



# Kimberley Independent School

## Pre-Kindergarten

### 2019-2020 Registration Form

Please print clearly. Registration is only complete once this form and the completed Check List is submitted

Date of Registration: \_\_\_\_\_ Start Date: \_\_\_\_\_

Check List		Student Information				
<p><b>Registration will not be accepted unless this section is complete</b></p> <p><input type="checkbox"/> Registration Fee (non-refundable)</p> <p><input type="checkbox"/> Post-Dated Volunteer Cheque for \$250 (4days -FT)</p> <p><input type="checkbox"/> Post-Dated Volunteer Cheque for \$100 (1-3 days) (refundable)</p> <p><input type="checkbox"/> Copy of Birth Certificate</p> <p><input type="checkbox"/> Copies of Immunization or letter stating otherwise</p> <p><b>The Agreement, Consent &amp; Policy Section must be signed</b></p> <p><input type="checkbox"/> Refund, Overdue, Fee Payment &amp; Indemnity Agreement</p> <p><input type="checkbox"/> Pre-Kindergarten Ready Policy</p> <p><input type="checkbox"/> Local School Excursion Consent</p> <p><input type="checkbox"/> School Uniform Policy</p>		<p>Pre-K Full-time &amp; E/C <input type="checkbox"/></p> <p>Pre-K days: 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/></p>	<p>Extended Care (E/C) <input type="checkbox"/></p>		<p>Student Last Name:</p>	
<p><b>The Agreement, Consent &amp; Policy Section must be signed</b></p> <p><input type="checkbox"/> Refund, Overdue, Fee Payment &amp; Indemnity Agreement</p> <p><input type="checkbox"/> Pre-Kindergarten Ready Policy</p> <p><input type="checkbox"/> Local School Excursion Consent</p> <p><input type="checkbox"/> School Uniform Policy</p>		<p>Student First Name:</p>		<p>Student Middle Name:</p>		
<p><b>The Agreement, Consent &amp; Policy Section must be signed</b></p> <p><input type="checkbox"/> Refund, Overdue, Fee Payment &amp; Indemnity Agreement</p> <p><input type="checkbox"/> Pre-Kindergarten Ready Policy</p> <p><input type="checkbox"/> Local School Excursion Consent</p> <p><input type="checkbox"/> School Uniform Policy</p>		<p>Date of Birth M <input type="checkbox"/> <input type="checkbox"/> D <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/></p>		<p>Age as of Dec 31, 2019:</p>		
<p><b>The Agreement, Consent &amp; Policy Section must be signed</b></p> <p><input type="checkbox"/> Refund, Overdue, Fee Payment &amp; Indemnity Agreement</p> <p><input type="checkbox"/> Pre-Kindergarten Ready Policy</p> <p><input type="checkbox"/> Local School Excursion Consent</p> <p><input type="checkbox"/> School Uniform Policy</p>		<p>Gender: M <input type="checkbox"/> F <input type="checkbox"/></p>		<p>Email 1(Please print):</p> <p>Email 2(Please print):</p>		
<p><b>#1 Parent/Guardian Details</b></p>		<p>Relationship:</p>		<p>Last Name:</p>		
<p>Street Address:</p>		<p>City:</p>		<p>First Name:</p>		
<p>Home Phone #</p>		<p>Cell Phone #</p>		<p>Work Phone #</p>		
<p>Home Phone #</p>		<p>Cell Phone #</p>		<p>Place of Work:</p>		
<p>Home Phone #</p>		<p>Cell Phone #</p>		<p>Occupation:</p>		
<p><b>#2 Parent/Guardian Details</b></p>		<p>Relationship:</p>		<p>Last Name:</p>		
<p>Street Address:</p>		<p>City:</p>		<p>First Name:</p>		
<p>Home Phone #</p>		<p>Cell Phone #</p>		<p>Work Phone #</p>		
<p>Home Phone #</p>		<p>Cell Phone #</p>		<p>Place of Work:</p>		
<p>Home Phone #</p>		<p>Cell Phone #</p>		<p>Occupation:</p>		
<p><b>Family Dynamics</b></p>		<p>Does the child live 100% with both parents: Yes <input type="checkbox"/> No <input type="checkbox"/></p>		<p>If "No" please explain below #1 Parent _____% #2 Parent _____%</p>		
<p>Is there a custody arrangement for this child: Yes <input type="checkbox"/> No <input type="checkbox"/></p>		<p>#1 Parent/Guardian Household arrangement</p>		<p>Child lives with: Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother and Step Father <input type="checkbox"/> Father and Step-Mother <input type="checkbox"/> # of Siblings <input type="checkbox"/> # of Step-siblings <input type="checkbox"/></p>		
<p>#2 Parent/Guardian Household arrangement</p>		<p>Child lives with: Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother and Step Father <input type="checkbox"/> Father and Step-Mother <input type="checkbox"/> # of Siblings <input type="checkbox"/> # of Step-siblings <input type="checkbox"/></p>		<p>Child lives with: Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother and Step Father <input type="checkbox"/> Father and Step-Mother <input type="checkbox"/> # of Siblings <input type="checkbox"/> # of Step-siblings <input type="checkbox"/></p>		
<p><b>Main Contact Details</b></p>		<p>Who is the main contact for your child: #1 Parent <input type="checkbox"/> #2 Parent <input type="checkbox"/></p>		<p>List <b>other than</b> the Parent/Guardian who has permission or does not have permission to pick up your child from school. Please be clear.</p>		
<p>Full Name:</p>		<p>Relationship:</p>		<p>Contact Number:</p>		
<p>Permission: Yes <input type="checkbox"/> No <input type="checkbox"/></p>		<p>Full Name:</p>		<p>Relationship:</p>		
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<p>Permission: Yes <input type="checkbox"/> No <input type="checkbox"/></p>		<p>Full Name:&lt;/</p>				

