

# 2026/2027 Calvin Christian School

## Student Admission Application

### Registration Form #2



West 5th Campus (Hamilton): \_\_\_\_\_ or Unity Campus (Caledonia): \_\_\_\_\_

<b>Family Name:</b>	<b>Main Contact Phone:</b>
<b>Father's Full Name:</b>	<b>Mother's Full Name:</b>
<b>Address:</b>	<b>Address: (only where different than father's)</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>
<b>Email Address:</b>	<b>Email Address:</b>
<b>Occupation:</b>	<b>Occupation:</b>
<b>Place of Employment and Business Phone:</b>	<b>Place of Employment and Business Phone:</b>
<b>Church Membership: (name/denomination):</b>	
<b>City:</b>	
<b>Current Pastor's name:</b>	

Is there a custody situation that CCS should be aware of (permission to visit, pick up, or see your child)? If yes, a form will be sent home for you to complete. <b>Legal documents must be provided.</b>	<b>Yes</b>	<b>No</b>
<p>For children who have <i>multiple residences</i>, please indicate who should receive school mailings, including academic progress:            Father _____ Mother _____ Both _____</p> <p>If this is a blended family household, please provide the name of step-parent/caregiver. Please also provide relevant phone numbers if applicable: Does this parent/caregiver have your permission to:  <i>Pick the student up from school?</i> Yes___ No___ <i>Receive information about the student from the school?</i> Yes___ No___</p> <p>If one parent's info is <u>not</u> to be included in the CCS Directory, please contact the school office.</p>		

#### Previous School (if applicable):

<b>Name:</b>	<b>Address:</b>
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**For 2026/2027 JK or SK Parents: Circle your day preference.** (please note: although we try our best, we cannot guarantee your preference as the structure of the programs will be finalized at both campuses based on the number of K registrants and available space).

<b>West 5th Campus Part-Time</b> - (Tues., Thurs., Fri.)	<b>Full-time Kindergarten</b>	<b>We are flexible</b>
<b>Unity Campus Part-Time</b> - (Mon., Wed., Fri.)		

Calvin Christian School's vision is that all God's children are

*"Thoroughly equipped for every good work."*

2 Timothy 3:17

**Please provide the following information:**

Child's Full Name	M/F	Grade applying for	Date of Birth			Health Card (Optional)	School applying for	
			Month	Day	Year		West 5th	Unity

Country of birth:	First language spoken:	Status in Canada:
For those born outside of Canada - What was the arrival date into Canada?		

**Allergies - Please complete for each child. (If your child has an anaphylactic allergy, or any life threatening allergy, you must provide the school with Form #563.1 completed along with medication, specifically an EpiPen, for the first day your child attends our school)**

Child's Name	Allergies?		If yes, please indicate the type of allergy.	Is the allergy Anaphylactic?	
	Y	N		Y	N

**Please check:**

	Does Hamilton Public Services Vaccine Program (West 5th Campus) or Haldimand-Norfolk Health Unit (Unity Road Campus) have all updated Immunization Records?
	If applicable, have you attached the latest report card for all children applying for enrollment at CCS? *
	If applicable, have you attached existing IEP's for your child(ren) from their previous school? *
	Do any of the children applying to our school have identified exceptionalities that CCS should be made aware of? *
	Do any of the children applying to our school have academic concerns the school needs to be made aware of? *
	Have you attached proof of birthdate for all applying children? (birth certificate, passport, or baptismal certificate)
	My child is toilet trained.
	Have you attached the Parent Questionnaire (Kindergarten and/or Grade 1-8) for each new registrant?
*	Please note that in order to provide proper support for your child and his/her needs, we require additional testing for students transferring into Grades 1-8. An additional fee is required to conduct this test. All new registrants will be invited to a trial morning for observation. It is also possible that if additional support is required, the school may not be able to provide it at this time.

Names of Younger Siblings at Home	Birthdate M/D/Y		Names of Young Siblings at Home	Birthdate M/D/Y

**Alternate and Emergency Contact Information: Including parents, list in order of contact priority.**

Name	Relationship to Child(ren)	Number to call
1.		
2.		
3.		
Name of Family Doctor:		Phone:

Do you require bus transportation? If yes, please fill out the Bus Registration Form #242.3.	Yes	No
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Please initial here \_\_\_\_\_ to express your consent to receiving information that will keep you up to date with programs, events, services and fundraising initiatives of Calvin Christian School Hamilton. You may withdraw your consent at any time after you have concluded your relationship with Calvin Christian School by contacting the school office.

Please include here Grandparents' names and addresses (with consent) to receive communication from Calvin Christian School.

1. Name: \_\_\_\_\_ Address and Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address and Email: \_\_\_\_\_

**NOTE:** A one time registration fee of \$600 is paid by parents who wish to enrol their child/children at Calvin Christian School for the first time. This fee is payable before the first child is enrolled unless other arrangements have been made with the Finance Committee. This fee must be accompanied with the Student Admission Application Form. Parents enrolling their child/children at Calvin Christian School may deduct their CCS membership fee and/or unspecified donations for the three years prior to enrolment from this registration fee. Parents of students transferring from another CSI or an Edvance member school will receive credit to be applied to the registration fee equal to the amount of tuition paid to that school for the previous 3 years to a maximum of \$600. Those who qualify as transfer families will be required to pay a \$500 tuition deposit for the following school year. This amount will be deducted from said year's tuition.

*I (we) hereby apply for admission of my (our) child(ren) to Calvin Christian School, Hamilton. I (we) understand that the registration fee, a separate payment of \$600, must accompany this application for the admission process to continue. Payment can be made with an enclosed cheque or sent to CCS via Interac e-Transfer to [payment@ccshamilton.ca](mailto:payment@ccshamilton.ca) (no password should be needed because of AutoDeposit). This fee is refundable if the application is not successful.*

*If my (our) application is accepted, I (we) acknowledge that I (we) am committing myself (ourselves) to the financial support of Calvin Christian School as per the tuition schedule accepted by the membership during the last held Membership Meeting of the Calvin Christian School Society.*

Signed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

FATHER: \_\_\_\_\_ MOTHER: \_\_\_\_\_

OR GUARDIAN: \_\_\_\_\_