsified applications are grounds to deny the application or remove children from school.)
- 2 I hereby grant Devon Christian School the right to verify these statements through inquiry with employers, pastors, previous schools, etc.
- 3 I hereby agree that should a dispute or legal claim ever arise between the undersigned and Devon Christian School or its representatives, I/we will not take the issue before a court of law, but will resolve it before Christian believers.

<b>Father/Guardian Signature:</b>		<b>Mother/Guardian Signature:</b>
<b>Date:</b>		<b>Date:</b>

**DCS PRE-KINDERGARTEN SPECIAL PERMISSION AND MEDICAL INFORMATION FORM 2025-2026**

<b>Parent/Guardian Name:</b>		<b>Cell Phone:</b>	<b>Work Phone:</b>	<b>Work Name/Location:</b>	
<b>Parent/Guardian Name:</b>		<b>Cell Phone:</b>	<b>Work Phone:</b>	<b>Work Name/Location:</b>	
<b>Home Phone:</b>	<b>Apt. No/ Street:</b>			<b>City:</b>	<b>Postal Code:</b>

<b>Child Name:</b>				
<b>Alberta Health Care Number:</b>				
<b>Date of Birth: (dd/mm/yy)</b>				
<b>Known Allergies:</b>				
<b>Medical Conditions:</b>				
<b>Emergency Action for Any Medical Conditions Listed Above:</b>				

<b>I hereby grant permission for:</b>								
<b>On-going Medications to be Administered at School:</b>	Yes	No	Yes	No	Yes	No	Yes	No
<b>Name(s) of On-going Medication:</b>								
<b>Dosage to be Administered:</b>								
<b>Time to be Administered:</b>								
<b>Appropriate medical care to be given in a case of emergency: (I will assume all related medical costs.)</b>	Yes	No	Yes	No	Yes	No	Yes	No
<b>My child is up to date on their immunizations.</b>	Yes	No	Yes	No	Yes	No	Yes	No

<b>Emergency Contact: (NOT PARENTS)</b>	<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Complete Address:</b>
<b>Emergency Contact: (NOT PARENTS)</b>	<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Complete Address:</b>
<b>Emergency Contact: (NOT PARENTS)</b>	<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Complete Address:</b>
<b>Name of Local Doctor:</b>	<b>Phone Number:</b>	<b>Complete Address:</b>	
<b>Name of Babysitter/Daycare:</b>	<b>Phone Number:</b>	<b>Complete Address:</b>	

<b>Father/Guardian Signature:</b>	<b>Date:</b>	<b>Mother/Guardian Signature:</b>
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205 Miquelon Avenue West, Devon, AB T9G 0L8  
Phone: (780) 987-4157 Text #: (587) 598-4157  
Email: [dcs@devonchristianschool.ca](mailto:dcs@devonchristianschool.ca)  
Website: [www.devonchristianschool.ca](http://www.devonchristianschool.ca)

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## PRE-KINDERGARTEN DISCIPLINE POLICY

Our goal is to encourage children to develop respect, self-control, self-confidence, and sensitivity in their social interactions during their time at pre-kindergarten. We respect each child and his or her level of development, individual personality, faith, and their family and cultural influences.

Limits that relate to safety and protection of self, others, and the environment are clear and are enforced consistently in a positive way. Children are given time to respond to expectations. Teachers may use a variety of strategies depending on the child and the situation.

These strategies include:

- Gaining a child's attention
- Staying in close proximity to the child
- Reminding
- Acknowledging feelings before setting limits
- Redirecting or diverting
- Age appropriate choices
- Natural consequences

There are three situations in which more direct guidance may be needed:

- When a child is in danger of hurting himself/herself
- When he/she is about to hurt others
- When he/she is hurting equipment or the environment

No child shall be humiliated, belittled or embarrassed in front of others by calling attention to negative behaviour rather our focus will be to praise positive behaviour as children learn by example.

It is important to respect children's feelings and to be sensitive to the child's emotional state. Some children may misbehave due to illness, being overtired, or some event happening at home. We as teachers need to know of any problems arising in your child's life, which will affect your child's performance.

