



PROCEDURES FOR HANDLING MEDICATION IN SCHOOL

1. **ASTHMA PUMPS** - Students using these pumps should have one clearly labelled with them at all times. Should parents wish to send in a spare pump, it should be clearly labelled and adequate instruction provided in case a staff member be required to administer it.


2. **EPI-PEN** must be supplied by the parents with a letter of instruction from the doctor and a school form giving permission to the staff of the school to administer it. **The EPI-PEN is to be kept on the child at all times.** A photograph of the child, clearly labelled should be provided by parents to be posted in the office to facilitate identification in case of emergency.

3. **RITALIN and other long term medications** are to be sent to the classroom teacher. Parents are requested to provide a letter of instruction including a copy of the prescription label as well as a signed Permission to Administer Medication Form provided by the school. This medication will be kept in a secure compartment. Parents may request this be given in private.

 **For the above medications # 1, 2 and 3, please complete the permission slip below**

and return it to the school as soon as possible. 

4. Teachers will administer **ANTIBIOTICS and/or ANTIHISTAMINES** when a written request is made by the parent(s). All such medications must be sent or brought into school and properly labelled with dosage and time(s). High School students may self-administer these medications.

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PARENTAL PERMISSION TO ADMINISTER MEDICATION

Name of parent or guardian: _____

Name of student: _____ Grade: _____

I authorize any staff member to administer the following medication: _____

(Name of medication)

Dose: _____ Time: _____

Parent's / Guardian's Signature: _____ Date: _____

Volunteer Form 2011-2012

A school with parental involvement is a healthy and well equipped school. The following is a list of possibilities where you can be involved. Please choose areas that fit with your gifts and interests. It is our desire that you will enjoy the time you volunteer and we are certain that you will be blessed through the experience. If you have any questions about our School Life Volunteer programme please contact Sara Cherry , Chairperson at cherrys@videotron.ca or call at 450-424-8313.

- | | | |
|--|---|---|
| <input type="checkbox"/> School Life Volunteer Member | <input type="checkbox"/> Library Help
___Reading in French for K-6 (1 day/week)
___Book mending (1 hour/week) | <input type="checkbox"/> High School Formal Dinner |
| <input type="checkbox"/> Help in your child's classroom (Kg to grade 6) | <input type="checkbox"/> School BBQ in September | <input type="checkbox"/> High School Christmas Brunch in December (set-up, serving, clean-up) |
| <input type="checkbox"/> Prayer Chain | <input type="checkbox"/> Public Relations Committee
___ Preparation of mailings
___ Help with media contacts
___ Hands-on help for special events
___ Data base input | <input type="checkbox"/> High School Drama (Tentative) |
| <input type="checkbox"/> Prayer Partners
(Pray for 1 staff member throughout the year) | <input type="checkbox"/> Open House in October | <input type="checkbox"/> Christmas decorating in High School in November |
| <input type="checkbox"/> Grandparents Tea (Spring)
___Coordinator
___Set-up/Servers | <input type="checkbox"/> Grade 7 Retreat on September 1-2
(Chaperones and meal preparation) | <input type="checkbox"/> Renovations(painting, carpentry, etc...) |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Read and/or supervise during High School Exam
___January
___June | <input type="checkbox"/> Terry Fox Run in Sept.
___ Volunteers to walk with students |
| <input type="checkbox"/> Baking/Food | <input type="checkbox"/> Science Fair Judges Dinner | <input type="checkbox"/> Landscaping
(Planting and weeding flower beds) |
| <input type="checkbox"/> Help with Info. Session for New Parents
late August (Refreshments / Babysitting) | | <input type="checkbox"/> Fundraising
___ Dinner Theater (Tentative)
___ Citrus Sales
___ Other |
| <input type="checkbox"/> Coaching: Sport(s)?_____ | | <input type="checkbox"/> Fundraising Committee |

Mother: _____	Father: _____
Employment: _____	Employment: _____
Hobbies and areas of expertise: _____	Hobbies and areas of expertise: _____
Tel. Home: _____ Work: _____	Tel. Home: _____ Work: _____
Email: _____	Email: _____

Student's name: _____ Grade: _____

Student's name: _____ Grade: _____

Student's name: _____ Grade: _____

"Whatever you do, work at it with all your heart, as working for the Lord, not for men" Colossians 3:23



Church Communication Liaison

Help spread the news about Emmanuel Christian School in your church!

