



KELOWNA CHRISTIAN SCHOOL

2019-2020 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 students in Preschool – Grade 12 planning to continue enrollment next year):**
Priority will be given to those who have submitted a completed Preschool Application Package prior to January 31, 2019. Applications received from KCS families after January 31, 2019 will be dated and 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 21, 2019.
 - A completed application has been submitted by 4:00 pm, January 22, 2019.
- All Families** - 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 22, 2019

PRIORITY APPLICATIONS DEADLINE (FOR CURRENT KCS FAMILIES):

4pm – Monday, January 31, 2019

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
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** (\$50 non-refundable. Not required if K-12 Application Fee was paid.)
- Enrollment Contract** (if applying after August 1, 2019, 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 2016)
- MORNINGS (Mon / Wed / Fri from **8:30am – 11:30am**) - 4 year olds (birthdate between Jan 1 – Dec 31 2015)
- AFTERNOONS (Mon / Wed / Fri from **12:30pm – 3:00pm**) - 4 year olds (birthdate between Jan 1 – Dec 31 2015)

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

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 (circle 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 (circle one): Birth Adoptive Step Foster Guardian Ministry

Address: _____ Postal Code: _____

Employer/Occupation: _____ Work Phone: _____

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:

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: _____

CHILD PICK-UP / EMERGENCY CONTACT INFORMATION

Please list 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:

Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

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

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 function at school (e.g. allergies, vision or hearing impairment, mental health conditions, mild/moderate asthma, anxiety etc.):

STUDENT 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 select any learning and/or behavioural challenges that may apply to your child?

ADHD Anxiety Depression LD (*Learning Disorder*) ASD (*Autism Spectrum Disorder*)
FAE (*Fetal Alcohol Effects*) FAS (*Fetal Alcohol Syndrome*) Other: _____

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



KELOWNA CHRISTIAN SCHOOL

PARENTAL CONSENT, COMMITMENT + AGREEMENT

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