



# KELOWNA CHRISTIAN SCHOOL

## 2018-2019 PRESCHOOL REGISTRATION FORM

OFFICE USE ONLY

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

Time Received: \_\_\_\_\_ AM / PM

### REGISTRATION GUIDELINES

1. **Current KCS Elementary and Preschool families** will be given priority if they have submitted a completed Preschool Registration Package prior to January 31, 2018. Registration Packages received from KCS families after January 31, 2018 will be dated and assessed on a first come, first serve basis with other Preschool registrations.
2. **New families** will be given priority according to the date in which they have submitted a completed registration package.
3. **Student placement** is based on various factors and is at the discretion of the principal.

#### PRESCHOOL REGISTRATION OPENS

\* Registration packages available at the office.

8am - Tuesday, January 23, 2018

#### PRIORITY PLACEMENT DEADLINE (FOR CURRENT KCS FAMILIES):

\* Preferred program placement will be given to current KCS Families.

4pm - Monday, January 31, 2018

### REGISTRATION REQUIREMENTS

Please ensure all components of the registration package are complete and required documents (listed below) are submitted. **Please note that the application must include the Preschool Tuition Contract and Registration Fee before registration will be considered.**

All registration packages and inquiries for Preschool are processed through the Admissions Office at our Benvoulin Campus. **Please drop off or mail your completed registration form with supporting documents to our Admissions Office.**

Preschool & Elementary School (K-5)  
3285 Gordon Drive, Kelowna, BC V1W 3N4  
P. 250.861.5432 / F. 250.861.5806

Middle/High School (6-12) & Main Office  
2870 Benvoulin Road, Kelowna, BC V1W 2E3  
P. 250.861.3238 / F. 250.861.4844

*Information collected in this registration package is 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. Please note that any applications not accepted will be destroyed to protect the applicant's information. In the event of a waiting list, with the permission of the applicant, information will remain on file.*

### REGISTRATION DOCUMENTS

Please include the following documents in your registration package:

- Student Registration Form**
- Registration Fee** (\$50 non-refundable annual fee per family)
- Tuition Contract** (if applying after August 1, 2018, please include one month's tuition payment)
- Immunization Record**, if your child has received any immunizations in their lifetime, please provide a copy of their most current record.

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# KELOWNA CHRISTIAN SCHOOL

## PRESCHOOL STUDENT REGISTRATION FORM

OFFICE USE ONLY

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

Time Received: \_\_\_\_\_ AM / PM

### PLEASE SELECT YOUR PREFERRED PROGRAM:

- MORNINGS (Mon / Wed / Fri) - 4 year olds       MORNINGS (Tues / Thurs) - 3 year olds
- AFTERNOONS (Mon / Wed / Fri) - 4 year olds

### 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:  M  F

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

Mailing Address (if different): \_\_\_\_\_

Primary Parent Email\*: \_\_\_\_\_

*\*This email will be used for all school correspondence.*

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

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

### MOTHER 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: \_\_\_\_\_

### FATHER 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: \_\_\_\_\_

## FAMILY INFORMATION

Please list the names and birthdates of all other children in your family.

| Name | D.O.B. | Name | D.O.B. |
|------|--------|------|--------|
|      |        |      |        |
|      |        |      |        |
|      |        |      |        |

Are there any adults who specifically are not permitted access to your child or may attempt to gain access to your child?  YES  NO

If yes, who? Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

## CHILD PICK-UP / EMERGENCY CONTACT INFORMATION

Please list adults, other than yourself as a parent, who may pick up your child if you were not able to. This also applies **in the case of an emergency**.

It is understood that your child will only be released to those noted in the below authorization.

*I give permission for the following people to pick up, \_\_\_\_\_ (my child) from Preschool:*

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

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Did you attend the KCS Preschool & Kindergarten Information Night?  YES  NO

## 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 copy of record.*

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

**List any on-going / long-term medications** your child is taking (e.g. medication for ADHD, self-administered inhalers, etc.):

**Any special diets?** Please specify: \_\_\_\_\_

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

**Check all life-threatening health conditions** that apply to this student:

*\* A Medical Alert Plan will be created in collaboration with the parents / guardians.*

- Anaphylactic or **severe** allergies (e.g. food, insect stings) - please specify: \_\_\_\_\_
- Diabetes
- Epilepsy with a history of Grand Mal (tonic-clonic) seizures in the past 2 years
- Feeding tube
- Heart condition (e.g. heart repair, murmur)
- Severe asthma (e.g. resulted in hospitalization in the past 2 years)
- Special needs due to renal failure, venous access devices, post-transplant
- Blood clotting disorders (e.g. haemophilia)
- Other health conditions which may require emergency care or affect your child's ability function at school (e.g. allergies, vision or hearing impairment, mental health conditions, mild/moderate asthma, anxiety etc.): \_\_\_\_\_

## LEARNING / BEHAVIOURAL

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

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

**Any recent significant changes in your child's life?** (e.g. death, separation, move, new sibling, etc.)

**Has your child ever been assessed for or received Learning Assistance in school?**  YES  NO  
(Including: Occupational Therapy, Physical Therapy, Speech Language Pathology, etc.)

**If 'Yes',** please explain and include a copy of the most recent IEP and/or assessments (if applicable).

**Please circle any learning and/or behavioural challenges that may apply to your child?**

ADD   ADHD   Emotional Distress   Autism   Dyslexia   FAE   FAS   Other: \_\_\_\_\_



# KELOWNA CHRISTIAN SCHOOL

## PARENTAL CONSENT, COMMITMENT + AGREEMENT

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

**INITIAL  
HERE ↓**

\_\_\_\_\_ In case of accident or illness, I authorize qualified staff of Kelowna Christian Preschool or Kelowna Christian School to administer first aid or to call an ambulance.

\_\_\_\_\_ 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 preschool and play on the Kelowna Christian School playground and other neighboring playgrounds such as Kids Corner Daycare playground.

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

\_\_\_\_\_ I give permission for my email address to be used in the class photo directory. This information is not to be used for solicitation purposes.

\_\_\_\_\_ I give permission for my child to be photographed / videoed for classroom usage and general promotion within the school including the school website and newsletters. In any pictures used in promotion or presentations, the child's identity will remain anonymous.

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

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

\_\_\_\_\_  
**Mother/Guardian Signature**

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

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

\_\_\_\_\_  
**Father/Guardian Signature**

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