



Dear Parent:

Enclosed please find the information you requested about our school. I hope you will find everything you need to understand why we value a Christian education so highly.

If you have any questions about the school, please phone or drop by the school at your convenience. The school phone number is 604-465-4442. Our e-mail address is mrcs.office@mrcs.ca. Visit our website at www.mrcs.ca. A parent handbook is available if you are interested.

Thank you for the interest you have shown in our school.

Yours Sincerely,

A handwritten signature in blue ink that reads "V. Sawka".

Mrs. Valarie Sawka
Principal

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



Admissions Policy

The Mission

The Mission of Maple Ridge Christian School is to educate and equip students to engage God's world through biblical thought and action.

The Vision

Maple Ridge Christian School will be an exceptional Christian school, immersed in a biblical worldview and nurturing student development in an authentic, respectful and loving community. A professional faculty will nurture, challenge and equip students to be rooted in Christ, to think biblically and critically, and to achieve appropriate levels of academic and extra-curricular excellence in order to engage our community and the world for Christ.

Basic Considerations:

1. Prospective Christian parents must want their children to be educated in accordance with the school's program of instruction, and they must attend orientation session(s). Each parent must sign a Vision/Mission Statement. It is up to the discretion of the Board of Directors to admit families without a Christian background.
2. If the school needs to limit its enrollment, it will give preference to children of parents who are society members and/or who already have other children enrolled in the school. As further means of prioritizing admissions due to enrollment limitations, preference will be given to those families transferring from other CSI or SCSBC Christian schools.
3. The school will accept a student only if it can provide a suitable educational program. In some instances, the school may not have the resources to provide for children with specific special needs.
4. Kindergarten and grade one students must have reached the age of five and six years respectively by December 31 of the year of enrollment. Government funding regulations require that parents supply the school with proof of age (birth certificate).
5. Schools do not receive government grants for students whose parents are not Canadian citizens or landed immigrants; therefore, such students are charged additional tuition fees to cover the lack of such grants.



B. General Policies and Procedures:

1. The school will acquaint parents with its basis, purpose, main policies, programs and credentials. It will provide parents with:

- A Parent Handbook
- A statement of the school's beliefs, purpose and educational objectives
- A pamphlet describing the programs and operation of Christian Education.
- A fact sheet about the parents' financial obligations
- A Student Registration Form
- Parent/School Partnership
- For middle and secondary students, a Commitment Form

2. The normal registration deadline for new students is April 30. Late registrations will be considered if the school has room at the requested grade level(s).

3. The administration is responsible for placing the student at the suitable grade level and/or in a suitable program. He/She may administer or have administered grade level/achievement tests to any prospective student.

4. The parents of a new student must submit a \$100.00 refundable Application Fee and a \$200.00 non-refundable Entrance Fee to begin the registration process. The Application Fee will be returned upon mandatory completion of the Orientation Session. When a family has been accepted and a space is available, a cheque post-dated July 1, for the first month's tuition, and a PAD for the remainder of the year, must be submitted to complete the process.

5. All students are accepted for a probationary period of three months or longer, if deemed necessary.

6. The school will expel a student whose conduct consistently conflicts with the school's Christian character, program, and values.

7. The BC Provincial government provides annual grant funding directly to Maple Ridge Christian School for each eligible student to assist with the cost of their education. Eligible students are those whose parent(s) or legal guardians are Canadian Citizens, permanent residents of British Columbia or persons with a work or study permit of one year or longer and who meet the minimum hours of attendance requirement by May 15th. Parents should be aware that if the grant should be reduced, the school shall, at the school's sole discretion, adjust the yearly fees to compensate for loss of revenue retroactive to the date of change.

8. Additionally, students who do not meet the minimum hours of attendance requirement by May 15th, other than for allowable medical reasons, or high school students who do not take the required number of courses, are not eligible for the full Provincial School Grant. In such cases, the school may lose all or a portion of the grant for that student and shall, at the school's sole discretion, hold parents responsible to compensate Maple Ridge Christian School for the full amount of the grant lost.



