



KELOWNA CHRISTIAN SCHOOL

CLUB JUDAH REGISTRATION FORM

2016-2017

REGISTRATION PROCESS

The number of students enrolled in the Club Judah Before/After School Care program is limited by licensing and financial factors. Existing Club Judah families have first choice in placement, providing they have met the registration deadline, submitted their Club Judah contract and payment (post-dated cheques) by the required dates (May 2016). New families are prioritized according to date of registration — beginning January 26, 2016 - and space available in the program.

Students will be accepted into the program based on several factors, including but not limited to:

- Previous enrollment. *Priority will be given to families enrolled in Club Judah in the previous year.*
- Full-time vs. part-time attendance. *Families enrolling full-time will be given preference.*
- Age balance of the group.
- Gender balance of the group.
- Date completed applications are received (although this is not a primary factor).

REGISTRATION TIMELINE

January 25, 2016	Club Judah Registration Form and Handbook for 2016-2017 available.
May 2016	Club Judah Schedule Calendar and Contracts will be made available to families to confirm annual care schedule, as well as finalize and provide payment due.
August 15, 2016	Final date to make changes to the care schedule/contract and provide payment (post-dated cheques) for the remaining year prior to program start.
September 6, 2016	Payment for 2016-2017 due.

REGISTRATION REQUIREMENTS

Please ensure all components of the Registration Form are completed and the required documents (listed below) submitted. Please note that the application must include these documents before the registration will be considered. **Registration is secured when payment for 1 week of care (5 days) is received.**

All registration forms and inquiries for Club Judah Before/After School Care Program are processed through the Elementary School Office at our Gordon Campus. **Please mail or drop off your completed registration form with supporting documents to our Elementary School Office (3285 Gordon Dr. Kelowna, BC V1W 3N4), made attention to Sylvia Loewen.** Please note that all registration forms that are not accepted are destroyed to protect the applicants' information. In the event of a wait listing, with the permission of the applicant, information will remain on file.

REGISTRATION DOCUMENTS

Please include the following documents in your registration package:

- Completed **Student Registration Form** and signed **Parental Commitment & Agreement**.
- If child has received any immunizations in their lifetime, please provide a copy of their most current **Immunization Record**.
- If applicable, a legal copy of **custody agreements, legal guardianship, and/or restraining orders**.

IMPORTANT REGISTRATION INFORMATION

- Club Judah only operates on days in which KCS Elementary School classes for Grade 1-5 are in session from September to June. Please note the Club Judah Student Start Dates below.
- Club Judah is not available during Professional Days or holidays where the school is closed. Please reference the Club Judah Program Calendar (available in May with your Club Judah Contract) for a complete list of dates of operation.
- Program fees will not be discounted for late drop-off or early pick-up.
- Program fees will not be refunded if child does not attend on scheduled day, unless written notice is given two (2) weeks prior to date.

MINISTRY GUIDELINES

The Ministry requires:

- A photo of each child must be on file. Club Judah Program Staff will take the photo of your child(ren) on the first day of Club Judah.
- **Program fees to be paid prior to your child's first day at Club Judah.**

CLUB JUDAH PROGRAM FEES

Before School Care	7:30am – 8:40am	\$10/day
After School Care	3:00pm – 5:30pm	\$18/day

CLUB JUDAH STUDENT START DATES

Kindergarten	Club Judah is available once students begin their regular, full day Kindergarten schedule. Club Judah is not offered during Kindergarten gradual entry / half days. Tentative date for Club Judah for Kindergarten students begins as early as September 15, 2016.
Grade 1 - 5	Club Judah may begin for Elementary students as early as September 6, 2016.

STUDENT REGISTRATION FORM

STUDENT INFORMATION

Student's Legal Name (as it appears on the Birth Certificate)

_____ / _____ / _____
LAST FIRST MIDDLE

Student's USED Name: _____ Date of Birth: _____ / _____ / _____
(only if different than above) Month Day Year

Eye Colour: _____ Hair Colour: _____ Gender: Male Female

Primary Parent Home Phone: _____ Student Grade in 2016-2017: _____

Primary Parent Email*: _____
**This email will be used for all school correspondence.*

Address: _____ City: _____ Postal Code: _____

Mailing Address (if different): _____

Student resides with: Father & Mother (same residence) Father Mother Legal Guardian

Date of your child's first day attending Club Judah childcare: _____ / _____ / _____
MM DD YYYY

REGISTRATION SCHEDULE

Please check (✓) which program option and corresponding days of the week you wish to register your child for Club Judah Before/After School Care for the 2016-2017 school year.

