



Kimberley Independent School 2024-2025 Childcare Registration Form

Please print clearly and complete entire form.

OFFICE USE ONLY – MUST BE COMPLETED BY STAFF PRIOR TO ADMISSION

Registration Date: _____

Program Start Date: _____

Withdraw Date: _____

- Extended care
- Extended care waitlist

Documentation:

- Birth certificate
- Immunization records / Physician's letter
- Healthcare number
- Family physician / Preferred provider

Registration Fee Paid:

STUDENT INFORMATION

Legal First Name: _____ Preferred First Name: _____

Legal Middle Name: _____ Preferred Middle Name: _____

Legal Last Name: _____ Preferred Last Name: _____

Date of Birth: ___dd___ / ___mmm___ / ___yyyy___ (DD/MMM/YYYY)

Gender: Male Female Gender Identity: _____

Property/Home Address:

Street: _____

City/Town: _____

Province: _____

Postal Code: _____

Mailing Address: Check if same as home address

Street: _____

City/Town: _____

Province: _____

Postal Code: _____

ANCESTRY (MUST BE COMPLETED):

Country of Birth: _____

Primary Language: _____

Province of Birth: _____

Language Used At Home: _____

Entering Childcare From: Home Day Home Other Childcare Facility

PARENT/LEGAL GUARDIAN INFORMATION

Parent/Guardian:

First Name: _____

Last Name: _____

Parent Type: Mother Father

Other guardianship: _____

Home Address: Same as student

Street: _____

City: _____

Prov: _____ Postal Code: _____

Primary Phone: (____) _____

Secondary Phone: (____) _____

E-mail: _____

Will receive school emails: Yes No

Lives with student: Yes No

Parent/Guardian:

First Name: _____

Last Name: _____

Parent Type: Mother Father

Other guardianship: _____

Home Address: Same as student

Street: _____

City: _____

Prov: _____ Postal Code: _____

Primary Phone: (____) _____

Secondary Phone: (____) _____

E-mail: _____

Will receive school emails: Yes No

Lives with student: Yes No

CUSTODY (MUST BE COMPLETED):

Does the child reside with both parents: Yes No

Is there a specific custody arrangement we should know about: Yes ** No

**If yes, please provide a copy of the custody order to the administration.

EMERGENCY CONTACT INFORMATION

Contact #1

Full Name: _____ Relationship to student: _____

Contact Number: (____) _____ Alt. contact number: (____) _____

Do they live locally: Yes No

Do they have permission to pick-up student: Yes No

Contact #2

Full Name: _____ Relationship to student: _____

Contact Number: (____) _____ Alt. contact number: (____) _____

Do they live locally: Yes No

Do they have permission to pick-up student: Yes No

Contact #3

Full Name: _____ Relationship to student: _____

Contact Number: (____) _____ Alt. contact number: (____) _____

Do they live locally: Yes No

Do they have permission to pick-up student: Yes No

Note: Parents should contact all emergency contacts listed above to ensure they know they are listed as an emergency contact.



KIS Medical Information Form

This form must be completed for each student for each school registration year. You are required to contact the school administration in writing to advise if there are changes to your child’s medical status or medications during the school year.

Personal Health Number: _____ **Physician/Contact #:** _____

***** If your child does not have a regular family physician you must provide the name of the clinic or hospital where your child would go for medical care.**

Medical History:

Has your child ever been subject to any of the following? Please check all that apply.

Condition	YES	In Past Year	Condition	YES	In Past Year
Allergy/Hives			Fractures		
Asthma			Frequent headaches		
Convulsions			Frequent stomach issues		
Diabetes			Heart Disease		
Dizziness/Fainting			Hepatitis		
Ear/hearing issues			Mononucleosis		
Encephalitis			Urinary tract infections		
Epilepsy			Other:		
Eye/vision issues					

Allergies:

Does your child have any allergies? Yes No Please include any food, medication, environmental or contact allergies they may have. Please list the specific allergy and expected potential reaction as well as any medications to be administered.

Allergy	Expected Reaction	Medication and Action Plan
1.		
2.		
3.		

Is your child’s medical condition life threatening: Yes ** No

****If your child has a life threatening medical condition you must meet with the principal prior to the child attending KIS and ensure a Medical Alert Planning Form has been completed.**

Behavior/Learning Concerns:

This information is an important part of determining classroom needs and resource allocation. Failure to provide accurate and current information regarding your child’s needs can negatively impact their ability to successfully integrate into the childcare program. KIS reserves the right to terminate the childcare agreement if it has been determined that a child requires a level of care or resources KIS cannot provide.

