



# KELOWNA CHRISTIAN SCHOOL

## 2022-2023 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 18, 2022 – 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, 2022	Registration deadline for priority placement in the program.
June 2022	Accepted families to be contacted and provided with the 2022-2023 Club Judah Schedule Calendar to assist in determining your childcare needs.

### 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 Club Judah ([ClubJudah@kcschool.ca](mailto:ClubJudah@kcschool.ca)).

*Please note that all registration packages that are not accepted are destroyed to protect the applicants' 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, ON OR BEFORE May 1, 2022:

- 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 be charged if your child does not attend on a scheduled day, unless both the Club Judah Director and Elementary Office have been notified by email at least 24 hours in advance.
- Program fees will not be discounted for late drop-off or early pick-up.

## CLUB JUDAH PROGRAM FEES

Morning / Before School Care	7:30am – 8:35am	\$10 / day
Afternoon / After School Care	Dismissal – 5:30pm	\$20 / day

## CLUB JUDAH STUDENT START DATES

Kindergarten	Club Judah is available once students begin their regular, full day schedule. Club Judah is not offered during Kindergarten gradual entry days.
Grade 1 - 5	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.**

**I wish to register my child(ren) for the following placement in Club Judah Before / After School Care:**

### BEFORE SCHOOL CARE – 7:30am – 8:40am (\$10/day)

- Full Time Enrollment
- Part Time Enrollment: Check all that apply
  - Mon  Tues  Wed  Thu  Fri

### AFTER SCHOOL CARE – Dismissal – 5:30pm (\$20/day)

- Full Time Enrollment
- Part Time Enrollment: Check all that apply
  - Mon  Tues  Wed  Thu  Fri

## 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 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

## GUARDIAN 1 INFORMATION

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

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

Relationship to Student: Birth Adoptive Step Foster Guardian Ministry

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

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

## GUARDIAN 2 INFORMATION

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

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

Relationship to Student:  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.

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

## 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** ↓

\_\_\_\_\_ If my child is unable and will be absent for scheduled Before/After School Child Care, I understand I must notify **both** the Club Judah Directors ([ClubJudah@kcschool.ca](mailto:ClubJudah@kcschool.ca)) and the KCS Elementary Office ([Elementary@kcschool.ca](mailto:Elementary@kcschool.ca)), **by email at least 24 hours in advance**, or I will be charged 100% of standard program fees for his/her absence.

\_\_\_\_\_ 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 managers 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 Elementary School 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**