

# Kimberley Independent School 2019-2020 Registration Form



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

Date of Registration: \_\_\_\_\_ Earlybird

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"/> Registration Fee for Aftercare (non-refundable)</p> <p><input type="checkbox"/> Post-Dated Volunteer Cheque for \$250 (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"/> Local School Excursion Consent</p> <p><input type="checkbox"/> School Uniform Policy</p>	<p>Student Enrolling in Grade: K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/></p>		<p>Aftercare <input type="checkbox"/></p>		
	Student Last Name:				
	Student First Name:	Student Middle Name:			
	Date of Birth Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> D <input type="checkbox"/> <input type="checkbox"/>		Gender: M <input type="checkbox"/> F <input type="checkbox"/>		
	Email 1 (Please print):				
	Email 2 (Please print):				
<b>Previous School</b> (If applicable)	Name:	Phone:	Address:		
<b>Parent/Guardian Details Household #1</b>					
Relationship:		Last Name:		First Name:	
Home Phone #	Cell Phone #	Work Phone #	Place of Work:	Occupation:	
Relationship:		Last Name:		First Name:	
Home Phone #	Cell Phone #	Work Phone #	Place of Work:	Occupation:	
Street Address:			City:		Postal Code:
<b>Parent/Guardian Details Household #2 (if applicable)</b>					
Relationship:		Last Name:		First Name:	
Home Phone #	Cell Phone #	Work Phone #	Place of Work:	Occupation:	
Relationship:		Last Name:		First Name:	
Home Phone #	Cell Phone #	Work Phone #	Place of Work:	Occupation:	
Street Address:			City:		Postal Code:
<b>Family Dynamics</b>	Does the child live 100% with both parents: Yes <input type="checkbox"/> No <input type="checkbox"/>		If "No" please explain below #1 Parent ____% #2 Parent ____%		Is there a legal custody arrangement for this child: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name the parent/guardian with legal custody of the child:			All legal documentation (if there is a custody agreement in place) is attached to this form. Yes <input type="checkbox"/> No <input type="checkbox"/>		
#1 Household arrangement					
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"/>					
#2 Household arrangement					
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"/>					

**Pick Up List – Please list other than the parent(s)/guardian(s) who does or does not have permission to pick up your child**

Full Name:	Relationship:	Contact Number:	Permission: Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Name:	Relationship:	Contact Number:	Permission: Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Name:	Relationship:	Contact Number:	Permission: Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Name:	Relationship:	Contact Number:	Permission: Yes <input type="checkbox"/> No <input type="checkbox"/>

**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"/>	Academic or Speech concerns:			
Has your child previously received Special Education Assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes please provide details:			

Additional information you would like the school/teachers to be aware of e.g. special interests and abilities; physical characteristics; behavioral concerns; medical or emotional difficulties to overcome; and academic strengths and weaknesses. (If you are transferring your child from another school you may wish to include your reason for doing so.)

**Media, Photography and Video Consent – Please check & sign where permission is being granted.**

Photograph or video my child for internal and external purposes.  
(For example, Social Media, School Website or School Facebook page.)  
Photograph or video my child for Marketing purposes.  
(For example, School Posters or brochures)  
Display my child’s first name alongside photographs

Yes  No

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

**Payment Contract**

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

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

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

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

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. Deposits and 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. Deposits and 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 September.
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)

## 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 or how you heard about the Kimberley Independent School?

Social Media  Web Search  Word of mouth  Attended KIS Pre-Kindergarten  Other: \_\_\_\_\_

Please use this space to add any additional information that you wish Kimberley Independent School to know about your child: