



# Az-Zahraa Islamic Academy

8580 No. 5 Road, Richmond, BC CANADA V6Y 2V4 Tel: 604.274 7861

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## Admission Application (For Montessori)

In the Name of Allah, the Most Beneficent, the Most Merciful.

To apply for admission of your child to the Az-Zahraa Islamic Academy, please complete the enclosed forms and provide the following documents:

- \* Registration Form
- \* Immunization Record (Form below; records from doctors / health department)
- \* Copy of Birth Certificate
- \* Copy of Immigration paper or Canadian citizen card or Refugee Status (if child is born outside Canada)
- \* Copy of Legal Residency of Parent (Form below)
- \* Copy of B.C. Care Card
- \* Copy of last Report Card (If applicable)
- \* Emergency Consent Form (Form below)
- \* Non-refundable Registration Fee of \$200.00 payable to Az-Zahraa Islamic Academy. (This fee will be applied to the last month's fees).

Please note that separate application packages must be submitted for each child and that only complete application packages will be accepted. The application deadline is April 30, 2016 after which time there will be a late registration fee of \$250.00. Parents should be aware that once class size limits have been reached, remaining applicants will be placed on a waiting list.

The Montessori school fees for the 2016 / 2017 school year are as follows (please check the appropriate box):

- Morning only (Monday – Thursday) 8:30 – 11:30am .....\$390 per month
- Afternoon only (Monday – Friday ) 12:30 – 3:30pm .....\$455 per month
- Full day (Monday – Thursday) 8:30 – 3:30pm .....\$600 per month
- Full day (Monday – Friday) 8:30 – 3:30pm.....\$750 per month

There are discounts in place for paying up front (less \$150) or in three installments (less \$100). Please make all cheques payable to Az-Zahraa Islamic Academy. NSF cheques will be subject to a \$10 service charge. The Academy's financial stability is depends upon the commitment made by parents to support the school on a yearly basis. Should a child withdraw mid-year, the parents are obligated to pay a three month tuition fine. Any unsettled accounts may result in your child being dismissed from attending the school. Montessori fees do not qualify for a donation receipt, however we will issue a Montessori fees receipt which can be claimed as a child expense provided you meet the eligibility criteria. Tax deductible receipts will be issued for any donations you make (not as a tuition fee, but as a general donation). Please make donation cheques payable to Shi'a Muslim Community of BC.

Thank you for your interest in Az-Zahraa Islamic Academy

*Rabbi Zidni Iman, Walhiqni Bis Swaliheen.*  
My Lord, increase me in knowledge and make me of the virtuous.



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## NAME OF CHILD

Surname \_\_\_\_\_

Given Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Name child responds to: \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_

Child's Starting Date: \_\_\_\_\_  
Year / Month / Date

Birth date: \_\_\_\_\_  
Year / Month / Date

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

Child's First Language: \_\_\_\_\_

Child's Second Language: \_\_\_\_\_

Person(s) with whom child lives: \_\_\_\_\_

## PARENT / GUARDIAN

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

Address: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (Work) \_\_\_\_\_

Cell / Pager) \_\_\_\_\_

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

Address: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell / Pager) \_\_\_\_\_

## ALTERNATIVE PERSON(S) TO CALL IN CASE OF EMERGENCY: (other than parents)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Speaks English? \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Speaks English? \_\_\_\_\_

## PERSON(S) AUTHORIZED TO PICK UP CHILD (Include Parents)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

If there is a custody agreement, please give any details you wish us to be aware of:

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

## SOCIAL INFORMATION

Names and birth dates of other children living at home:

\_\_\_\_\_

\_\_\_\_\_

Has child previously attended day care / pre-school? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Facility: \_\_\_\_\_

HEALTH / NUTRITION INFORMATION

Words child uses for toileting: \_\_\_\_\_

Does your child (Circle appropriate answer)

Have difficulty with vision? Yes / No      Have difficulty hearing? Yes / No

Have speech / language concerns? Yes / No      Have Allergies? Yes / No

Take medication routinely? Yes / No      Is Medication required? Yes / No

Require special diet? Yes / No      Other concerns Yes / No

Please specify and comment on any above item marked "Yes"  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY HEALTH INFORMATION

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Care Card Number: \_\_\_\_\_

Immunization Record on file with Richmond Health Department \_\_\_\_\_  
(Parent Initials)

OR

Immunization Record completed and attached

ADDITIONAL COMMENTS (IF ANY): \_\_\_\_\_  
\_\_\_\_\_

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

Name (Print) \_\_\_\_\_

**LEGAL RESIDENCY OF PARENT – FORM A**

To be completed and signed by a parent or legal (court-appointed) guardian. (If legal guardian, attach copy of court order appointing you as legal guardian).

