



# **CHAMP 2022-2023 REGISTRATION PACKAGE**

**All registration forms must be sent in by email to:  
[champhomeschool@gmail.com](mailto:champhomeschool@gmail.com).**

**\*\* PLEASE MAKE OUT ALL CHEQUES TO CHAMP\*\***

**Please email in the REGISTRATION FORM, EMERGENCY CONTACT FORM and the WAIVER OF LIABILITY to reserve your spot(s).  
Cheques and Purchase Order requests (once your spots are confirmed) are to be mailed to:**

**BRETTE MATHEW  
1112 - 161 STREET SW  
EDMONTON, AB  
T6W 2W6**

**A Criminal Record Check (no older than three years) with Vulnerable Sector is required to volunteer within our program. Please use the volunteer request form provided in this package to obtain a current CRC and mail or email to the addresses provided.**



# IMPORTANT INFORMATION

**LOCATION: CHURCH IN THE VINE**  
**12345 - 149 STREET EDMONTON, AB T5L 2J5**

**TIME: 9:30AM - 3:00PM ON THURSDAYS**

**DATES: SEPTEMBER 22 - DECEMBER 15 (OMIT NOVEMBER 10)**  
**JANUARY 12 - MAY 11 (OMIT APRIL 6)**  
**TRACK AND FUN DAY: TBA IN MAY/JUNE**

**FEE SCHEDULE: (DOES NOT INCLUDE NON-REFUNDABLE \$35 REGISTRATION FEE PER STUDENT)**

**GRADES 1-9**

**\$650.00/year ( \$ 325.00 per term)**

**REFUND POLICY:** Once a cheque has been cashed, NO refund (full or in part) of that payment is available, unless the position can be filled by another student. If the position can be filled, a refund will be issued on a pro-rated basis. The REGISTRATION FEE IS NON-REFUNDABLE.

**RETURNED CHEQUE POLICY:** Cheques returned by the bank for any reason will be levied a non-negotiable processing fee of \$35 per cheque.

**VOLUNTEER SHIFT REQUIREMENTS:** Parents are required to work volunteer shifts in the CHAMP program, to be determined yearly dependent on the # of families – approximately 20 hours per year. CHAMP requires 4 undated \$75.00 volunteer deposit cheques (per family), which will be used toward paying an alternate volunteer, if a parent is unable to fulfill their shift. Approximate value of each shift is \$75.00.

**PLEASE NOTE: A CRIMINAL RECORD CHECK, WITH VULNERABLE SECTOR, IS REQUIRED TO VOLUNTEER AT CHAMP. PROCESSING TIMES (AS WELL AS COST) MAY VARY BETWEEN INDIVIDUAL POLICE STATIONS.**



# **IMPORTANT INFORMATION**

## **Continued**

### **CHAMP ILLNESS POLICY:**

**Your child's health and safety is one of our top priorities. We ask that if your child is unwell and has shown signs of sickness, such as those listed below, in the last 24 hours that, for their well-being and the well-being of the other students, they stay home from Champ until their symptoms subside.**

**Factors and Symptoms consist of but aren't limited to:**

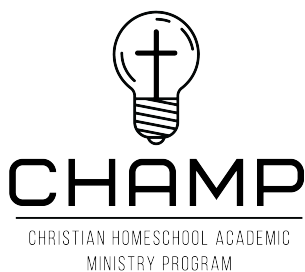
- Fever of 37.8 or higher**
- Vomiting and Diarrhea**
- Runny(yellow or green) Nose**
- Unexplained skin rash, itchy head(lice), or open skin/mouth sores**
- Persistent cough or sneezing (Allergies and Asthma are the exception)**
- Individual(s) with a known communicable disease**

**If any individual demonstrates any of the above symptoms while under the care of a Champ team member, we ask that a parent/ guardian immediately come pick up their child.**

**Champ is officially a "nut free zone" and we ask that all lunches and snacks be nut free.**

**Our policy and stance on covid19 and other measures moving forward is that we come under God as our governing authority and will submit to Him with all decisions moving forward.**

**Thank you for your understanding and for partnering with us to keep our children safe and healthy.**



CRC

# Registration Form (2022-2023)

## Christian Homeschool Academic Ministry Program

[www.champhomeschool.ca](http://www.champhomeschool.ca)

Return forms to:  
champhomeschool@gmail.com

FAMILY NAME \_\_\_\_\_ PARENT GUARDIAN(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

SCHOOL BOARD \_\_\_\_\_

STUDENT NAME	GRADE	BIRTHDATE (MM/DD/YY)

### PARENT SERVICE COMMITMENT

I understand that, as a parent/legal guardian of a CHAMP student, I will SIGN UP for my family's VOLUNTEER shifts on the ALLOCATED DATE. I will be responsible to find an alternative parent to cover my shift, if I am unable to be present. If a parent cannot switch shifts with me, I must find a replacement parent. CHAMP will use one of my VOLUNTEER cheques to pay that parent. I understand that the shift requirements are subject to the number of families registered in any given year and may change according to the needs of CHAMP, at the discretion of the board. I further UNDERSTAND that any volunteer who fulfills a shift is required to have a current criminal record check, with vulnerable sector, on file with champ.

