



## LETTER TO PROSPECTIVE PARENTS

Thank you for your interest in enrolling your child(ren) at Laurentian Hills Christian School (LHCS). LHCS is an excellent choice for Christian parents in Waterloo Region, offering a well-rounded Junior Kindergarten to Grade 8 educational program in an attractive and functional learning environment.

This package contains information regarding our school's program and curriculum, the student code of conduct and discipline policy as well as background on school life and parental involvement.

If you have not already done so, we strongly encourage you to make an appointment to visit and tour the school, meet our staff and see Christian education "in action".

LHCS offers a unique curriculum. It is our purpose to integrate faith and learning so that students are equipped with the tools necessary to make discerning choices on the life issues they will face. Therefore it is essential for the school to be assured that a faith commitment be part of each student's home environment. LHCS exists so that both home and school compliment each other in the nurturing of children. The absence of a faith commitment in the home would create a dissonance that would undermine the purpose and curriculum of the school. The purpose of the Pastoral Reference Form, as part of our enrollment procedure, is to ensure that such a connection exists.

Laurentian Hills Christian School collects, retains, and discloses certain personal information in order to provide the best Christian education possible. LHCS respects the right to privacy and is committed to upholding the confidentiality and security of personal information. We have developed practices to ensure this commitment is carried out in a responsible manner. The complete LHCS privacy policy is available as part of the Parent Handbook.

This package contains the forms necessary for enrollment at LHCS. Please take a few minutes to read through these documents and carefully review our Statement of Faith and the Vision and Values of LHCS. These documents will help you determine whether your educational philosophy and requirements can be satisfied by Laurentian Hills Christian School. In addition we have included an Student Enrollment Agreement. Please complete all of the forms that apply to your child(ren) and submit them to the school with your deposit cheque in the amount of \$500.00. As you read the material you will see that we take this process very seriously to ensure we meet all aspects of your expectations for your child(ren)'s educational experience. It will also enable you and your child(ren) to understand and meet the standards that we have for all students at LHCS.

If you have any questions, or require any additional information, please do not hesitate to call. We look forward to the exciting prospect of welcoming your family to the Laurentian Hills Christian School community.

In His Service,

A handwritten signature in black ink, appearing to read "Ian Timmerman".

Ian Timmerman, Principal

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11 Laurentian Drive  
Kitchener  
Ontario N2E 1C1

www.lhcs.net - inquiries@lhcs.net  
Phone: 519-576-6700  
Fax: 519-576-2583



## APPLICATION FOR ENROLLMENT FORM

**ALL SPACES MUST BE COMPLETED**

Family Name					
Address (Street & City)				Postal Code	
Home Phone	Verification of Citizenship (please provide a photocopy of a birth certificate, visa, passport or other document, please)		Birth Certificate		
Cell Phone (Mom)			Visa Documents		
Cell Phone (Dad)			Other		
Email (Mom)					
Email (Dad)					

School Year Applying for:

**Please complete information for all students that you are applying for.  
(if you are applying for JK or SK, please note whether you would like full-time or part-time)  
You must also complete the Supplementary Kindergarten Enrollment Form included in this package.**

Student's Given Names(s)	Male/ Female	Grade Applying For	Date of Birth			Health Card #
			Month	Day	Year	

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With regards to first and last names, how should your child(ren) be addressed at school?

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Given Name(s) and Birth Date (Month, Day, Year) of Younger Siblings

--	--

**Parent Information**

Father's Name		Mother's Name	
Occupation		Occupation	
Employer		Employer	
Business Phone		Business Phone	

**If multiple residences are involved, please indicate where and how we are to address correspondence regarding school activities and student progress. Please include full name and address.**

Name (Relationship to the Child)

Address

**School Correspondence Particulars for Multiple Residences**

Mail to the above mentioned parent/guardian (please indicate which communication you would like mailed to alternate address. (Circle Yes/No)

Weekly Newsletter	Yes	No
Report Card	Yes	No
Parent/Teacher Conferences	Yes	No

**Emergency Contact Information**

If LHCS needs to contact you because your child is ill or injured, please provide a phone number where we can best reach you.	Phone Number
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If we are unable to contact you, we need permission from you to contact someone else to make arrangements for your children. Please provide the following information.