C. Admission Procedure:

1. Parents first submit a completed Student Registration Form that includes information about the student's academic, social and disciplinary history; citizenship and, if applicable, landed immigrant status of the parents; medical background; names of two references; signed statements of commitment by the parents; and a letter of reference from their pastor indicating their level of commitment in the church. Families unable to submit a letter from their pastor, for whatever reason, are required to complete Form B- Questionnaire and give their reasons for wanting their children in a Christian school.
2. A \$300.00 cheque (\$100.00 for the Application Fee and \$200.00 for the Entrance Fee) must accompany the Registration Form. **Both the Application Fee and the Entrance fee will not be refunded if the parent withdraws the registration form at any time after the parent/principal interview has taken place.**
3. The administration interviews all parents who have not previously had children enrolled in the school. The interview will acquaint parents more fully with the aims and policies of the school. It will establish or confirm:
 - The school's intent to help children become more responsible disciples of Jesus Christ in contemporary society
 - The Christian commitment of the parents and their concern to maintain a Christian home and a Christian way of life
 - The sincere desire of parents for their children to benefit from a Christian atmosphere and a Christian program of instruction
 - The parents' acceptance that their children will be subject to all school policies
 - The school's and parents' commitment to work through established communication channels to try to resolve any problems that may arise
 - The parents' acceptance of the financial obligations (tuition and other fees)
 - The parents' agreement to attend the school's orientation session
4. The Principals interview will include parents and students.
5. The administration may contact the principal of the student's previous school(s), as well as the references listed by the parents.
6. Elementary students being registered may be tested for grade placement by MRCS staff.
7. Board members may interview prospective families.
8. The administration will confirm admission.



D. Society Membership:

1. All prospective parents are required to attend the school's Orientation Session in the Fall. The sessions will include information about the basis and purpose of the school as described in the school's constitution; a description of the school's character and its program; and the rights and obligations of society members.

The Application Fee (\$100.00) will be returned after the parents have attended the Orientation Session.

2. Those who sign a statement that they are in full agreement with the Constitution, By-Laws and Objectives of Christian Education and of the school society, commit themselves to upholding the same, and claim Jesus Christ as Lord and Saviour of their lives, may join the Haney-Pitt Meadows Christian School Society as full members and be fully involved in its governance.

3. Those who sign a statement that they are in full agreement with the Constitution, By-Laws and Objectives of Christian Education and of the school society, commit themselves to upholding the same, but do not claim Jesus Christ as Lord and Saviour of their lives, may join the Haney-Pitt Meadows Christian School Society as members and involved in its governance, with the exception of voting at the Annual General Meetings.

Adopted by HPMCSS Board June 1991;
Amended January 2000;
Amended March 2005;
Amended with new Mission/Vision/Core values June 2006;
Amended December 2006;
Amended October 2008
Amended January 2009
Amended December 2011



Special Education—Admissions Policy

1. Admission to the Special Education Program at Maple Ridge Christian School is subject to all of the policies and procedures described within. These policies and procedures require a firm commitment to Christian education and to Maple Ridge Christian School.
2. A completed application for admission of a student with special needs should be received at the school office by the end of February for a student to be considered for admission in the following school year. This application must include all relevant assessment reports issued and certified by a registered psychologist. Applications received after February will receive a lower level of priority. Mid-year transfers will be dealt with on a case by case basis.
3. There will be an additional assessment fee of \$200.00 for each student with special needs. These costs are associated with the additional administration and assessment costs required to process the application. The administration services may include meetings with specialists, observing the child in his/her current setting, filing for funding, reviewing psycho-educational reports, hiring of Special Education Assistants, etc.
4. It is required that parents disclose accurate information about their child's special needs and provide all psycho-educational reports. Failure to do so will jeopardize a student's continued enrollment at Maple Ridge Christian School.
5. A Special Education admission meeting with the parents, the Principal and the Special Education Coordinator will follow the receipt of the application form. The admission meeting will determine the types and levels of service, the equipment and facilities that would be necessary to support the student's learning at Maple Ridge Christian School.
6. In the period of time following the Special Education admissions meeting, the Special Education Coordinator will observe the student in his/her current setting to determine whether the necessary support services will be obtainable and assess the school's ability to serve the student. Recommendations to the Principal will follow.
7. The parents will be notified of a decision about admissions into the Special Education Program by the end of June.
8. Enrollment in the Special Education Program is limited. Preference will be given to students who are already enrolled in the program and whose siblings are currently enrolled at Maple Ridge Christian School. Admission will also be dependent on class size, the number of students with special needs currently enrolled in the class, the dynamics of the class, finances, resources available in the school and availability of specialists and support staff.
9. Continued enrollment at Maple Ridge Christian School for students with special needs will be re-evaluated on a yearly basis. Parents will be informed of any changes as soon as possible.
10. If extra services are required that are not included within the grants received, parents may be required to cover some of these additional costs as mutually agreed at the time of registration.