Please note this schedule will be applied **FOR THE MONTH OF SEPTEMBER 2016**. Your Club Judah schedule must be finalized by August 2016 for the remainder of the year (October 2016 - June 2017).

I wish to register my child for the following placement in Club Judah Before/After School Care:

BEFORE SCHOOL (MORNINGS): 7:30am - 8:40am

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

AFTER SCHOOL (AFTERNOONS): 3:00pm - 5:30pm

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

OCCASIONAL MONTHLY PACKAGES:

5 MORNINGS / month 10 MORNINGS / month
 5 AFTERNOONS / month 10 AFTERNOONS / month

MOTHER (GUARDIAN 1) INFORMATION

Full Name: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Relationship to Student (circle one): Birth Adoptive Step Foster Guardian Ministry

Address: _____ Postal Code: _____

Employer/Occupation: _____ Work Phone: _____

FATHER (GUARDIAN 2) INFORMATION

Full Name: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Relationship to Student (circle one): Birth Adoptive Step Foster Guardian Ministry

Address: _____ Postal Code: _____

Employer/Occupation: _____ Work Phone: _____

EMERGENCY CONTACTS

In case of emergency, if parents/guardians cannot be reached, list two local contacts:

Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

STUDENT PICK-UP ARRANGEMENTS

Please list adults other than you, as a parent, who may pick up your child if you were not able to. It is understood that your child will only be released to those noted in the below authorization.

*I give permission for the following people to pick up my child, _____
from KCS Club Judah Before/After School Care in my absence: (print child's full name)*

Name: _____ Relationship to Child: _____ Phone #: _____

Name: _____ Relationship to Child: _____ Phone #: _____

Name: _____ Relationship to Child: _____ Phone #: _____

Name: _____ Relationship to Child: _____ Phone #: _____

Are there any adults who specifically are not permitted access to your child or may attempt to gain access to your child? NO YES*

* If yes, please provide legal copies of custody agreements and/or restraining orders.

* If yes, who? Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

MEDICAL INFORMATION + STUDENT BACKGROUND

Student's BC Medical Services Plan Card #: _____

Doctor's Name: _____ Doctor's Phone #: _____

Is your child immunized? YES NO *If yes, please attach a photocopy of record.*

If no, please state reason: _____

Does your child have any of the follow conditions:

1. **Allergies?** Please specify: _____

2. **Special diets?** Please specify: _____

3. **Communicable diseases** (other than colds)? Please specify: _____

4. **Other medical / health conditions?** Please specify: _____

5. **On-going / long-term medications?** Please specify and list reason for use: _____

6. **Vision, hearing or speech challenges/concerns?** Please specify: _____

7. **Learning, physical, behavioural or emotional concerns?** Please specify: _____

Any recent significant changes in your child's life? (e.g. death, separation, move, new sibling, etc.)

Does your child have any distinctive physical features that are easily identifiable, if needed? If yes, please list: _____

PARENTAL COMMITMENT + AGREEMENT

By signing below, you agree to enroll your child for the placement outlined on Page 3 of this registration package.

Please indicate your agreement to the following statements by initialing each statement and signing the bottom of this page.

_____ In the case of a regular Club Judah worker's absence, I authorized a substitute worker to care for my child. I understand the substitute will have the same credentials and background check as is required by the regular Club Judah workers.

_____ In case of emergency, I authorize the Club Judah Manager and/or qualified Club Judah staff to administer first aid and/or call an ambulance. I agree it is my responsibility to pay the ambulance fee.

_____ In case of medical conditions that require immediate attention, I authorize the staff of Kelowna Christian Preschool to call my medical practitioner.

_____ I give permission for my child to participate in spontaneous walks within walking distance of the preschool and play on the Kelowna Christian School playground and other neighboring playgrounds such as Kids Corner Daycare playground.

_____ I give permission for my child to participate in occasional events sponsored by Kelowna Christian School and on the property of Kelowna Christian School.

_____ I give permission for my child to be photographed / videoed for classroom usage and general promotion within the school including the school website and newsletters. In any pictures used in promotion or presentations, the child's identity will remain anonymous.

I have read and agree to the policies and procedures as outlined in the Kelowna Christian School Club Judah Before/After School Care Program Handbook, realizing the responsibilities for myself (i.e. attendance, enrollment/withdrawal procedures, pick-up times, etc.) and my child (behaviour expectations). I realize that the school reserves the right to cancel the program if there is an insufficient number of students enrolled.

I declare that the information provided in this application is accurate to the best of my knowledge, and acknowledge receipt and acceptance of the statements above.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date