



# KELOWNA CHRISTIAN SCHOOL

## 2017-2018 CLUB JUDAH REGISTRATION

### REGISTRATION PROCESS

The number of students enrolled in the Club Judah Before/After School Care program is limited by licensing and financial factors. Existing Club Judah families have priority placement, providing they have met the registration deadline and submitted a completed registration package. New families are prioritized according to date of registration — beginning January 23, 2017 – and space available in the program.

Students will be accepted into the program based on several factors, including but not limited to:

- Past enrollment. *Priority will be given to families enrolled in Club Judah in the previous year.*
- Full-time vs. part-time attendance. *Families registering for full-time will be given preference.*
- Age balance of the group.
- Gender balance of the group.
- Date completed applications are received (although this is not a primary factor).

### REGISTRATION TIMELINE

May 1, 2017	Registration deadline for priority placement in the program.
June 2017	Accepted families to be contacted and provided with the 2017 – 2018 Club Judah Schedule Calendar to assist in determining your childcare needs.
August 21, 2017	Deadline for completed Registration Packages in order to secure your desired schedule for the 2017 – 2018 school year.

### REGISTRATION REQUIREMENTS

**Please ensure all components of the Club Judah Registration Form, Contract and required documents (listed below) are submitted.** Please note that the application must include these documents before the registration will be considered.

**Please complete a separate Club Judah Student Registration Form for each child.** All registration forms and inquiries for Club Judah Before/After School Care Program are processed through the Elementary School Office (3285 Gordon Dr. Kelowna, BC V1W 3N4). Please mail or drop off your completed registration package to our Elementary School Office, made attention to Sylvia Loewen ([Sylvia.Loewen@kcschool.ca](mailto:Sylvia.Loewen@kcschool.ca)).

*Please note that all registration packages that are not accepted are destroyed to protect the applicants' information. In the event of a wait listing, with the permission of the applicant, information will remain on file.*

### REGISTRATION DOCUMENTS

**Please include the following documents in your registration package, ON OR BEFORE May 1, 2017:**

- Completed **Student Registration Form** for each child enrolling and signed **Parental Commitment & Agreement**.
- Program Contract**
- If child has received any immunizations in their lifetime, please provide a copy of their most current **Immunization Record**.
- If applicable, a legal copy of **custody agreements, legal guardianship, and/or restraining orders**.

# IMPORTANT REGISTRATION INFORMATION

- All students registered in Club Judah Before / After School Care Program must be attending Kelowna Christian Elementary School (Kindergarten to Grade 5).
- Club Judah only operates on days in which KCS Elementary School classes for Kindergarten to Grade 5 are in session from September to June. Club Judah is not available during Professional Days or holidays where the school is closed. Please reference the Club Judah Program Calendar (available in May) for a complete list of dates of operation.
- Program fees **will not** be refunded if your child does not attend on a scheduled day, unless written notice is given two (2) weeks prior to date.
- Program fees **will not** be discounted for late drop-off or early pick-up.

## ***CLUB JUDAH PROGRAM FEES***

Morning / Before School Care	7:30am – 8:40am	\$10/day
Afternoon / After School Care	Dismissal – 5:30pm	\$18/day

## ***CLUB JUDAH STUDENT START DATES***

<b>Kindergarten</b>	Club Judah is available once students begin their regular, full day schedule. Club Judah is not offered during Kindergarten gradual entry days.
<b>Grade 1 - 5</b>	Club Judah begins the first day of school in September.

**Please refer to the  
Club Judah Before / After School Care Handbook  
for further information.  
[www.kcschool.ca](http://www.kcschool.ca)**



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## CLUB JUDAH STUDENT REGISTRATION FORM

*Please complete one (1) Registration Form for each child.* Information collected in this form is collected, used and disclosed by Kelowna Christian School (KCS) in accordance with the Personal Information Privacy Policy for Parents and Students of KCS; a copy of which is available from the school's Privacy Officer.

