

Application for Admission to Kinderssori Academy Inc.

School Year _____ Male Female

Full time Program

(Monday -Friday)

Student Information

Legal Surname _____ Given Names(s) _____

Other Name (s) _____

Birthday (Y/M/D) _____ Age at start of school year _____

Local Address _____ City/Province _____

Postal Code _____ Telephone _____

Mailing Address (if different from above) _____

City Province _____ Postal Code _____

Country of Citizenship _____

Immigration Status (if not Canadian) _____ Expiry Date (if applicable) _____

Language(s) spoken at home _____

Current Preschool/Daycare _____ Director/ress _____

Address _____ Telephone _____

Date of Entry _____ Enrolled Until _____

Has your child ever had behavioural issues or concerns with school? If yes, please elaborate.

Parent/Guardian Information

Name of Parent/Guardian _____ Relationship to Student _____

Address _____

City/Province _____ Postal Code _____

Home Phone _____ Cell Phone _____

Business Phone _____ Occupation _____

E-mail Address _____

Name of Parent/Guardian _____ Relationship to Student _____

Address _____

City/Province _____ Postal Code _____

Home Phone _____ Cell Phone _____

Business Phone _____ Occupation _____

E-mail Address _____

Please check the boxes that apply to the child

- Lives with both parents Father deceased Mother deceased Parents separated
 Joint custody Parents divorced Lives with father Lives with mother
 Father remarried Mother remarried
 Lives with relative / Relationship to relative: _____
 Child Adopted / If yes, does he/she know? _____

Please list other children in your family

Name	Date of Birth	Grade	School
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Emergency Contact Information

First Emergency Contact living in Leduc other than parent/guardian:

Name _____ Relationship to student _____

Address _____

City/Province _____ Home Phone _____

Cell Phone _____ Business Phone _____

Second Emergency Contact living in Leduc other than parent/guardian:

Name _____ Relationship to student _____

Address _____

City/Province _____ Home Phone _____

Cell Phone _____ Business Phone _____

Release of child

Is there any person to whom your child MUST NOT be released?

YES

NO

If yes, please explain:

Please provide a photo of this person.

Health Information

Alberta Health Care Number _____ Physician's Name

_____ Telephone _____

Any known allergies? Yes No

If yes, please specify. _____

Any health problems or special needs? Yes No

If yes, please specify. _____

Is your child on any routine medication? Yes No

If yes please specify. _____

Has your child been immunized? Yes No

Has your child ever been referred to or tested by outside agencies (i.e. Learning, speech, psychological assessments, etc.)? _____

If yes, please provide additional information and attached documentation.

Has your child ever suffered any serious injury, illness, or hospitalization? Yes No

If yes please specify. _____

Additional Information

Please indicate how you learned about Kindersori Academy: _____

To complete the application procedure, the following documentation must be enclosed:

Small photograph of candidate

Copy of birth certificate

Applicable Fees

Authorizations:

Emergency Permission

In case of emergency, I grant permission to the teaching staff to take whatever steps may be deemed necessary to administer emergency first aid and/or obtain medical care for my child, _____.
I agree to cover the cost of an ambulance if one is deemed to be required.

_____ Date

_____ Signature of Parent/Guardian

Use of School Facility Permission

I grant permission for my child, _____, to leave the Kinderssori Academy Preschool classroom under the supervision of the teaching staff and within the Peace Lutheran Church grounds and facilities.

_____ Date

_____ Signature of Parent/Guardian

Photo Consent

I grant permission for the teaching staff to take photos of my child, _____, and post those photos in the classrooms of Kinderssori Academy Preschool and Kinderssori Social media.

_____ Date

_____ Signature of Parent/Guardian

Privacy Policy

The information you provide on this Registration Form will be made available to the teaching staff at Kinderssori Academy. We also publish, from time to time, a class list for each program including your child's name and home number as well as your first name(s). Parents find the class list helps them learn each other's names, get together socially and provide information for birthday favours. If you DO NOT want to participate in the class list, please initial the box below.

Please DO NOT publish my family's contact information on the Class Phone List.

Please read the following carefully:

I have disclosed full and accurate information about the candidate. I understand that admission of all candidates is subject to formal acceptance at the discretion of Kinderssori Academy Inc. I understand that enrolment at Kinderssori Academy Inc. is to be generally conditional upon maintenance of self-discipline, good character and tolerance towards others. I understand that withholding pertinent information or falsifying information on this application automatically precludes the applicant from being considered, or will be just grounds for dismissal of the student.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Kinderssori Academy Inc. General Release Form

Both the Application Form & this General Release Form, along with the \$100 non-refundable registration fee must be completed and submitted before the child's placement is secured at the school. A copy of your child's immunization record, photo and birth certificate must be on file prior to the child's first day of class. Children will be admitted on the basis of a pre-enrolment interview, though the interview may be waived by the Administration.

1. I agree to pay Kinderssori Academy, Inc. the non-refundable yearly tuition fees for the school year.
2. I agree to pay tuition in the form of 10 post-dated cheques, cash or electronic transfer payable to Kinderssori Academy in the first week of every month.
3. The Parent Handbook has dress and behaviour codes. Parent(s) agrees to review them and will support these codes as stated in the handbook.
4. I hereby release, indemnify, and hold harmless Kinderssori Academy, Inc., and its staff from any loss or damage to toys, clothes or any other personal articles.
5. I hereby warrant Kinderssori Academy, Inc., that I am entitled to legal custody and possession of my child(ren) and, accordingly, am authorized to place my child(ren) in your care and custody and am further authorized to sign this release form. If proof of custody is required, I agree to provide the school office with appropriate court papers to keep on file.
6. On admission of my child(ren) to Kinderssori academy, Inc. I agree to observe the policies and regulations as set forth by the school. I have read, and agree, with the philosophies, policies, and curriculum as outlined in the school handbook, which I have reviewed from kinderssoriacademy.com website and soft copy emailed to me .
7. I am aware that Kinderssori Academy, Inc., liability insurance policy covers only the students formally enrolled and not other children using the facilities. Therefore, if for any reason I bring to school children other than those enrolled, and in the event that they should sustain injuries on said premises, I hereby release and absolve the school completely and totally from all blame for any and all subsequent consequences thereof, if any. The above also pertains to any animals brought onto the premises. I also understand that by bringing other children to the school, I will do so only with the administrator's permission.
8. Parents sometimes have a need to contact other parents. The directress may release authorized information. Parents agree to use this information for school associations only.
9. I agree to provide 30 days notice for withdrawal from classes.
10. I agree to pick up my child immediately if s/he becomes ill at Kinderssori Academy.

11. I will not send my child to Kinderssori Academy if s/he is ill. If my child has a contagious illness s/he may not return to school until I provide a physician's letter stating my child is no longer contagious.
12. In the event of an emergency, I authorize Kinderssori Academy to administer first aid, as they deem appropriate for my child. I assume responsibility for any payments to a physician/paramedic, or for emergency care.
13. I understand that Kinderssori Academy does not permit or promote violence. My child will not be allowed to hit, strike, bite, hurt, harm or put another student at risk. If this occurs, I will immediately pick-up my child and a conference will be set up with the teachers to establish an action plan for my child.
14. I understand that if my child is unable to adjust to school life, s/he will be given two weeks' notice by the school.
15. In instances where my child is considered a danger to herself/himself or to the other students of Kinderssori Academy, the school reserves the right to dismiss my child without notice.
16. I agree to sign my child in and out each day, and to provide the school with the names of those persons responsible for picking up my child.
17. When I bring my child to school, I will not leave until a teacher has greeted my child.
18. When I pick up my child from school, I will wait until classes are dismissed.
19. Kinderssori Academy Inc. may use photographs, reproductions, and/or sound recordings of my child(ren) for the purpose of school programs, advertising, and miscellaneous curriculum uses.
20. I understand that Kinderssori Academy has a webpage that contains photos of Kinderssori students at work and play.
- 21.

_____ Date _____
 Printed name of Parent (Father) or Guardian Signature of Parent (Father) or Guardian

_____ Date _____
 Printed name of Parent (Mother) or Guardian Signature of Parent (Mother) or Guardian