1 <sup>st</sup> Contact Name	Relationship to the Student
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Address	Postal Code
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Phone Number	Cell Phone
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2 <sup>nd</sup> Contact Name	Relationship to the Student
------------------------------	-----------------------------

Address	Postal Code
---------	-------------

Phone Number	Cell Phone
<b>Health Information (An anaphylaxis alert form must be completed if this applies to your child)</b>	
Family Doctor	Phone
Health Concerns (please describe)	
Previous School Attended	
Address	
Home Schooled	Yes/No
Are there any special health problems we should be aware of, or that your child has received testing for? (such as vision, hearing, etc.)	
Are there custodial rights issues that we need to be aware of? Please provide necessary documentation?	
Is there anything you wish to share about your child's character and/or social-emotional behaviour?	
What are your observations about your child's learning ability? Please comment.	
<p>Check any of the following areas where your child has received extra help.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Education companies e.g. Sylvan, Oxford</li> <li><input type="checkbox"/> Private tutor</li> <li><input type="checkbox"/> IEP on File (Individual Educational Program)</li> <li><input type="checkbox"/> School resource or special education, withdrawal from class, assistance in class (e.g. assigned EA or PSW)</li> <li><input type="checkbox"/> ESL</li> <li><input type="checkbox"/> Speech/Language Therapy</li> <li><input type="checkbox"/> Occupational Therapy</li> <li><input type="checkbox"/> Psychological Therapy</li> <li><input type="checkbox"/> Other _____</li> </ul>	
Please comment on your child's homework habits (i.e. level of concentration, responsibility and independence.)	

<b>Enrollment Checklist</b>			
Do you agree to the transfer of the Ontario Student Record file from your current school to this school upon enrollment?	Yes	No	N/A
Have you included the required deposit fee of \$500.00 payable to LHCS?	Yes	No	N/A
Have you signed the LHCS Enrollment Policy Agreement?	Yes	No	N/A
Have you completed the Pastoral Reference Form?	Yes	No	N/A
Have you completed the Supplementary Kindergarten Enrollment Form (if applicable)?	Yes	No	N/A
Have you completed the Anaphylaxis Alert Form (is applicable)?	Yes	No	N/A
Have you completed the Bus Transportation Application form (if applicable)?	Yes	No	N/A
Have you completed the Piano Registration Form (if applicable)?	Yes	No	N/A
<i>LHCS does not discriminate on the basis of race or ethnic background.</i>			
<i>Information provided on this form will only be used for admission purposes.</i>			
<b>Parent Signature:</b>		<b>Date:</b>	
<b>Parent Signature:</b>		<b>Date:</b>	

## Supplementary Kindergarten Enrollment Form Laurentian Hills Christian School

I/We are applying for (please check one)

Part-time JK/SK (50%) \_\_\_\_\_

(if you require particular days; M/W, alt Fridays or Tu/Th, alt Fridays, please note that below. Otherwise students will be balanced between the classes)

\_\_\_\_\_  
*Note: LHCS reserves the right to make final decisions regarding class placements.*

- Full-time (100%) JK/SK \_\_\_\_\_

Student(s) Name (First, Middle and Last Name)	
Address	Postal Code
Health Card #	Date of Birth
Physician	Physician's Phone #
Siblings (check appropriate box(es))	
<ul style="list-style-type: none"> <li>• Older Brother(s)</li> <li>• Older Sister(s)</li> <li>• Younger Brother(s)</li> <li>• Younger Sister(s)</li> <li>• _____ (names and date of birth of younger siblings)</li> </ul>	
Church Affiliation – Name and Address of Church	
Language spoken at home	
With regards to first and last names, how should your child be addressed at school?	
With regards to parental correspondence going home, how should you as parents be addressed?	