I have read, understood, and will abide by CHAMP policies. my signature indicates that I have discussed the above with all parent/guardians of registered children, and that we are in agreement.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# EMERGENCY CONTACT Form (2022-2023)

## Christian Homeschool Academic Ministry Program

COMPLETE ONE PER FAMILY PLEASE

STUDENT NAMES (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_

MOTHER \_\_\_\_\_ PHONE \_\_\_\_\_

FATHER \_\_\_\_\_ PHONE \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

AHC #(S) \_\_\_\_\_

MEDICAL OR ALLERGIC NEEDS \_\_\_\_\_

SPECIAL CONSIDERATIONS/NEEDS \_\_\_\_\_

EMERGENCY CONTACTS: (THESE PERSONS WILL ALSO BE PERMITTED TO PICK UP STUDENTS)

#1: NAME \_\_\_\_\_ PHONE \_\_\_\_\_

#2: NAME \_\_\_\_\_ PHONE \_\_\_\_\_

I HEREBY GIVE PERMISSION FOR MY CHILD(ren) TO BE TREATED by medical personnel IN the CASE OF an EMERGENCY

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# WAIVER Form (2022-2023)

## Christian Homeschool Academic Ministry Program

COMPLETE ONE PER FAMILY PLEASE

The undersigned understands that there are inherent risks involved in the activities offered by the Christian Homeschool Academic Ministry Program (CHAMP), and fully accepts and fully assumes all risks and hazards and the possibility of personal injury, death, property damage or loss resulting from general negligence on the part of CHAMP, its members/participants, teachers, coaches/instructors, employees and volunteers, with the exception of claims arising from the gross negligence of the said persons, or an insurable motor vehicle accident.

In consideration of CHAMP agreeing to provide their programs, including activities noted and not noted, on the signed registration forms, the undersigned, for myself, my children, members of my family, my administrators, executors, successors and assigns, hereby waive all rights and claims and release CHAMP, their members/participants, teachers, coaches/instructors, employees and volunteers, from all liability with respect to any injury, (including death) or property loss or damage (including loss by fire or theft) and all damages, losses, costs and expenses suffered or incurred by me or members of my family in any way arising from or during any activity or event organized or instructed by CHAMP or the use or occupation of CHAMP properties, whether or not caused by the general negligence of CHAMP, their members/participants, teachers, coaches/instructors, employees or volunteers, with the exception of claims arising from the gross negligence of the said persons, or an insurable motor vehicle accident.

I agree to indemnify and hold harmless CHAMP, their members/participants, teachers, coaches/instructors, employees and volunteers from and against any demand, action, suit or proceeding of every kind and nature whatsoever with respect to such injury or property loss or damage, with the exception of claims arising from the gross negligence of the said persons, or an insurable motor vehicle accident.

Furthermore, I agree to follow all health & safety guidelines set out by CHAMP policy to provide a safe environment for all students and families involved in the CHAMP program and follow the duties assigned when completing volunteer shifts.

By registering their children, parents give permission to CHAMP:

- 1)- To publish photos of their children, during participation of CHAMP activities, for advertisement or the website, without receiving financial compensation of rights of ownership.
- 2)- To distribute names, phone numbers, email addresses and students level to registered CHAMP families and teachers.
- 3)- To share medical and educational information with teachers and parents who work VOLUNTEER shifts.