### STUDENT INFORMATION

Student's Legal Name **(as it appears on the Birth Certificate)**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
LAST FIRST MIDDLE

Student's USED Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(only if different than above) Month Day Year

Eye Colour: \_\_\_\_\_ Hair Colour: \_\_\_\_\_ Gender:  Male  Female

Primary Parent Home Phone: \_\_\_\_\_

Primary Parent Email\*: \_\_\_\_\_  
*\*This email will be used for all school correspondence.*

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Student resides with:  Father & Mother (same residence)  Father  Mother  Legal Guardian

### FATHER / GUARDIAN 1 INFORMATION

Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Student (circle one): Birth Adoptive Step Foster Guardian Ministry

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

Employer/Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### MOTHER / GUARDIAN 2 INFORMATION

Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Student (circle one): Birth Adoptive Step Foster Guardian Ministry

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

Employer/Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## MEDICAL INFORMATION

Student's BC Medical Services Plan Card #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

**Is your child immunized?**     YES     NO        *If yes, please attach a photocopy of record.*

If no, please state reason: \_\_\_\_\_

\_\_\_\_\_

### **Does your child have any of the follow conditions:**

1. Allergies? Please specify: \_\_\_\_\_

\_\_\_\_\_

2. Special diets? Please specify: \_\_\_\_\_

\_\_\_\_\_

3. Other medical/health conditions, including diet restrictions and/or medications? Please specify:

\_\_\_\_\_

\_\_\_\_\_

4. Communicable diseases (other than colds)? Please specify: \_\_\_\_\_

5. On-going / long-term medications? Please specify and list reason for use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Vision, hearing or speech challenges/concerns? Please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Learning, physical, behavioural or emotional concerns? Please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## STUDENT BACKGROUND

1. Any recent significant changes in your child's life? E.g. death, separation, move, new sibling, etc.

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2. Does your child have any distinctive physical features that are easily identifiable, if needed? If yes, please list: \_\_\_\_\_

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3. Are there any custody agreements and/or restraining orders related to your child?

If yes, please describe and attach official documentation: \_\_\_\_\_

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4. Please comment on any other concerns, including physical or emotional challenges:

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## STUDENT PICK-UP ARRANGEMENTS / EMERGENCY CONTACTS

Please list adults, other than you as a parent, who may pick up your child if you are unable to. It is understood that your child will only be released to those noted below.

In case of emergency, if parents/guardians cannot be reached, please indicate the adults who will act as an emergency contact for your child by checking off the box next to their name.

Name: \_\_\_\_\_ *Emergency Contact?*

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ *Emergency Contact?*

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ *Emergency Contact?*

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **The following people ARE NOT PERMITTED ACCESS to my child:**

*Please provide legal copies of custody agreements and/or restraining orders.*

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

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



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## PARENTAL COMMITMENT + AGREEMENT

Please indicate your agreement to the following statements by initialing each statement and signing the bottom of this page.

**INITIAL  
HERE ↓**

\_\_\_\_\_ Any schedule change requests for your child's attendance must be provided in advance, **by email** to both Club Judah Director ([Sylvia.Loewen@kcschool.ca](mailto:Sylvia.Loewen@kcschool.ca)) and the KCS Elementary Office ([Elementary@kcschool.ca](mailto:Elementary@kcschool.ca)) with a minimum **ONE WEEK'S notice** otherwise it may result in a charge **or** your child may be unable to attend for that day.

\_\_\_\_\_ In the case of a regular Club Judah worker's absence, I authorized a substitute worker to care for my child. I understand the substitute will have the same credentials and background check as is required by the regular Club Judah workers.

\_\_\_\_\_ I give permission for my child to participate in occasional events sponsored by Kelowna Christian School and on the property of Kelowna Christian School.

\_\_\_\_\_ In case of emergency, I authorize the Club Judah Manager and/or qualified Club Judah staff to administer first aid and/or call an ambulance. I agree it is my responsibility to pay the ambulance fee.

\_\_\_\_\_ In case of medical conditions that require immediate attention, I authorize the staff of Kelowna Christian Preschool to call my medical practitioner.

\_\_\_\_\_ I give permission for my child to participate in spontaneous walks within walking distance of the school and play on the Kelowna Christian School playground.

\_\_\_\_\_ I give permission for my child to be photographed / videoed for classroom usage and general promotion within the school, including but not limited to the school website, newsletters, presentations or promotions. The child's identity will remain anonymous.

*I have read and agree to the policies and procedures as outlined in the Kelowna Christian School Club Judah Before/After School Care Program Handbook, realizing the responsibilities for myself (i.e. attendance, enrollment/withdrawal procedures, pick-up times, etc.) and my child (behaviour expectations). I realize that the school reserves the right to cancel the program if there is an insufficient number of students enrolled.*

*I declare that the information provided in this application is accurate to the best of my knowledge, and acknowledge receipt and acceptance of the statements above.*

\_\_\_\_\_ **Parent/Guardian Name** (please print)

**X** \_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_ **Date**