Maple Ridge Christian School

Tuition Fees for 2012/2013

Tuition is charged at the rate of the child in the highest grade.

A 2% discount applies if, in addition to a July 1 post-dated cheque for September's tuition, the remainder of the tuition for the entire school year is submitted at the time of registration or re-registration, post-dated on or before the first day of school in September.

A 1% discount applies if, in addition to a July 1 post-dated cheque for September's tuition, the remainder of the full tuition for the entire school year is submitted at the time of registration or re-registration, in two post-dated cheques - one for 60% of the remaining tuition post-dated the first day of school in September, and the balance of the tuition, post-dated for February 1.

All other forms of tuition payment must be by PAD Agreement (Pre-Authorized Debit)

Tuition for 1 student	Total for 1 student:
Grade K-5	5,110
Grade 6-7	6,150
Grade 8-9	6,820
Grade 10-12	7,150

Tuition for 2 students	Total for 2 students:
Grade K-5	6,180
Grade 6-7	7,220
Grade 8-9	7,890
Grade 10-12	8,220

Tuition for 3 students	Total for 3 students:
Grade K-5	6,680
Grade 6-7	7,720
Grade 8-9	8,390
Grade 10-12	8,720

Tuition for 4 or more students	Total for 4 or more students:
Grade K-5	6,910
Grade 6-7	7,950
Grade 8-9	8,620
Grade 10-12	8,950

A portion of tuition fees are tax deductible. Tax receipts for each year are issued by the end of February. Please note that your tax receipt amount decreases according to the number of children in the school, and will likely end in no tax savings when applied to more than four students.



Registration Package



STUDENT REGISTRATION

LEGAL NAMES:

Family: _____ First: _____ Middle: _____

Usual Name *(if different from above)*

Family: _____ First: _____ Middle: _____

Birthdate: _____ Birth Place: _____
Day / Month / Year ****Must include Birth Certificate copy****

Address: _____

Postal Code: _____ Home Phone Number: _____

ADMISSION DATE REQUESTED: _____ GRADE APPLIED FOR: _____

PARENT/GUARDIAN INFORMATION:

Father's Last Name: _____ First: _____

Address (if different than Child) _____

Place of Employment: _____ Phone Number: _____

E-mail address: _____ Cellular phone number: _____

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Mother's Last Name: _____ First: _____

Address (if different than Child) _____

Place of Employment: _____ Phone Number: _____

E-Mail Address: _____ Cellular phone number: _____

\$300.00 application & entrance fee due with registration form. \$100.00 application fee will be returned at the mandatory orientation session. The \$200.00 entrance fee is non-refundable.



OTHER CHILDREN IN THE FAMILY:

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

If these children attend another school, please explain briefly why and which school they attend:

If this is your first child attending MRCS, please state briefly your reasons for wishing to enroll your child(ren) at our school _____

Has your family previous had children registered at MRCS (or HPMCS) ___ No ___ Yes: If yes, please explain:

PLEASE GIVE TWO PERSONAL REFERENCES:

1. Name: _____ Relationship/yrs known: _____

Address: _____ Phone Number: _____

2. Name: _____ Relationship/yrs. known: _____

Address: _____ Phone Number: _____

Parents'/Guardians' Commitment:

In making this application, I/We understand and agree with the purpose of the school and indicate that I/we enroll our child(ren) because of our earnest desire that he/she/they receive(s) a Christian Education in harmony with the Constitution and Bylaws of the Society, the policies of the school board and he/she is/are also subject to the authority invested by the board in the Principal and classroom teacher. I/We also agree to attend an orientation meeting to be held in the fall to acquaint me/us with the school and the association operating the school.

Parents'/Guardians' Signature: _____

Student's Commitment: (to be completed by all students in grade 6-12)

In making this application, I understand the purposes of the school. If accepted, I will try my best to abide by the policies of the school and will support the school's aim to provide a Christian atmosphere and learning program.

Student's Signature: _____



Copy of most recent report card must be included with registration

ACADEMIC HISTORY

1. School Name: _____

Address: _____ Phone Number: _____

2. School Name: _____

Address: _____ Phone Number: _____

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Please list any academic, emotional, social, behavioral or disciplinary problems. This will help us establish how we can best meet the student's needs.