### PARENT/LEGAL GUARDIAN INFORMATION

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME(S) OF REGISTERED STUDENTS:

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



# Payment INFORMATION

**\*REGISTRATION WILL NOT BE COMPLETE WITHOUT FULL PAYMENT\***

**THERE ARE THREE PAYMENT OPTIONS:**

**OPTION 1: TWO POST-DATED CHEQUES. (\$325.00 per cheque)  
THE DATES ON THE CHEQUES MUST BE  
OCTOBER 6, 2022 AND FEBRUARY 2, 2023.**

**OPTION 2: COMPLETED PO REQUEST AND CHEQUE FOR REMAINDER OF FEES.  
AS PER THE GOVERNMENT OF ALBERTA MANDATES, TRADITIONAL STUDENTS  
(PARENT-DIRECTED) CAN CLAIM UP TO A MAXIMUM OF \$425.00 for group lessons. If  
you would like us to request a purchase order for that amount, the PO request form  
must be filled out and a cheque written for the remainder.**

**OPTION 3: E-TRANSFER to [champhomeschool@gmail.com](mailto:champhomeschool@gmail.com)  
\*\* with the exception of the mandatory volunteer cheques.**

**\*\* PLEASE MAKE OUT ALL CHEQUES TO CHAMP\*\***

**WE CANNOT ACCEPT CHEQUES WRITTEN TO CHAMP HOMESCHOOL**

**CHEQUES REQUIRED:**

- REGISTRATION FEE, \$35/STUDENT (DATED JUNE 13, 2022)
- PAYMENT 1 CHEQUE/PAYMENT OPTION (DATED OCTOBER 6, 2022)
- PAYMENT 2 CHEQUE/PAYMENT OPTION (DATED FEBRUARY 2, 2023)
- 4 VOLUNTEER CHEQUES \$75.00 EACH (UNDATED)



# Purchase order request (ONE PER STUDENT GRADE 1-9)

**STUDENT NAME:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_

**Purchase order requested from:** \_\_\_\_\_  
(school board)

**Amount requested:** \_\_\_\_\_

**Group classes taught:**

ART

SCIENCE

DRAMA

PHYS ED

BIBLICAL FOUNDATIONS

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**signed**

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**date**

**\*\*\*please note: you should also take a copy of this PO request to your facilitator to have in their records for your program plan\*\*\***





# CLASS SCHEDULE

TIME	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
9:30-10:25	PHYS ED	BIBLICAL FOUNDATIONS	SCIENCE	ART	DRAMA
10:30-11:25	SCIENCE	PHYS ED	DRAMA	BIBLICAL FOUNDATIONS	ART
11:30-12:25	ART	SCIENCE	PHYS ED	DRAMA	BIBLICAL FOUNDATIONS
12:30-12:55	<<<<< LUNCH >>>>>				
1:00-1:55	DRAMA	ART	BIBLICAL FOUNDATIONS	PHYS ED	SCIENCE
2:00-2:55	BIBLICAL FOUNDATIONS	DRAMA	ART	SCIENCE	PHYS ED

**\*\*\*PLEASE NOTE: Levels will be determined based on registration numbers.**

**New students will be added from the waiting list on a first come, first-serve basis, as openings are available in each level. \*\*\***



# CHAMP SOCIETY 2022/23 CALENDAR

## TERM 1

September 22 - FIRST DAY & ORIENTATION

September 29 -

October 6 -

October 13 -

October 20 -

October 27 -

November 3 -

November 10 \*NO CHAMP\* REMEMBRANCE DAY WEEKEND

November 17 -

November 24 -

December 1 -

December 8 -

December 15 - LAST DAY BEFORE CHRISTMAS

January 12 -

January 19 -

January 26 -

## TERM 2

February 2 -

February 9 -

February 16 -

February 23 -

March 2 -

March 9 -

March 16 -

March 23 -

March 30 -

April 6 - \*NO CHAMP\* SPRING BREAK

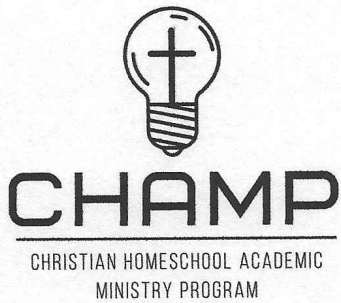
April 13 -

April 20 -

April 27 -

May 4 -

May 11 - DRESS REHEARSAL/SPRING PRODUCTION



Christian Homeschool Academic Ministry  
Program Society  
1112 - 161 St SW  
Edmonton, AB T6W 2W6  
Email: [champhomeschool@gmail.com](mailto:champhomeschool@gmail.com)  
Phone: 780.238.3333

To Whom It May Concern:

Please be advised that the following individual requires a criminal record check ( with Vulnerable Sector) in order to fulfill their requirements at weekly group classes through the CHAMP Program.

As volunteers at our program these individuals will be in a helping role working closely with minors.

Sincerely,

A handwritten signature in cursive script that reads "Brette Mathew".

Brette Mathew, On-Site Coordinator, CHAMP Society