## Emergency Consent

I consent to an ambulance being called and understand that any costs incurred are my sole responsibility.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

I consent to an ambulance being called and understand that any costs incurred are my sole responsibility.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

## Emergency Contact Details (will only be contacted if we cannot reach the parent(s)/guardian.)

Full Name:	Relationship to student:	Contact Number:
Full Name:	Relationship to student:	Contact Number:

## Medical Details

Doctors Name:	Doctors Phone #:	Health Care #:
Medical Conditions/Problems	Allergies:	Medication:

Additional Notes:

## Supportive Student Information

Language Spoken at home:	Other Languages Spoken:	Citizenship:	Aboriginal Ancestry : Yes <input type="checkbox"/> No <input type="checkbox"/>	Band Code:
Landed immigrant Status Yes <input type="checkbox"/> No <input type="checkbox"/>	Has your child previously received Special Education Assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes please provide details:		

## Additional information

Is your child entering our KIS PreK program from: Another program <input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/> _____	
Physical characteristics: (ie. Tends to climb, doesn't do well with heights, if confronted tends to run)	
Special interests and abilities:	Speech delays or concerns:
Behavioral concerns:	Social & Emotional concerns:

## Media, Photography and Video Consent

Photograph or video my child for internal/external marketing purposes.  
Yes  No

Signature: \_\_\_\_\_

## Payment Contract

I/we accept the responsibility of making payments by the 1<sup>st</sup> of each month (unless an alternative arrangement has been made with the office), preceding my/our child attending Kimberley Independent School and I/we realize that failure to make payments may result in termination of educational services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Legal Parent/Guardian: \_\_\_\_\_

I/we understand that 30 days' notice must be given before the removal of my/our child from Kimberley Independent School.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Legal Parent/Guardian: \_\_\_\_\_

KIMBERLEY INDEPENDENT SCHOOL SOCIETY (the "Society"), including all of its principals, servants, agents, contractors, directors, officers, employees, parents and students (collectively, the "Indemnified Persons").

**Parent/Legal Guardian Details (to be completed by BOTH Parents and/or all Legal Guardians )**

<b>Parent/Guardian Details</b>	Relationship:	Last Name:	First Name:
Contact Phone Number	Address:		
<b>Parent/Guardian Details</b>	Relationship:	Last Name:	First Name:
Contact Phone Number	Address:		

### Refund Policy

**Initial** \_\_\_\_\_

- 1.Registration fees are non-refundable and non-transferable;
2. Should the Parent/Legal Guardian choose to withdraw their child, THIRTY (30) DAYS WRITTEN NOTIFICATION MUST BE PROVIDED to the Principal of the School. The Society will not require payment (or will refund payment, if already paid) for fees payable for the period of the academic year remaining after the expiration of the thirty (30) day notice period.
4. By initialing, I/we hereby acknowledge that the Society depends on tuition fees in order to pay employee wages, mortgage and other fixed costs which are not reduced after the withdrawal of a child from the School and I/we hereby further acknowledge that any tuition payable during the 30 day notice period is a genuine pre-estimate of the actual loss which will be suffered by the Society, is reasonable and is not intended as a penalty.

