

2023/2024

Kimberley Independent School Childcare Registration Form



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

Date of Registration: _____
Start of program date: September 5th 2023
End of program date: _____

Check List

Registration will not be accepted unless this section is complete

- Registration Fee (non-refundable)
- Volunteer Deposit (Full-Time \$250/Part-Time \$100)
- Copy of Birth Certificate
- Copies of Immunization or letter stating otherwise

The Consent, Policy, Agreement Section must be signed

- Childcare Readiness Agreement
- Refund, Overdue & Fee Payment Policy
- Indemnity Agreement
- Local School Excursion Consent
- Policy & Procedure Handbook has been read.

Child Enrolling in Program: 5 Day 3 Day (Mon/Wed/Fri) 2 Day (Tue/Thu) Extended Care

Student First Name: _____ Student Middle Name: _____ Student Last Name: _____

Date of Birth: Y ___ M ___ D ___ Gender: M F Age by September 1, 2023: _____ Age by December 31, 2023: _____

Email 1(Please print): _____ Email 2(Please print): _____

Entering Childcare From Home Day Home Other Childcare Facility Name of previous Childcare: _____

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: _____

Family Dynamics

Does the child live 100% with both parents: Yes No

If "No" please explain below:
#1 Parent _____% #2 Parent _____%

Is there a legal custody arrangement for this child:
Yes No

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 No

#1 Household arrangement. Child Lives with:

Mother Only Father Only Mother & Step Father Father & Step Mother # of Siblings # of Step-siblings Other: _____

#2 Household arrangements. Child Lives with:

Mother Only Father Only Mother & Step Father Father & Step Mother # of Siblings # of Step-siblings 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"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			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. – This must be a local contact)

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:	Landed immigrant Status: Yes <input type="checkbox"/> No <input type="checkbox"/>
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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:
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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.

<p>Photograph or video my child for internal and external purposes. (For example, Social Media, School Website or School Facebook page.)</p> <p>Photograph or video my child for Marketing purposes. (For example, School Posters or brochures)</p> <p>Display my child's first name alongside photographs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p>	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:
Contact Phone Number	Address:		
Parent/Guardian Details	Relationship:	Last Name:	First Name:
Contact Phone Number	Address:		

Childcare Readiness Agreement

Initial _____

I/we understand that for licencing purposes we acknowledge my/our child(ren) are ready to start in your Childcare programme as they meet the requirements below regarding potty training and naps.

Children who are in the process of toilet training need time, attention and care. This isn't a time that should feel rushed or pressured for the child. As it requires a lot of staff to cover the needs of all the children, it is required that your child be potty trained prior to entering our program.

A potty trained child is a child who can do the following:

1. Be able to tell an adult that they have to go potty before they are going.
2. Be able to pull down their underwear and pants and get them back up with minimal or no assistance
3. Be able to wipe themselves after using the toilet
4. Be able to get off the toilet/potty by themselves
5. Be able to postpone going if they must wait for someone who is in the bathroom or if we are outside or away from the school.
6. Has no more than 1 accident in a 2 week span.

If your child has an accident the following procedure will be followed.

1. If an accident occurs a teacher will assist the child in clean up and change of clothes and the parent/guardian will be notified.
2. If an accident happens more than once in a day. We will clean up your child and ask you to pick up promptly.
3. If there is diarrhea we will clean up your child the best we can, call you for prompt pick up and will ask you to keep your child at least 24 hours after diarrhea has stopped (not just 24 hours from pick up)
4. If more than three accidents occur in a four week period your child will be asked to withdraw from the program effective immediately and they may re-enroll when they are fully ready if spaces are available.

My child typically does not nap and I understand Kimberley Independent School is not licensed nor facilitates nap times. However I am aware that they do have daily quiet time in the afternoons and I will provide the appropriate blanket/pillow.

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.
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.

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)

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 staff 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 verify 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: _____

Illness Policy (if applicable)

My/our signature(s) below verifies that I/we have read the KIS Sickness policy, and that I/we fully understand and agree to the Kimberley Independent School, KIS sickness policy.

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

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