**Tell us about your Child**

1. In the growth and development of your child including speech and motor development (i.e. creeping, crawling, walking) have you noticed anything unusual? Please explain.

2. Is there anything you wish to share about your child's character and/or social-emotional behaviour?

3. Do you have any suggestions for us to make your child's experience a good and positive one?

5. Please list the school(s) your child has attended (i.e. Preschool, JK).  
Please include name and address of school.

6. Has your child attended special classes for developmental delay prior to enrolling in Kindergarten?

7. What are your observations about your child's learning ability? Please comment.

8. Other comments.



## Kindergarten Readiness Checklist

Please consider the following readiness criteria when enrolling your child, with asterisk (\*) beside those especially important when considering a full-time program:

- \*Does my child require a nap daily or a few times per week in order to function at his or her best? In all our JK/SK classes there is a daily quiet time, but the expectation is that students do not actually fall asleep.
- Is my child toilet trained during the day? The expectation at LHCS is that children are able to independently use the toilet. Washrooms are located either within or in close proximity to the Kindergarten classrooms.
- Is my child able to wash his or her hands independently? For good hygiene and to prevent spread of germs, students need to know how to wash hands with soap after using the toilet.
- Does my child play and interact with parents or guardians on a daily basis? Adult interaction is essential for development of secure attachment and language skills.
- Does my child feel comfortable with others his or her age? Interacting with peers through play and simple conversation is essential prior to Kindergarten.
- \*Does my child have a regular bed time routine that ensures at least 10 hours of sleep per night? Tired boys and girls have difficulty concentrating on the intensive learning and play at school.
- Does my child have less than one hour of screen time per day? Language development and active play are hampered by more computer/TV use than an hour per day.
- Can my child open and close lunch and snack containers by him or her self? Prior to school starting, the opportunity to practice using such containers will instill confidence.
- Does my child eat a healthy breakfast in the morning? This routine to begin the day will ensure that your child is ready to learn when the school day begins.
- Does my child help at home with simple chores? In our K classrooms, students are expected to take responsibility for keeping the learning spaces orderly and cleaning up books and toys they have finished playing with.
- Can my child put on his or her own indoor shoes, boots, jacket, coat, mittens, etc? To transition between recess and classroom time, students need to be able to get dressed and undressed with minimal adult help.
- \*Can my child sit and listen to a book or story of an appropriate length? The ability to sit and listen to the teacher explain new material or tasks for a short amount of time is needed in Kindergarten.
- Does my child regularly write or draw with a pencil and/or cut with small scissors? Fine motor skills will be developed in Kindergarten, so early exposure at home is valuable.
- \*Is my child becoming able to regulate his or her emotions (disappointment, anger, frustration) in an appropriate way? Yelling, aggressive behaviour and prolonged crying or pouting by a child detracts from healthy classroom community.

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## STUDENT ENROLLMENT AGREEMENT

Student's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

\_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

- I/We understand the unique nature of LHCS, its purpose and vision as expressed in the documents, and as practiced in the daily operation of the school.
- As (a) Christian parent(s), I/we desire to have my/our child(ren) receive a Christ-centred education at LHCS
- I/We agree that my/our child(ren) shall be educated in a manner consistent with the beliefs and objectives of LHCS
- I/We am/are aware of and agree to abide by the Board's policies regarding admission, expulsion and discipline.
- I/We agree to accept the financial obligation for the education of our child(ren) at LHCS.
- I/We understand that my/our child(ren)'s enrolment in school is separate from society membership.
- I/We understand that I/we are entitled to access to the normal channels and processes available to all parents and students regarding the daily educational program at LHCS.