Academic: Does your child have or has your child ever had an IEP (Individual Education Plan?)

___ No ___ Yes; If yes, please explain:

Does your child receive or has your child ever received Learning Assistance of any kind?

___ No ___ Yes; If yes, please explain:

Emotional, Social or Behavioral: Has your child experienced any difficulties in these areas?

___ No ___ Yes; If yes, please explain:

*LACK OF DISCLOSURE OF THE ABOVE INFORMATION COULD JEOPARDIZE ENROLLMENT

LIST YOUR CHILD'S GIFTS, INTERESTS, HOBBIES (eg: sports, music, etc.)



MEDICAL INFORMATION

Medical Care Card Number: _____ Sex: M F

In case of emergency, do we have your consent to contact the doctor listed below or any other doctor at the hospital? ___ Yes ___ No

Family Doctor's Name: _____ Phone: _____

Parent/Guardian Signature: _____

Does your child have any of the following: Allergies: mild or severe Asthma Epilepsy
Diabetes Hearing Problems Heart Condition Contact Lenses

Other: _____

Briefly explain any conditions: _____

Is your child able to participate fully in Physical Education program? ___ No ___ Yes

If 'No' an exemption note from your family physician will be required as PE is a compulsory subject.

EMERGENCY CONTACTS: List two people we can call in the event parent/guardian not available

1.Name: _____ Relationship: _____
Address: _____ Home Phone: _____
Cellular phone: _____ Work Phone: _____

2. Name: _____ Relationship: _____
Address: _____ Home Phone: _____
Cellular phone: _____ Work Phone: _____

+++++

OFFICE USE ONLY:

Date Received: _____ Interview Date: _____
Forms Complete: ___ Yes ___ No Accepted: ___ Yes ___ No
___ Registration Fee ___ Citizenship Form ___ Parent Commitment ___ Privacy Release
___ Birth Certificate ___ Parent Partnership ___ Emergency Form
___ Report Card ___ Membership Form ___ Vision Statement ___ Volunteer Form
___ Church & Family History ___ Pastor's Letter/Form B



Church & Family History

CONFIDENTIAL

Family Surname: _____

Church History: _____

Present Membership or Church attendance (if not a member of any church, please see Form B):

Name of Church: _____

Address: _____

Phone Number: _____ Pastor's Name: _____

NEW FAMILIES

The Letter of Reference Form from your Pastor must accompany this form, stating your status and involvement in your church. (If a Pastor's letter of reference is not available, please fill out and submit Form B-Christian Education and Statement of Faith).

Status:

Married Separated Divorced Widowed Other

Custody (copy to be on file)

Restraining Order (copy to be on file)

Additional Comments/Special Circumstances:



Form B - Christian Education and Statement of Faith

Please inform us of your Statement of Faith: *(What you believe and why)*

Please indicate your reasons for pursuing Christian Education for your child(ren):



Pastor's Letter of Reference

Dear Pastor:

This family has registered their child(ren) at Maple Ridge Christian School. Please fill in this form and return it to the family or directly to the school:

Fax: 604-465-1685

Email: mrcs.office@mrcs.ca

Family Name: _____

Church Name: _____

Pastor's Name: _____

Address: _____

Phone Number: _____

1. How long have you know this family: _____

2. How is this family involved in your church:

3. Please comment on this family's church attendance:

4. Where do you see this family's walk with Christ:

5. Additional comments that would be helpful to us as we consider this family for membership:

Date: _____ Pastor's Signature: _____



Parent/Guardian Citizenship Declaration

Parent/Guardian Surname: _____

Child(ren)'s Surname: _____

The Independent Schools Act requires that at least one of the parents of students for whom the Ministry issues a grant, be either a Canadian citizen, a permanent resident or have a valid work permit and that one of the parents is a resident in the Province of British Columbia. Families in other situations should contact the school office for information.

Legal Residency of Parent - Form A

(If parents are deceased, use Form B)

To be completed by a parent/guardian. If legal guardian, attach a copy of court order appointing you as such.