Does your child have any behavioral or learning concerns? Yes No

Please explain: _____

Has your child been assessed by a physician or other agency for any behavioral/developmental/learning concerns? Yes No

- Name of physician or agency: _____
- Are you willing to share the results of the assessment with KIS? Yes No

Do you anticipate your child requiring increased assistance or one-on-one care? Yes No

PERMISSIONS & RELEASES

Media Release:

- I consent for my child's name and/or photo to be used in any internal and external school media including marketing publications, webpages and social media and I understand that information posted on the internet may be stored and accessed outside of Canada.

Yes No

Local Excursion Consent:

- I give permission for my child to participate in out-of-school activities such as outdoor classroom activities and walking field trips within the City of Kimberley limits with the understanding The Board Members cannot assume liability for the damage of personal property or personal injury beyond normal legal responsibilities. While participating in any school excursion, students and staff are governed by all laws and regulations applying to Kimberley Independent School Society. Yes No

Parent Support Group:

- I consent for the school to disclose my name, phone number, e-mail address and child's name to the Parent Support Group (PSG) for the sole purpose of school-related communications.

Yes No

Printed name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____

FEE PAYMENT POLICY

- I/we accept the responsibility of making payments by the 1st of each month, preceding my/our child attending Kimberley Independent School, and realize that failure to make payments could result in termination of educational services. **Initial** _____
- A thirty (30) day written notification must be provided to the principal of the school should a parent/legal guardian choose to withdraw their child.** Tuition is required to be paid in full until the end of the 30 day period and will not be pro-rated should the child leave in the middle of a payment period. **Initial** _____
- Deposits, registration and supply fees are non-refundable and non-transferrable. Any refunds are subject to review and acceptable refunds will be returned within 90 days of a student's departure. **Initial** _____

Printed name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____

Approved Pick-Up List

Person #1:

Full Name: _____ Contact Number: _____

Relationship: _____

Person #2:

Full Name: _____ Contact Number: _____

Relationship: _____

Person #3:

Full Name: _____ Contact Number: _____

Relationship: _____

Person #4:

Full Name: _____ Contact Number: _____

Relationship: _____

Person #5:

Full Name: _____ Contact Number: _____

Relationship: _____

Person #6:

Full Name: _____ Contact Number: _____

Relationship: _____

Person #7:

Full Name: _____ Contact Number: _____

Relationship: _____

DO NOT ALLOW TO PICK UP (Please list any persons that are NOT permitted to pick up your child)

1. Full Name: _____ Relationship: _____

2. Full Name: _____ Relationship: _____

Childcare Readiness Agreement

I/we understand that for licensing purposes my/our child is ready to start to in the childcare program and meet the requirements below regarding toilet training and naps:

1. Be able to tell an adult that they have to use the toilet before they are actually going
2. Be able to get on and off the toilet by themselves
3. Be able to pull down their pants and underwear and get them back up with minimal or no assistance
4. Be able to wipe themselves properly
5. Be able to postpone going if they must wait for someone who is in the bathroom or return to the class from an outdoor activity

Any child that has more than 1 toileting accident in a 2 week span will be placed on a monitoring program to determine suitability/readiness to continue with the program. KIS reserves the right to terminate enrollment in the childcare program if your child is determined to not meet the readiness requirements.

If your child has a toileting accident, the following procedure will be followed:

- If an accident occurs a staff member will assist the child in clean up and provide a change of clothes. The parent/guardian will be notified.
- If a second accident happens in a single day the staff will assist the child in clean-up and the parent/guardian will be contacted to pick the child up promptly.
- If a child has diarrhea, staff will assist in cleaning up the child as best as possible and the parents will be contacted for prompt pick-up. ***The child must stay home for at least 24 hours after diarrhea has stopped.***

I understand that Kimberley Independent School is not mandated to provide or facilitate nap times. Childcare rooms do have daily quiet time in the afternoons and the parent/guardian will provide an appropriate blanket/pillow.

Printed name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____

Indemnity Agreement

The undersigned hereby agrees that I am solely responsible for any liability or harm suffered by my child enrolled in the School, including (without limitation) any liability or harm resulting from the negligence of the School 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 child while enrolled in the School.

Printed name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____