



Kimberley Independent School 2023 - 2024 Registration Form

Date of Registration: _____ Earlybird

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

Check List

Registration will not be accepted unless this section is complete

- Registration Fee (non-refundable)
- Registration Fee for Aftercare (non-refundable)
- Post-Dated Volunteer Cheque for \$250 (refundable)
- Copy of Birth Certificate
- Copies of Immunization or letter stating otherwise
- Local Emergency Contact information

The Consent, Policy, Agreement Section must be signed

- Refund, Overdue & Fee Payment Policy
- Indemnity Agreement
- Local School Excursion Consent
- Handbook
- Code of Conduct
- Emergency Evacuation Form
- Covid-19 Policy (if applicable)

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"/>	Aftercare <input type="checkbox"/>
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Student First Name:	Student Middle Name:	Student Last Name:
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Date of Birth: Y ____ M __ D __	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Email 1(Please print):	Email 2(Please print):
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Previous School (If applicable)	Name:	Phone:	City:
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Parent/Guardian Details Household #1

Relationship to student:		Last Name:		First Name:	
Home Phone #	Cell Phone #	Work Phone #	Place of Work:	Occupation:	
Relationship to student:		Last Name:		First Name:	
Home Phone #	Cell Phone #	Work Phone #	Place of Work:	Occupation:	
Street Address:		City:		Postal Code:	

Parent/Guardian Details Household #2

Relationship to student:		Last Name:		First Name:	
Home Phone #	Cell Phone #	Work Phone #	Place of Work:	Occupation:	
Relationship to student:		Last Name:		First Name:	
Home Phone #	Cell Phone #	Work Phone #	Place of Work:	Occupation:	

Street Address:	City:	Postal Code:
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Family Dynamics

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 & Step Father <input type="checkbox"/> Father & Step Mother <input type="checkbox"/> # of Siblings <input type="checkbox"/> # of Step-siblings <input type="checkbox"/> Other: _____		
#2 Household arrangements. Child Lives with: Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother & Step Father <input type="checkbox"/> Father & Step Mother <input type="checkbox"/> # of Siblings <input type="checkbox"/> # of Step-siblings <input type="checkbox"/> Other: _____		

Pick-up-List

List **other than** the Parent/Guardian who has permission or does not have permission to pick up your child from school. Please be clear.

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"/>
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: _____
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Emergency Contact Details (will only be contacted if we cannot reach the parent(s)/guardian.) This contact must reside in the Kimberley area.

Full Name:	Relationship to student:	Town/city:	Contact Number:
Full Name:	Relationship to student:	Town/city:	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:
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Landed immigrant Status Yes <input type="checkbox"/> No <input type="checkbox"/>	Academic or Speech concerns:
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Has your child previously received Special Education Assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes please provide details:
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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 <input type="checkbox"/> No <input type="checkbox"/>	Signature: _____
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Payment Contract

I/we accept the responsibility of making payments by the 1st 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 could 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)

Parent/Guardian Details	Relationship:	Last Name:	First Name:
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Contact Phone Number	Address:
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Parent/Guardian Details	Relationship:	Last Name:	First Name:
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Contact Phone Number	Address:
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Refund Policy	Initial _____
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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.
3. 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.
4. Any refunds are subject to review and acceptable refunds will be returned within 90 days of the student's departure.

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% (per annum) 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 by cash or E-Transfer (to hr@kis.ca)
 - c) Lump-sum Payment (paid by cash/cheque/E-Transfer)

Tuition Modification

KIS is an inclusive community school. If you feel KIS is a good fit for your family and need support with tuition, you can apply for our tuition modification program by checking the box.

I would like to be considered for the tuition modification program.

Local (within city limits) School Excursion Consent

Initial _____

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.

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 Uniform Policies 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: _____

Student Emergency Release

For the safety and well-being of students, the school may implement a “**controlled release**” in the event of an emergency or disaster. Should this be necessary, the school will only release your child to persons authorized below or, if necessary, to authorized medical or government personnel.

I/we authorize the release of our child into the custody of the following persons should either parent/guardian be unable to reach the school.

Parent/Guardian Signature: _____ Print Name Clearly: _____ Date: _____

Parent/Guardian Signature: _____ Print Name Clearly: _____ Date: _____

The below alternates should live within walking distance of the school and be 19+ years old.

Full Name:	Contact Phone #:	Email:
Full Name:	Contact Phone #:	Email:
Full Name:	Contact Phone #:	Email:
Full Name:	Contact Phone #:	Email:

Parent Handbook

My/our signature(s) below verifies that I/we have read the KIS Parent Handbook, and that I/we fully understand and agree to the Kimberley Independent School policies and procedures.

Parent/Guardian Signature: _____ Print Name Clearly: _____ Date: _____

Parent/Guardian Signature: _____ Print Name Clearly: _____ Date: _____

Covid-19 Policy

My/our signature(s) below verifies that I/we have read the KIS COVID-19 policies, and that I/we fully understand and agree to the Kimberley Independent School, KIS COVID-19 policies and procedures.

Parent/Guardian Signature: _____ Print Name Clearly: _____ Date: _____

Parent/Guardian Signature: _____ Print Name Clearly: _____ Date: _____

Completing this form does not guarantee a space in the Kimberley Independent School.