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

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

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## PASTORAL REFERENCE LETTER

**SECTION 1 – To be completed by the parent(s) or guardian(s) to be given to the Pastor**

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

Church Affiliation: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Address of Church: \_\_\_\_\_

Church Phone: \_\_\_\_\_ Church Fax: \_\_\_\_\_

Church email: \_\_\_\_\_

Church website: \_\_\_\_\_

**SECTION 2 – To be completed by the Pastor**

1. How long have you known this family? \_\_\_\_\_
2. How long have they attended your church? \_\_\_\_\_
3. Does this family attend services and functions regularly? \_\_\_\_\_
4. Does this family hold membership in your church? \_\_\_\_\_
5. List areas/ways in which this family is involved with/contributes to the life and ministry of the church? \_\_\_\_\_  
\_\_\_\_\_
6. Any other comments? \_\_\_\_\_  
\_\_\_\_\_

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

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## STUDENT CODE OF CONDUCT

The purpose of the LHCS Student Code of Conduct is to encourage students to follow Christian standards of behavior by clearly indicating acceptable behavior.

### **Our Relationship with God.**

- We speak of God in respectful ways.
- We encourage close relationships with God, other people and ourselves through Bible reading, prayer, sharing, etc.

### **Our Relationship with those in Authority.**

- We are respectful in our speech and conduct.
- We are obedient to those in authority over us.
- We do not condone disrespect displayed by others to those in authority.

### **Our Relationship to Others.**

- We are respectful of each other.
- We address each other properly and not resort to name calling, swearing or other bad language.
- We respect each other's person and remember 'no touching except for helping'.
- We learn to apologize when we fail and to seek God's strength to continue trying to live in fellowship.

### **Our Relationship to School Property.**

- We respect school property. This includes furniture, books, equipment and building.
- We report any damage done and volunteer to pay for damages if we are responsible.
- We accept responsibility for the cleanliness of the school grounds.

## **DISCIPLINE POLICY**

Discipline is a part of the learning process and is a means to assist children to develop Christ-honouring self-control, to recognize acceptable behaviour, to grow in respect for God, authority, each other and the rest of God's creation.

Laurentian Hills Christian School acknowledges that all children are made in God's image and are therefore very special to God and to us. The staff shows respect for students by their choice of disciplinary measures. Because LHCS teachers strive to build self-esteem, they do *not* employ corporal punishment or harsh, belittling disciplinary measures of any kind. The Christian approach to discipline does not emphasize punishment but

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rather seeks to guide towards improvement. It involves re-direction - a turning away from inappropriate thoughts and behaviours and turning towards the appropriate.

These concepts are taught in class and elsewhere by word and example:

- keeping eyes and ears open to measure success
- addressing unacceptable behaviours and attitudes when the need arises
- interviewing those in conflict, facilitating a mutually acceptable solution
- monitoring closely as needed
- involving other care giving adults in the process.

Serious discipline offenses requiring zero tolerance may result in immediate suspension. For further details please refer to the LHCS Parent Handbook - Discipline.

*'My child,, do not forget my teaching but keep my commands in your heart, for they will prolong your life many years and bring prosperity.'* Proverbs 3: 1,2.

### **PARENT INVOLVEMENT**

Since Laurentian Hills Christian School is a parent run school, expectations for parental involvement are high. All parents of LHCS students are encouraged to become members of the K-W Christian School society, which governs the school *via* an elected board and supporting committees. Membership meetings are held twice annually, and volunteers willing to commit to 3-year terms or help out with short-term projects are always prized. Parents are regularly asked to volunteer in the classrooms, drive on school field trips, coach, referee, help with playground supervision and so on. In addition, all families are asked to participate in fund raising activities, formalized in the "GIFTS" (Get Involved for the Students) program. "Share-the-Load" allows for choice in which activities to participate in and clearly lays out expectations.

The benefits of parental involvement in LHCS go far beyond reducing the financial needs of the school. By volunteering whatever time or talents they have, parents gain an opportunity to get to know and work with their child(ren)'s teacher(s), friends and friends' parents, a sense of belonging and greater commitment to the school community and the satisfaction in giving of themselves for the benefit of others. Sometimes, we even have *fun* (imagine that!).

