



# KELOWNA CHRISTIAN SCHOOL

## 2020-2021 APPLICATION FORM

### PRESCHOOL

Thank you for your interest in Kelowna Christian School. We are excited to educate your child in a Christian environment with dedicated teachers and a standard of excellence that we know you will come to appreciate.

Our **VISION** declares that *we seek to be a Christ-like community passionately transforming our world.*

Our **MISSION** states that *we exist to educate, equip and inspire our school community to become disciples of Jesus who love and serve God and others.*

## APPLICATION GUIDELINES

- Current KCS Families (those with children currently in Gr. K–12 planning to continue enrollment next year):**  
Priority will be given to those who have submitted a completed Preschool Application Pkg prior to January 31<sup>st</sup>. Applications received from KCS families after January 31st will be assessed with other Preschool applications.
- New Families - Class placement for Early Bird applications will be based on the following criteria:**
  - Attendance at KCS Preschool & Kindergarten Information Night on January 20, 2020.  
(Those unable to attend this event must have contacted Cyndy Loewen (Admissions Director) PRIOR to the event)
  - A completed application has been submitted by 4:00 pm, January 21, 2020.
- All Families –**
  - Faith based families that align to Kelowna Christian School's Mission and Vision.
  - To ensure that KCS is able to appropriately meet the needs of all students in every class, student composition for each class will be taken into consideration. If there are more applicants than seats available, a student draw may be used.

**PRESCHOOL APPLICATIONS OPENS:**

**8am – Tuesday, January 21, 2020**

**PRIORITY APPLICATIONS DEADLINE (FOR CURRENT KCS FAMILIES):**

**4pm – Friday January 31, 2020**

## APPLICATION PROCESS AND REQUIREMENTS

All application packages and inquiries for Preschool are processed through the Admissions Office at our Benvoulin Campus. Please ensure all components of the application package are complete and required documents (listed below) are submitted. **Please note that the application must include the Preschool Tuition Contract and Application Fee before registration will be considered.**

Contact: Admissions - Cyndy Loewen

Email: [admissions@kcschool.ca](mailto:admissions@kcschool.ca)

Phone: 250-861-3238

KCS Preschool & Elementary School

3285 Gordon Drive

Kelowna, BC

V1W 3N4

KCS Middle & High School

2870 Benvoulin Road

Kelowna, BC

V1W 2E3

*Information collected in this registration package is used and disclosed by Kelowna Christian School (KCS) in accordance with the Personal Information Privacy Policy for Parents and Students of KCS; a copy of which is available from the school's Privacy Officer. Please note that any applications not accepted will be destroyed to protect the applicant's information. In the event of a waiting list, with the permission of the applicant, information will remain on file.*

## APPLICATION DOCUMENTS

**Please include the following documents in your application package:**

- Completed Student Admission Application.**
- Annual Application Fee** (\$100 non-refundable. Not required if K-12 Application Fee was paid.)
- Enrollment Contract** (if applying after August 1, 2020, please include one month's tuition payment)
- Immunization Record**, if your child has received any immunizations in their lifetime, please provide a copy of their most current record.

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# KELOWNA CHRISTIAN SCHOOL

## PRESCHOOL STUDENT APPLICATION FORM

OFFICE USE ONLY

Date Received: \_\_\_\_\_

### PLEASE SELECT ONE PREFERRED PROGRAM:

- MORNINGS (Tues / Thurs from **8:45am – 11:15am**) - 3 year olds (birthdate between Jan 1 – Dec 31 2017)
- MORNINGS (Mon / Wed / Fri from **8:30am – 11:30am**) - 4 year olds (birthdate between Jan 1 – Dec 31 2016)
- AFTERNOONS (Mon / Wed / Fri from **12:30pm – 3:00pm**) - 4 year olds (birthdate between Jan 1 – Dec 31 2016)

### 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:  M  F

Student's First "Home" Language: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Primary Parent Email\*: \_\_\_\_\_ \*This email will be used for all school correspondence

Primary Parent Phone: \_\_\_\_\_

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

### MOTHER INFORMATION

Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### FATHER INFORMATION

Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Did you attend the KCS Preschool & Kindergarten Information Night?  YES  NO

## FAMILY INFORMATION

Please list the names and birthdates of all other children in your family.

Name	D.O.B.	Name	D.O.B.

Names of school-aged children not attending Kelowna Christian School with reason:

Indicate why you desire to have your child(ren) educated in a Christian School:

Discipleship is our mission at KCS. What does discipleship mean to you and how is it lived out in your home?

What church do you attend?

## CHILD PICK-UP / EMERGENCY CONTACT INFORMATION

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

If yes, who? Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Please list **3** adults, other than yourself as a parent, who may pick up your child if you were not able to. This also applies in **the case of an emergency**. 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 Preschool:

1) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## MEDICAL INFORMATION

Student's BC Medical Services Plan Card #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

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

If no, please provide reason:

**List any on-going / long-term medications** your child is taking (e.g. medication for ADHD, self-administered inhalers, etc.):

\_\_\_\_\_

**Any special diets?** Please specify: \_\_\_\_\_

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

**Check all life-threatening health conditions** that apply to this student:

*\* A Medical Alert Plan will be created in collaboration with the parents / guardians.*

- Anaphylactic or **severe** allergies (e.g. food, insect stings) – please specify: \_\_\_\_\_
- Diabetes
- Epilepsy with a history of Grand Mal (tonic-clonic) seizures in the past 2 years
- Feeding tube
- Heart condition (e.g. heart repair, murmur)
- Severe asthma (e.g. resulted in hospitalization in the past 2 years)
- Special needs due to renal failure, venous access devices, post-transplant
- Blood clotting disorders (e.g. haemophilia)
- Other health conditions which may require emergency care or affect your child's ability to function at school (e.g. allergies, vision or hearing impairment, mental health conditions, mild/moderate asthma, anxiety etc.):

## SUPPORT

**To your knowledge, does your child require any; learning, physical, behavioural, or emotional support?** Please specify:

**Vision, hearing or speech concerns?** Please specify:

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

**Has your child ever been assessed for any of the following?** **YES** **NO**  
(Including: Starbright, Occupational Therapy, Physical Therapy, Speech Language Pathology, IHCAN etc.)

If 'Yes', please explain and include a copy of the most recent LP/IEP and/or Psych Ed/IHCAN assessments (if applicable).

**Please check any learning and/or behavioural challenges that may apply to your child?**

ADHD      Anxiety      Depression      ASD(Autism Spectrum Disorder)      FAE/FAS      LD(Learning Disorder)  
Other:

**Does your child receive any grants or funding from the government?** **YES** **NO**



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## PARENTAL CONSENT, COMMITMENT + AGREEMENT

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

**INITIAL  
HERE ↓**

\_\_\_\_\_ In case of accident or illness, I authorize qualified staff of Kelowna Christian Preschool or Kelowna Christian School to administer first aid or to call an ambulance.

\_\_\_\_\_ 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 email address to be used in the class photo directory. This information is not to be used for solicitation purposes.

\_\_\_\_\_ 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 declare that the information provided in this application is accurate to the best of my knowledge, and acknowledge receipt and acceptance of the field trip and privacy statements above.*

\_\_\_\_\_  
**Mother/Guardian Name** (please print)

\_\_\_\_\_  
**Mother/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Father/Guardian Name** (please print)

\_\_\_\_\_  
**Father/Guardian Signature**

\_\_\_\_\_  
**Date**