I am (Please check one):

A Canadian Citizen *(If not born in Canada, please attach copy of citizenship paper/card)*

A Permanent Resident *(Attach copy of Permanent Resident Card)*

Lawfully admitted to Canada under one of the following documents: (Please check one)

Admission as a refugee claimant

A person claiming refugee status who has a letter of no objection

Student Authorization (Student Visa) for two or more years

(Attach copy of current Student Visa)

Employment authorization (Work Permit) for two or more years

(Attach copy of current Work Permit)

A person carrying out official duties as diplomatic or consular official

With a foreign representative acceptance counter foil in his/her passport

Other – Document description

Must be cleared with Immigration Canada

I am a resident in the Province of British Columbia (check one)

Yes. Residency address: _____

No, I am not a resident of British Columbia

Parent's/Legal Guardian Name: _____

Social Insurance Number: _____

Date: _____ Signature: _____



Parent/Guardian Citizenship Declaration

Legal Residency of Parent(s) (Deceased) – Form B

To be completed and signed by the student or a knowledgeable adult (one who knew the student's parent(s) and has knowledge of the facts respecting their decease and the matters set out in this document)

The student's deceased parent(s) was/were, at time of death (check one)

- A Canadian Citizen
 A Permanent Resident

The student's deceased parent(s) was/were, at the time of death, a resident in the Province of British Columbia (check one)

- Yes
 No

Student's Name: _____

Knowledgeable Adult's Name: _____

Date: _____

Knowledgeable Adult's Signature: _____

Knowledgeable Adult is one who knew the student's parent(s) and has knowledge of the facts respecting their decease and the matters set out in this document.



Membership Application Form

Full Name: _____

Address: _____

Phone: _____

Email: _____

Full Membership:

I/We apply for membership of the Haney-Pitt Meadows Christian School Association and I/we apply that I/we:

- Have read and am/are aware in full agreement with the basis, purposed and by-laws of the Association and commit it hereby to uphold and promote the same;
- Claim Jesus Christ as Lord and Saviour of my/our life;
- Will abide by the purposes and the by-laws and the resolutions of the Association and the directives of its Board of Directors.

For those with no children attending the school, continued membership in good standing is dependent on payment of a membership fee of no less than \$50.00 annually, as well as the return of a completed Membership Application Form annually.

For those with children in the school, continued membership in good standing is dependent on the initial return of a completed Membership Application Form and consistent payment of tuition fees. THE MEMBERSHIP FEE IS INCLUDED IN THE TUITION.

Signature: _____

Signature: _____

Date: _____

Please note that all membership applications are subject to approval by the Board of Directors



Parental Commitment Form

The purpose of our fee schedule is to outline fairly those policies that govern the area of financial responsibility, which is part of operating a school that offers the distinctive services Maple Ridge Christian School makes available to its community. In the organization, these fees are firm for all persons who use the services of the association. Only a written appeal to the Board will be considered for exception.

In making this application:

1. I/We understand my/our financial commitment and will immediately notify the administrative office if I/we cannot meet that commitment, in order that I/we may make alternate arrangements. I/We understand the obligation to cover the total tuition regardless of assistance received.
2. I/We pledge to pay the tuition for the aforementioned child(ren) in the following manner: (please check one)

In Full by September 15

By automatic bank withdrawal (please complete the Payor's PAD agreement)

Parent/Guardian Last Name: (Please print) _____

Parent/Guardian Signature: _____

Date: _____

Child(ren) enrolled at MRCS:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Person responsible for financial obligation (if different from the registered family):

Name: _____

Home Phone: _____ Cell Phone: _____

Full Address: _____

Please note that the person(s) who has the financial obligation will also be the person(s) in whose name the income tax receipt must be written



Payor's PAD Agreement

Please ensure that both sides of the agreement are completed.

PAYOR/PAYEE INFORMATION

Parent/Guardian (Payor) name and address:

NAME: _____

ADDRESS: _____

CITY/PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: _____ CELL: _____ E-MAIL: _____

PAYEE NAME AND ADDRESS:

Haney-Pitt Meadows Christian School Association d/b/a Maple Ridge Christian School
 12140 – 203rd Street., Maple Ridge, BC V2X 2Z5

Description of PAD Tuition	Payment type <input type="checkbox"/> Personal PAD <input type="checkbox"/> Business Pad	Dates <input type="checkbox"/> July 1 (September tuition) <input type="checkbox"/> October 1 – June 1 (9 months tuition)					
Amount of Monthly Payments <input type="checkbox"/> Fixed \$ _____		Parent/Guardian (Payor) Financial Institution Name & Address (the 'Processing Institution') MRCS (Payee) Account (Payee's account for Credit) 003 01040 1000264					
Payor Account (the Payor's acct at the Processing Institution: the "Account") <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">Institution</th> <th style="width: 15%;">Branch ID</th> <th style="width: 70%;">Account Number</th> </tr> </thead> <tbody> <tr> <td>0</td> <td></td> <td></td> </tr> </tbody> </table> <input type="checkbox"/> Specimen cheque marked "VOID" Attached			Institution	Branch ID	Account Number	0	
Institution	Branch ID	Account Number					
0							