### **SCHOOL LIFE**

LHCS provides a rich environment which addresses each students' need for physical, emotional, mental and spiritual growth and development. Devotions are held in the classroom each morning, and a monthly assembly or singalong is hosted by each grade in turn. Each assembly develops a facet of that year's school theme. Parents and grandparents are invited and welcome to enjoy these events as well as the dramas and musical productions which are part of our Christmas and Easter celebrations.

To build good relationships between the senior and primary ends of the student body, LHCS has established partner grades and colour groups. Older and younger students read and socialize with each other regularly. Playday, intramurals, field day, cross country and skiing, student-staff baseball, floor hockey and volleyball games are all ways in which LHCS builds a diversity of interests and fosters love and encouragement between students and staff.

LHCS teachers encourage students to develop their gifts and talents to serve each other and to serve God and community. Laurentian Hills Christian School students regularly participate in charitable bake sales, food bank drives and choir events at a local senior citizens home. They also participate in the Ontario Alliance of Christian Schools sports events and an annual OACS Fine Arts Festival.

## Laurentian Hills Christian School Extended Care Program

*This program offers care for LHCS students both before and after school. A variety of activities are offered as part of the program including free play (both inside and outside), a quiet time for reading or homework, and occasional gym time. A snack is provided to students in the after school program.*

### Hours of the Program

- The before school program is offered from 7:30am to 8:25am. At 8:25 the students go outside until the bell rings at 8:45.
- The after school program begins at 3:15 when the bell rings. Care is offered until 5:30pm.

### Daily Fees for 2016/2017

	1 child	2 children	3+ children
Before School Program (flat rate)	\$5.50	\$8.75	\$11
After School Program with pickup by 4:30	\$5.50	\$8.75	\$11
After School Program with pickup by 5:30	\$11	\$17.50	\$22
Late fees for pickup after 5:30	\$10/family for every 15 minutes of care		

### Registration

There are 2 options for registering your child(ren) in the extended care program:

1. **Register for the entire school year in advance – 10% DISCOUNT ON FEES!**
    - To receive a 10% discount on fees, you must complete and return to the school office all registration forms as well as post-dated cheques for all fees prior to **Tues. Aug. 30.**
    - When registering in advance, you may sign up for all 5 days (Monday – Friday) or only the particular days that you require care. (i.e. Mon, Wed, & Fri.).
    - You will not be charged for holidays or PD days.
    - There are no refunds for snow days or for days when your child does not attend the program due to sickness or other reasons.
    - If you need to withdraw from the program, you need to give the program coordinator a minimum of 4 weeks' notice in writing. Fees for these 4 weeks will not be refunded.
- ***To register for the year in advance, you need to complete the following forms which will be available on RenWeb in June: Family Registration Form, Yearly Sign-Up Form & Yearly Fee Calculation Form. Completed forms & cheques are due by Aug. 30.***

## 2. Short notice registrations

- Families who do not register in advance are still welcome to use the program, although it is preferred that families give a minimum of 24 hours' notice.
  - You will be billed for your program usage at the end of each month.
  - If you need the program and are able to give more than 24 hours notice, then you need to send an email to Ann Gerth (Extended Care Program Coordinator) at [extended\\_care@lhcs.net](mailto:extended_care@lhcs.net) with the names of your children, the date they require care and the program (before or after school) that you require.
  - **If you are unable to give 24 hours notice and you need to use the *before school program***, you may simply bring your children to the school that morning and sign them in to the program. You do not need to register your children for the before school program in advance.
  - **If you are unable to give 24 hours notice and you need to use the *after school program***, you may call or email the school office to register your child for the program that day.
- ***To use the extended care program on a short notice basis, you need to complete the Family Registration Form which is available on RenWeb and send it to the school office as soon as possible.***

## Questions?

If you have any questions about the program, please contact Ann Gerth, Extended Care Program Coordinator, at [extended\\_care@lhcs.net](mailto:extended_care@lhcs.net)