### Overdue Policy

**Initial** \_\_\_\_\_

1. NSF cheques will be charged a \$40 handling fee. This covers both the banks fees and the schools increased administrative time. A replacement payment will be required to cover the amount owing within **7 days** of your NSF notification letter.
2. Interest will be charged (at a rate of 10%) and collected on any/all delinquent accounts each 30 days.
3. The Board will give consideration to suspension of any student whose tuition fees are in arrears more than 90 days.
4. Collection Agencies or Small Claims Court action may be used for all past or current accounts which are still outstanding. Services were rendered and should be paid for.
5. If for any reason, your financial circumstances change, please contact the school IMMEDIATELY to discuss whether or not an alternative plan of action can be arranged.

### Fee Payment Policy

**Initial** \_\_\_\_\_

1. Registration fees are non-refundable and non-transferable.
2. I/we agree to pay tuition fees for the entire academic year for my/our child.
3. All Lump-sum fees must be paid before the end of the first week of school.
4. Tuition Fees may be paid the following ways:
  - a) Monthly, by (10) postdated cheques (dated for the first of each month, September through to and including June.)
  - b) Monthly, on credit card (by set up of recurring transactions through the school office for September through to and including June.)
  - c) Monthly by cash or e-Transfer (to hr@kis.ca)
  - d) Lump-sum Payment (paid by cash/cheque/credit card/e-Transfer)

**Pre-Kindergarten Ready Policy****Initial** \_\_\_\_\_

1. Parent/Legal Guardian ensures the child is potty trained, as we are not licenced to facilitate a changing station.
2. Parent/Legal Guardian ensures the child is no longer napping through the day as the facility is not licensed to do so.

**Local (within city limits) School Excursion Consent**

I/we give permission for my/our child to participate in any school excursion within the City of Kimberley limits.

Parent/Guardian Signature: \_\_\_\_\_ Print Name Clearly: \_\_\_\_\_ Date: \_\_\_\_\_

Kimberley Independent School Society has issued regulations to ensure that proper planning occurs and that adequate safety precautions are followed. The Board Members cannot assume liability for the damage of, personal property or personal injury beyond its normal legal responsibilities. While participating in any school excursion, students and teachers are governed by all laws and regulations applying to Kimberley Independent School Society.

**School Uniform Policy**

Our School uniform policy creates equality, community and a sense of belonging. It reduces distraction in the classroom and enables students to focus on their learning.

The uniform is a white collared shirt and navy blue bottoms, (i.e.: pants, shorts or skirts). Please ensure that all uniforms are neat, tidy and presentable. Blue jeans are not permitted. They are not an approved navy blue bottom.

All sweaters or hoodies must be plain navy blue or white.

Name brand sweaters/hoodies displaying logos (other than KIS) or graphics are not permitted.

Students are required to wear the school uniform daily, including field trips.

Should students fail to wear the uniform, they will be required to return home to change.

It is understood that parents act as partners with the school to enforce the uniform policy. Therefore, parents will be called to collect their child and have them change into their uniform to return to school.

I/we have read and agree to the above School Uniform Policy.

Parent/Guardian Signature: \_\_\_\_\_

**Indemnity Agreement****Initial** \_\_\_\_\_

The undersigned hereby agrees that I/we am/are solely responsible for any liability or harm suffered by my/our child/children enrolled in the School, including (without limitation) any liability or harm resulting from the negligence of the Society or any other Indemnified Person and regardless of whether such liability or harm arose on school property or during school hours, and that I WILL INDEMNIFY AND HOLD HARMLESS the Indemnified Persons from any liability for harm suffered by my/our child/children while enrolled in the School.

**Acknowledge and acceptance of the Effect of this Agreement:** I/we have read and understand this Agreement. I/we hereby declare that I/we have read and understand the “**Refund, Overdue, Fee Payment and Indemnity Agreement**” herein. In entering into this agreement I am not relying upon any oral or written representations or statements made by the Indemnified Persons other than those set forth in writing in this Agreement.

Parent/Guardian Signature: \_\_\_\_\_ Print Name Clearly: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Print Name Clearly: \_\_\_\_\_ Date: \_\_\_\_\_

We are interested for marketing purposes, if you would share, where you heard about the Kimberley Independent School PreKindergarten program