AUTHORIZATION

I/We acknowledge that this Authorization is proved for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of Processing Institution agreeing to process debts ("PADs") against the Account with Processing Institution in accordance with the Rules of the Canadian Payments Association. By signing this Authorization, the Payor acknowledges having received and having read a copy of this Agreement, including the terms and conditions on page 2, acknowledges understanding the terms and conditions of the Agreement, and agrees to be bound by the terms and conditions of this Agreement, including the terms and conditions on Page 2. I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the Authorization.

X _____
 Payor Signature Date
 X _____
 Payor Signature Date

WAIVER OF PRE-NOTIFICATION

I/We waive any and all requirement for pre-notification of debiting.

X _____
 Payor Signature Date
 X _____
 Payor Signature Date

CANCEL PAYMENT (_____ business days' notice before the next PAD will be issued, is required)

The Payor hereby cancels this Payor's PAD Agreement effective: _____

X _____
 Payor Signature Date
 X _____
 Payor Signature Date

TERMS AND CONDITIONS

1. I/We hereby authorize Payee to draw or cause to be drawn on the Account for the purposes indicated in the 'Payment Type' section of this Agreement.
2. Particulars of the Account that Payee is authorized to draw on are indicated in the Payment Details section 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; or is automatically cancelled at the end of the current school year, whichever comes first.
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. Unless I/we have waived any and all requirements for pre-notification of debiting, I/we acknowledge I/we will receive with respect to fixed amount 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 of the payment date(s);
8. I/we acknowledge the 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.
9. 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.
10. I/We acknowledge that, if this Authorization is for personal or business PADs, a PAD may be disputed but only under the following conditions:
 - (a) the PAD was not drawn in accordance with this Authorization;
 - (b) The Authorization was revoked, or
 - (c) 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 on or before the 10th business day in the case of a business PAD after the date on which the PAD in dispute was posted to the Account.
11. I/We acknowledge that any claim made after the periods set out above must be resolved solely between we/us and the Payee and there is no entitlement to reimbursement from the Processing Institution.
12. I/We acknowledge that I/we understand that I/we are participating in a PAD plan established by Payee and we accept participation in the PAD plan upon the terms and conditions set out herein.
13. 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 H1 of the Rules of the Canadian Payments Association.



Parent Partnership

Maple Ridge Christian School is owned and directed by the school parents. Parents elect the school's Board of Trustees, which is the final decision-making authority for the school. All parents are urged to be active partners with the school in the education of their children. Parents are asked to indicate their agreement to support the following:

1. I will pray earnestly for MRCS. I understand that school policy strongly recommends that our family attend a local church and that weekly worship and active fellowship are expected.
2. I will fully cooperate in the educational programs of MRCS, doing my best to make Christian education effective in the lives of my children so that they may love and serve Jesus Christ all of their lives.
3. I will pay all of my financial obligations to MRCS on or before the due date. If I am ever unable to pay on time, I will notify the Business Manager or designate in advance (a) giving a reasonable explanation for the delay, and (b) stating when the payment can be made.
4. In addition to my financial obligations, I will support the school through service, time, fund-raising and gifts, as God makes possible.
5. I will support the policies and procedures of MRCS as they are stated in the Student/Parent Handbooks.
6. I will recommend MRCS to other Christian families as opportunities arise.
7. I will do my best to attend meetings and parent functions of the school and Society.
8. If I become dissatisfied with the school in any respect, I will seek to resolve the matter with the person or persons involved rather than begin to spread criticism or hold a negative attitude in my heart. Communications are a vital aspect of building a healthy school community. I will recognize the correct protocols by speaking about concerns first with the classroom teacher, next with the team leader and then with the Principal.
9. I will participate willingly in processes to resolve concerns or conflicts and respect the best efforts of the teachers, staff, administration and Board of Directors.
10. I will seek the advancement of MRCS in all areas – spiritually, academically and physically.

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature



Vision and Mission

Mission:

Maple Ridge Christian School will educate and equip students to engage God's world through Biblical thought and action.