**LHCS Extended Care Program  
Family Registration Form**

**Family Name** (please print): \_\_\_\_\_

**Mom's Name:** \_\_\_\_\_

**Dad's Name:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Telephone Numbers (including area codes):**

Home phone: \_\_\_\_\_

Dad's work phone: \_\_\_\_\_

Dad's cell phone: \_\_\_\_\_

Mom's work phone: \_\_\_\_\_

Mom's cell phone: \_\_\_\_\_

**Alternate Pick-Up Person #1:**

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

Relationship to child: \_\_\_\_\_

Phone number #1: \_\_\_\_\_

Phone number #2: \_\_\_\_\_

**Alternate Pick-Up Person #2:**

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

Relationship to child: \_\_\_\_\_

Phone number #1: \_\_\_\_\_

Phone number #2: \_\_\_\_\_

**Please turn sheet over and complete the other side.**



**Child/Children requiring care:**

<b>Name (first &amp; last)</b>	<b>Grade (as of Sept.)</b>	<b>Birthdate (M/D/Y)</b>	<b>Health card #</b>	<b>Medical or Special Needs? (Yes or No)</b>

If you indicated that your child has any medical or special needs including allergies, please describe the need and treatment below.

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Family Doctor's Name & Phone Number:

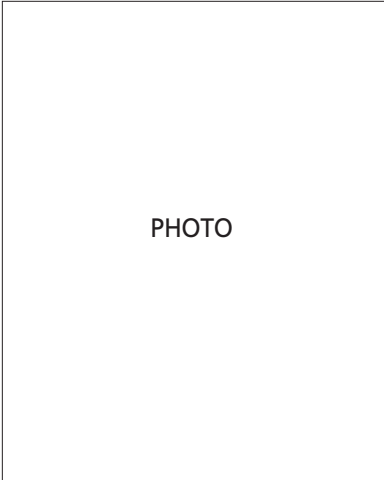
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\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

# Anaphylaxis Emergency Plan: \_\_\_\_\_ (name)

## This person has a potentially life-threatening allergy (anaphylaxis) to:



(Check the appropriate boxes.)

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Peanut    | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> Tree nuts | <input type="checkbox"/> Insect stings     |
| <input type="checkbox"/> Egg       | <input type="checkbox"/> Latex             |
| <input type="checkbox"/> Milk      | <input type="checkbox"/> Medication: _____ |

**Food:** The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked / bulk foods or products with a "may contain" warning.

**Epinephrine Auto-Injector:** Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

- Dosage:**  EpiPen® Jr 0.15 mg     EpiPen® 0.30 mg  
 Twinject™ 0.15 mg     Twinject™ 0.30 mg

**Location of Auto-Injector(s):** \_\_\_\_\_

- Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

## A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of "impending doom", headache

**Early recognition of symptoms and immediate treatment could save a person's life.**

## Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **Give epinephrine auto-injector** (e.g. EpiPen® or Twinject™) at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second dose in 10 to 15 minutes or sooner **IF** the reaction continues or worsens. (See second page for instructions.)
2. **Call 911.** Tell them someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
3. **Go to the nearest hospital,** even if symptoms are mild or have stopped. Stay in the hospital for an appropriate period of observation, generally 4 hours, but at the discretion of the ER physician. The reaction could come back.
4. **Call contact person.**

### Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.

\_\_\_\_\_  
Patient/Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date



## TUITION STRUCTURE – 2016-2017

	Tuition
1 in Part-time Kindergarten	\$4,585
1 Full-time <u>or</u> 2 Part-time Kindergarten	\$8,500
1 Full-time <u>and</u> 1 Part-time Kindergarten	\$11,100
2 Full-time <u>or</u> 1 Full-time and 2 Part-time Kindergarten	\$12,750
2 Full-time <u>and</u> 1 Part-time Kindergarten	\$13,550
3 Full-time or more	\$14,200

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