**(Lawfully Admitted into Canada)**

1. I am (please X one):

A Canadian citizen (if not born in Canada, please attach a photocopy of citizenship paper / card)

A landed immigrant (attach photocopy of landed immigrant status paper)

Lawfully admitted into Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document):

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 (or issued for one year but anticipated to be renewed for one or more additional years)

Employment authorization (working permit) for two or more years (or issued for one but anticipated to be renewed for one or more additional years)

A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counterfoil in his / her passport)

Other – Document description: (must be cleared with Immigration Canada) \_\_\_\_\_

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

**(Residency in British Columbia)**

2. I am a resident of British Columbia (Please X one):

Yes      Residency address: \_\_\_\_\_

\_\_\_\_\_

No      I am not a resident of British Columbia

**Confirming signature:**

3. Parent / Legal Guardian's name: \_\_\_\_\_

Parent / Legal Guardian's signature: \_\_\_\_\_

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

## EMERGENCY CONSENT FORM

It is the policy of the Centre to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child.

Please sign below so that we can take appropriate action on behalf of your child. Return the signed card to the centre immediately.

\_\_\_\_\_

I hereby give consent for my child \_\_\_\_\_ when ill to be taken to the nearest emergency center by the staff of \_\_\_\_\_ when I cannot be contacted. I consent to an ambulance being called to transport my child, if necessary.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent / Guardian

### Emergency Information

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Out of Province Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Most Recent Tetanus Shot: \_\_\_\_\_

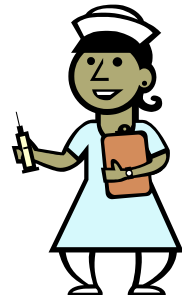
Care Card No. \_\_\_\_\_

Medical Conditions / Allergies \_\_\_\_\_

Medications: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**An Important Message  
From Your  
School Nurse**



*“Public Health*

*health and well being of school aged children.”*

*Nurses promote the*

**IMMUNIZATION**

- Provide a complete history of your child’s immunizations to your school.
- Ensure your child’s immunizations are up-to-date.  
*(See the immunization schedule on the back of this page)*
- **The kindergarten immunization (4-6 year old shot) is recommended prior to the start of the school year.**
- For immunizations, contact Richmond Public Health at 604-233-3176 to make an appointment, or visit your family doctor.

**MEDICAL CONDITIONS**

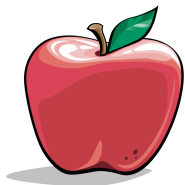
- Please share with the teacher any health concerns that will affect your child’s day at school.
- If your child needs medication to be given by school staff, a special form must be completed. *(This form is at your school office)*

**HEARING, VISION & DENTAL HEALTH**

- Hearing and vision screening will be provided to all Kindergarten students.
- It is important for your child to see a dentist every 6 months to maintain good oral health.
- If you have any concerns, contact your school nurse.

**NUTRITION**

- Send healthy snacks and water to school with your child each day.



**A healthy child is a better learner!**

**Questions?**

Call your Public Health Nurse at 604-233-3150

Thank you



## Routine Childhood Vaccination Schedule

As of August 2013

For Best Protection: Get Them All! Get Them On Time!

Age when children should get their vaccines →	2 Months	4 Months	6 Months	12 Months	18 Months	Kindergarten Starting age 4	6 Grade	9 Grade
<b>Vaccine Preventable Disease Protection</b>								
<b>Rotavirus</b>	•	•						
<b>Diphtheria</b>	•	•	•		•	•		•
<b>Pertussis</b> (Whooping cough)	•	•	•		•	•		•
<b>Tetanus</b>	•	•	•		•	•		•
<b>Hepatitis B</b>	•	•	•		•	•		
<b>Polio</b>	•	•	•		•	•		
<b>Hib</b> ( <i>Haemophilus influenzae</i> type B)	•	•	•		•			
<b>Pneumococcal Conjugate</b>	•	•		•				
<b>Meningococcal C Conjugate</b>	•			•			•	
<b>Hepatitis A</b> (Aboriginal infants only)			•		•			
<b>Flu</b> (Influenza)			Influenza is recommended and free every year during flu season for children 6-59 months of age.					
<b>Measles</b> <b>Mumps</b> <b>Rubella</b> } MMR				•		•		
<b>Chickenpox</b> (Varicella)				•		•	•	•
<b>HPV</b> (Human Papillomavirus) <i>Girls only</i>							••	• *New*

Parents, it's important to keep your child's vaccination (immunization) record in a safe place. A record of your child's history will be required during the registration process at childcare, preschool and kindergarten entry.

If your child has a medical condition you should consult your public health nurse or family doctor about their immunization needs. They may qualify for other free vaccines. Your child may have received their vaccines at a different time, or in another province or country, and their record may look different from the above schedule. A public health nurse will review your child's record and will recommend vaccines your child is eligible to receive for free. Children may also benefit from other non-publicly funded vaccines such as HPV vaccine for boys, other meningococcal and travel vaccines.

To find a VCH community health centre for a vaccination appointment or questions visit <http://www.vch.ca/>