Vision:

Maple Ridge Christian School will be an exceptional Christian school, immersed in a biblical worldview and nurturing student development in an authentic, respectful and loving community. A professional faculty will nurture, challenge and equip students to be rooted in Christ, to think biblically and critically, and to achieve appropriate levels of academic and extra-curricular excellence in order to engage our community and the world for Christ.

As parents, we uphold the following Core Values and Discipleship Characteristics:

- 1) Image-reflectors – demonstrate our response to Christ's call to be ambassadors for Him.
- 2) Community-servers – build shalom and heal brokenness as both communal and global citizens.
- 3) God-worshippers – involved in meaningful worship experiences with a grateful heart.
- 4) Justice-promoters – act as agents of change by identifying and responding to injustices.
- 5) Temple-keepers – care for our bodies as temples of the Holy Spirit, mindful that all aspects are interrelated.
- 6) Beauty-creators – praise God by creating beautiful things.
- 7) Creation-caretakers – respond to God's call to be responsible stewards of all of creation.
- 8) Order-discoverers – find harmony and order in God's creation.
- 9) Idolatry-discerners – identify and understand the idols of our time.
- 10) Truth-seekers – seek and proclaim truth in all areas of life.

Train a child in the way he shall go and when he is old he will not turn from it.
(Proverbs 22:6)

Please sign

Father _____ Mother _____

Guardian _____ Student _____



Parent Driver Information

I acknowledge that my vehicle insurance information and driving record is required by the school to protect against third party liability claims in case of an accident, should I use my vehicle to drive for the school. I understand that this information will only be released in the event of an accident.

Volunteer Driver Forms are available from the school office, and it includes information on how to obtain a driver's abstract. MRCS requires all volunteer drivers to carry three million dollar liability on their insurance. **A completed Volunteer Drivers Form and Driver's Abstract must be on file before driving for any school approved outing.**

I understand the above, and agree that I will not drive children, other than my own, until I have submitted a Volunteer Driver Form and a Driver's Abstract to the office.

Parent Signature

Date

Parent Signature

Date



Parent/Student Privacy Information Release Form

1. I consent to having Maple Ridge Christian School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents work numbers and email address, behavioral, academic and health information, most recent report card, emergency contact information, doctor's name and number, health insurance number and any similar information needed for registration.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of Maple Ridge Christian School (1) for the purpose of establishing, maintaining, and terminating the student's or parents relationship with Maple Ridge Christian School (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in Maple Ridge Christian School's Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to contractors, photographers and other service providers of Maple Ridge Christian School.

This information is required in order to register your child at this school and assist the school authority in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For more information please contact the school office.

Date: _____ Signature: _____

Date: _____ Signature: _____

2. I consent to having photographs and/or work samples of my child(ren) used by Maple Ridge Christian School in the yearbook, newsletters, website and other promotional material.

Date: _____ Signature: _____

Date: _____ Signature: _____

3. The school will prepare a family phone list for a Family Directory. If you DO NOT want your phone number and address included, please indicate below:

NO THANK YOU _____ Signature: _____

4. Maple Ridge Christian School acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision and instruction of your child(ren) at this school. The school will securely store all digital and hard copy parent and student personal information.



Emergency & Earthquake Procedures

Our school is located in an earthquake-prone area; therefore, we want to advise you that in the event of an earthquake, the following procedures will be followed:

- No student will be dismissed from school unless a parent/guardian or a parent designated adult comes for him/her;
- No student will be allowed to leave with another person, even a relative or daycare, unless we have written permission (see attached form) or that particular person is listed on the student's emergency list in our files: and
- All parents or designated guardians, who come for students, must have them signed out at the student release station at the entrance of the school. Signs will be posted for an alternate location.

We are prepared to care for approximately 40% of the students, for a 72 hour period, in the event of a critical situation or if parent/guardians are unable to reach the school. The 40% represents those living east of 224th Street and west of the Pitt River Bridge. We have staff members with first aid certificates and the school will be in communication with local emergency services. We ask for your help in the following areas:

- Please do not call the school – the phone lines must be left open for emergency calls;
- You will be unable to use the local telephone lines in an earthquake, as they will be closed to all calls except emergency/rescue use. You will in all likelihood, however, be able to make long distance calls. Please provide us with a phone number out of the '604' or '778' area code for a relative or friend who could be used as a reunion coordinator in the event of separation;
- On the attached form, please provide us with the names of two people who, in the event that you will not be able to come for your own child(ren), will be your chil(ren)'s 'designated caregiver';
- Following an earthquake or other emergency, do not immediately drive to the school. Streets and access to our school may be cluttered and access routes and street entrance areas must remain clear for emergency vehicles, and;
- Turn your radio to CKNW 98 AM or check the website at www.mrcs.ca for updates on emergency information.