- Bring publicity pamphlets to church
- Post school announcements on the church bulletin board
- Make verbal announcements to your congregation (if possible)
- Invite young families to school events

If you wish to help promote our school within your church, please let us know!

Our promise to you: We will only ask you to participate in a way that is acceptable to both you and your church.

Please return to the office:

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Yes! I am interested in being the contact person between Emmanuel Christian School and my church.

Name: _____

Address: _____

Tel. (home): _____ Tel. (cell/office): _____

Email: _____

Church: _____



July 2011

Dear parent,

Our staff regularly takes pictures of students in classrooms or at various school events. Some of these photos are posted on our website as a means of informing parents and encouraging students. Some photos are also occasionally used for promotional purposes at different church presentations or school events. Students' photos are generally group photos and will not be directly associated with their names on our website for security reasons.

We would greatly appreciate your cooperation in allowing your child's photo to be used in the above-mentioned context. If, for some reason, you would prefer not to have your child's photo posted on our website or used in slide shows, please return this form to the office. If we do not receive this form from you, we will assume that you agree to let us include your child in pictures posted on our website or used in school slide shows.

We thank you for your cooperation in helping us showcase our wonderful school!

The administration

Only return this form if you do NOT want your child's pictures on the website

I do not want to have pictures of my child posted on the Emmanuel Christian School website or used in school slide shows.

Student's name: _____

Grade: _____

Parent's name: _____

Parent's signature: _____



CORPORATION MEMBERSHIP

*An empowered organization is one in which individuals have the knowledge, skill, and desire to build upon personal successes to achieve collective triumph.
Stephen R. Covey, Principle-centered Leadership*

Emmanuel Christian School Corporation is an empowered body of committed Christians with a passion for Christian education, who enjoy the privileges of voting on major policies, adopting the budget and electing its Board of Directors.

Who can become a member?

Membership in the corporation is open to all staff and interested individuals or parents who claim Jesus Christ as Lord and Saviour of their lives and who are in full agreement with the statement of faith as outlined in the By-Laws.

Why become a member?

Membership in the Corporation will enable you to ensure the ongoing Christian character and principles of Emmanuel Christian School, vote on matters arising at either of the two general meetings and serve on the Board of Directors or any of its committees.

To apply for membership please complete and return the request for the application package. Your application will be submitted to the Board of Directors for approval.

Annual fees are fifteen dollars for an individual, or twenty-five dollars for a family membership (tax-deductible).

Current members need not re-apply; your renewal will be sent automatically.

Our Vision Statement:

As a recognized leader in Christian education, we at Emmanuel Christian School equip students from across Quebec's linguistic communities to be productive contributors in God's world.

Request for **Application Package** to Corporation Membership

I am interested in Corporation Membership. Please send me the application package.

Name: _____ / _____
(family name) (first name)

Complete address: _____ / _____
(number) (street)
_____ / _____
(city and province) (postal code)

Tel. (home): _____ (office): _____

Church Name: _____ Pastor's Name: _____

Please reply by September 23, 2011



PRE-AUTHORIZED DEBIT AGREEMENT (PAD)

Name: _____ Telephone number: _____
 Street Address: _____ City: _____
 Province: _____ Postal Code: _____

The undersigned (the payor) authorizes Emmanuel Christian School to debit the bank account identified below for:

\$ _____ September 1st
 \$ _____ per month, October to June on the first of each month or
 the next business day.

These services are for (check one) Personal Use Business Use

Deposit Account Number:

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Branch Transit Number:

--	--	--	--	--

 Financial Institution Number:

--	--	--

Financial Institution: Name: _____
 Branch Address: _____

I the Payor may revoke my authorization at any time upon ten (10) days written notice.

Signature of Account Holder:

Signature of Joint Account Holder (if applicable):

Name: _____
 (Please print)

Name: _____
 (Please print)

Date: _____

Date: _____

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

To ensure accuracy, please enclose a specimen check marked "VOID"

When this form is complete, return to: Emmanuel Christian School
 4698 boul. St-Jean, Dollard-des-Ormeaux, QC H9H 4S5
 Tél.: (514) 696-6430 Fax: (514) 696-3687