***Train a child in the way he should go, and when he is old he will not turn from it.  
Proverbs 22:6***

I have read and understand the discipline policy for Devon Christian School's pre-kindergarten program.

\_\_\_\_\_  
**Parent Signature**

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

\_\_\_\_\_  
**Child's Name**

\_\_\_\_\_  
**Child's Name**



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## **PRE-KINDERGARTEN UNACCEPTABLE BEHAVIOR POLICY**

The purpose of this form is to protect the rights of the teachers and staff of our school and those rights of other children who sometimes become victims of an aggressive child.

If a child deliberately inflicts physical harm to another child or to a staff member, the following procedure will occur:

### **1st Offence**

Parents notified (in writing) of the specific incident, at the end of the day.

### **2nd Offence**

Parents called and notified (in writing) of the specific incident at the end of the day.

### **3rd Offence**

Parents called and child must be removed from the school as soon as possible. The child will have a one day suspension. Outside help is strongly recommended at this point.

### **4th Offence**

Parents called and child must be removed from school as soon as possible. The child will have a two day suspension. Parents, child, and involved staff will have a meeting before the child returns.

### **5th Offence**

Child is not allowed to return to our school.

This policy has been put in place to ensure the safety of all children in our care and our staff.

I have received a copy of the unacceptable behaviour policy, and am aware of the procedures. If my child is suspended, I am aware that my fees for that month remain the same.

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**Parent Signature**

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**Date**



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## DEVON CHRISTIAN SCHOOL FOIP CONSENT FORM

As a result of changes in copyright and various other legislations, including the Freedom of Information and Protection of Privacy Act (FOIP) schools are required to get written permission from Parents/Guardians before any of the children's work or photographic images can be displayed outside of the school.

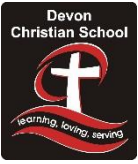
I, \_\_\_\_\_, (Parent or Guardian's Name) give permission for Devon Christian School to photograph my child, \_\_\_\_\_ or his/her work, for the following purposes:

TYPE OF USE:	GRANT PERMISSION	DECLINE PERMISSION
<i>Please check off either grant permission or decline permission for each area.</i>		
<b>STILL PHOTOGRAPHS:</b>		
Posted on DCS Website		
Posted on DCS Social Media		
Printed in the Local Newspaper		
Displayed at School Functions		
Displayed in Yearbook and on School Property		
<b>VIDEOS:</b>		
Posted on DCS Website		
Posted on DCS Social Media		
Showed at School Functions		
Showed for Promotional Purposes		

**NAMES WILL NOT BE POSTED WITH PICTURES OR VIDEOS (other than the yearbook).**

I understand that it is my responsibility to update this form in the event I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Parent or Guardian)



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## PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

I/we authorize Devon Christian School (DCS) and Servus Credit Union to begin deductions, as per my/our instructions, for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our DCS account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account. Payments will be based on the tuition fee schedule for the applicable school year(s) and any applicable charges.

I/we have agreed that I/we do not require advance notice of PADs before the debit is processed. DCS will obtain my/our authorization for any other one-time or sporadic debits. This authority is to remain in effect until DCS has received written notification from me/us of its change or termination at the address above. Notification of a change in monthly payment must be received at least ten (10) business days before the next debit is scheduled. Notification of termination of this agreement must be received at least 30 days before the next debit is scheduled.

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Payment Start Date: September **1st** \_\_\_\_ or **15th** \_\_\_\_ (select one).

Payment Amount: Variable: based on **10** \_\_\_\_ or **12** \_\_\_\_ monthly payments (select one)

Please attach the void check or bank form to this PAD Agreement.

Institution: (3 Digits) \_\_\_\_\_ Transit: (5 Digits) \_\_\_\_\_

Acct #: \_\_\_\_\_

Name of Account Holder: Signature:

\_\_\_\_\_

(Please Print)

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

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I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

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*Devon Christian School equips students for a life of loving and serving God and others,  
 through a commitment to spiritual, academic, and personal excellence.*