Please fill in the following page....



Emergency Information

Student Name: _____ Birthdate: _____

Care Card Number: _____ Grade: _____

Parent/Guardian: _____

Address: _____

Mother – work phone: _____ Cellular: _____

Father – work phone: _____ Cellular: _____

The following information will be the most important information in an emergency, particularly an earthquake. If possible, please choose a family that your children are comfortable with and possibly within walking distance of the school. This family, along with the emergency contacts on the re-registration form, will be the only ones permitted to take your child from the school premises with the exception being if he/she is transferred to a medical facility under the care of emergency personnel.

Please provide a family contact that lives outside of the '604' or '778' area code. This long distance number will be the one we call and for you to call for an update on your children if you are unable to come to the school. (The phone lines may not be available to call locally, however they may work for long distance.)

Family close to school: _____

Address: _____

Phone: _____ Cell: _____

Long Distance Contact: _____

City: _____

Phone: _____ Cell: _____

Family Doctor: _____

Phone number: _____



**EMERGENCY RELEASE INFORMATION FOR
SECONDARY STUDENTS**

Student: _____ Grade: _____

Parent/Guardian: _____ Carecard # _____

If you would like your secondary student (MUST be at least 16 years of age) to be identified as the caregiver/guardian for younger siblings in an emergency, please sign the release form below.

I _____ give permission for _____
(Print Name Clearly) (Secondary Student)

to be the temporary caregiver/guardian for his/her younger siblings in the case of emergency.

_____ (Sibling's Names)

_____ Date _____ Parent's Signature

Secondary student -16 years of age and older – may be given permission to leave the property, provided we have your signature and the signature of the student as written below. One student per form, please.

I _____ give permission for _____
(Print Name Clearly) (Secondary Student Name)

to be released from Maple Ridge Christian School in the case of an emergency. **My child is at least 16 years of age.**

_____ Date

_____ Parent's Signature _____ Student's Signature



Volunteer Connection

Maple Ridge Christian School is a parent-run school that is strengthened by the active participation of parents within the school community. As a parent, you are welcome in classrooms, on committees and at special events....this school belongs to you!

All parents are expected to share their skills, talents, experiences and gifts in serving the MRCS community where they are best able. It is the partnership between parents and the school that is one of our greatest strengths and also one of our greatest privileges.

We do understand that parents may not be available due to work constraints. **We urge you to fill in this form regardless of your schedule.** Records are kept on our database for many years and we generally do not ask you to volunteer during your first year at MRCS.

The following form will help you understand some of the volunteer opportunities that exist at MRCS. By sharing of your time and talents you will be helping us to fulfill our task of providing a quality, Christ-centered education for your children.

Please print

Parent/Guardian (s)

Name: _____

Phone: _____ Cell: _____

Occupation: _____

Name: _____

Phone: _____ Cell: _____

Occupation: _____

Comments:



Please check off the committees or service opportunities that are of interest to you. Where applicable, please indicate beside the job which parent/guardian is interested.

- Building & Maintenance Committee
 - ⇒ Oversees the maintenance and repair of our campus
 - ⇒ Oversees capital expansion projects

- Fundraising Committee
 - ⇒ Initiates and establishes various fund-raising initiatives.

General Office Help:

- Data Entry
- Answering phones
- Filing

Building & Grounds:

- Electrical
- Heat/Air Repair
- Construction
- Landscaping
- Painting
- Plumbing
- Gardening/Yardworks
- Other _____

Professional Services:

- Printing
- Legal Advice
- Media contacts
- Community contacts
- Other _____

In-School Services:

- Drama sets
- Coaching/Athletics
- Field trips
- Costumes
- Driving
- Library
- Exploratories
- Other _____

Event Services:

- Advertising
- Set Up/Clean Up
- Food Preparation
- Decorating
- Donations
- Games
- Other _____

Classroom Help:

- Crafts
- Reading Groups
- Bulletin Boards
- Classroom Rep
- Other _____

Thank you in advance for your support

Please watch the weekly newsletter for details.

We will be happy to inform you of other volunteer opportunities as they arise.