



Kingdom Kids Preschool

Application Form for children 32 months to 5 years

Child's Name:		
Start date:	Age:	Birthdate:
Parent's Name:	Registration Fee: <input type="checkbox"/>	
	\$25.00	

Check off the type of care you require:

	Kingdom Kids Preschool - NCS 1-morning per week	M T W TH F	\$80.00 per month
	KKPS NCS 2-morning per week	T TH	\$125.00 per month
	KKPS - NCS 3-morning per week	M W F	\$180.00 per month
	KKPS - NCS 4-mornings per week	M T W TH F	\$245.00 per month
	KKPS - NCS 5- mornings per week	M-F	\$290.00 per month
	KKPS - NCS 1 afternoon per week	MTWTH	\$60.00 per month
	KKPS - NCS 2 afternoons per week	MW or T TH	\$115.00 per month
	KKPS - NCS 3 afternoons per week	M T W TH	\$150.00 per month
	KKPS-NCS 4 afternoons per week	M T W TH	210.00 per month

*** Preschool is closed for Statutory Holidays and School Holidays***

Nanaimo Christian School Site 198 Holland Road, Nanaimo, BC, V9R 6W6	250-667-4222
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I understand that by enrolling my child for the above program, I am responsible for the total cost of care. I understand that if I wish to withdraw my child's enrolment in entirety, or in part, I must contact Kingdom Kids in writing **Four Weeks** prior to the time care is to be given in order to have the fees waived.

Parent Signature **Name (Please Print)** **Date**



Kingdom Kids Preschool

Application for Registration

Member Church:

Learning through Play ~ Growing in Faith

Family Information

Child's Name: _____ Age: ____ Birth date: _____ Gender: M__F__

Name of Enrolling Parent: _____ Cell Phone: _____

Street Address: _____ Home Phone: _____

City: _____ Postal/Zip: _____ E-mail: _____

Employer: _____ Work Phone: _____

Name of Second Parent: _____ Cell Phone: _____

Street Address: _____ Home Phone: _____

City: _____ Postal/Zip: _____ E-mail: _____

Employer: _____ Work Phone: _____

Siblings Names & Ages: _____

(only if at NCS or Preschool) _____

Custody Restrictions

Yes No

If so please attach court order and state general conditions here: _____

Names of people not authorized to have access to your child: _____

Program Information

Have you previously applied to Kingdom Kids Preschool? Yes No

Where did you initially hear about Kingdom Kids Preschool?

Newspaper Internet Phone Book Friend/Family

School Newsletter Brochure Child Care Resource and Referral

Other: _____

Emergency Contacts

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Church Contact: _____ Pastor /Elder: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Persons Authorized to Pick up Child

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Arrivals & Departures

CHILDREN WILL NOT BE RELEASED ON THEIR OWN. CHILDREN MUST BE SIGNED OUT OF THE PROGRAM BY A PARENT OR BY A PERSON AUTHORIZED TO PICK UP.

Health

Family Doctor _____ Phone _____
 BC Medical Health Number _____

All disclosures are kept confidential and assist us as we provide the best program for your child. Has your child had any surgeries or health problems?

Yes No

If yes, explain: _____

Has your child participated in any programs with the Child Development Center or VIHA?

Hearing Vision Physical Therapy & Development Social & Occupational Therapy

If yes, explain: _____

Does your child have any Special Needs? Yes No

If yes, explain: _____

Does your Child require a Special Needs worker at Preschool: Yes No

IF YOU ANSWERED YES, AND YOUR CHILD IS NOT CURRENTLY REGISTERED IN Kingdom Kids Preschool PLEASE CONTACT THE ADMINISTRATION BEFORE SUBMITTING YOUR APPLICATION.

Does your child take any regular medications: Yes No

If yes, explain: _____

YOU ALSO MUST COMPLETE AN

Have you noticed an allergy to any particular food or insects? Yes No

If yes, explain: _____

Special Diet/Food Preferences: _____

Immunization

Please indicate the dates on which immunization was administered:

	1 st visit	2 nd visit	3 rd visit	12 months	18 months	5-6 years	Grade 6
Diphtheria				N/A			N/A
Pertussis				N/A			N/A
Tetanus				N/A			N/A
Poliomyelitis				N/A			N/A
HIB				N/A		N/A	N/A
Measles	N/A	N/A	N/A			N/A	N/A
Mumps	N/A	N/A	N/A			N/A	N/A
Rubella	N/A	N/A	N/A			N/A	N/A
Hepatitis B				N/A	N/A	N/A	

General	Has your child previously attended a daycare or a Preschool program? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there any other information about your child that would be helpful for the staff in order to best care for your child? (Needs, concerns, interests, hobbies, etc.) _____ _____ _____
Policies & Procedures	<p align="center">Please refer to the attached PROGRAM CONDITIONS and familiarize yourself with Kingdom Kids Preschool Policies and Procedures.</p> I have read and accept the policies and procedures outlined in the Program Conditions. _____ <p align="center">Signature Date</p>
Permissions	<ol style="list-style-type: none"> I hereby give permission for my child _____ to go on field trips arranged by Kingdom Kids Preschool Program Staff (I understand that I will be informed in advance of any unusual field trips): <input type="checkbox"/> Yes <input type="checkbox"/> No I hereby give permission to have pictures taken of my child in the program setting for general record keeping and publicity purposes: <input type="checkbox"/> Yes <input type="checkbox"/> No I understand that in case of accident or illness, if a parent or guardian cannot be reached, Kingdom Kids Preschool will phone an ambulance and a staff will accompany your child to the hospital. I give my authorization for emergency health services. I accept all responsibility for payment of all accounts rendered to my family. I certify that the information given in this form is complete and true in every respect, and that I am the legal Parent/Guardian of _____. _____ <p align="center">Signature Date</p>

OFFICE USE ONLY			
Date Received		Days Enrolled	
Entered		\$25 Registration Fee	CC / CHQ / CASH # _____
Payment	CC / PAP / CHQS	Subsidy	N/A / Yes - confirmed
Comments			
	Start Date:	Withdrawal Date:	



Application Checklist

Please take the time to ensure that the following information has been completed and included in the application:

- Application for Child Care (Signed and Completed)
- Payment Method (Credit Card, Automatic Debit, Post-Dated Cheques)
- \$25.00 Registration Fee (Made Payable Today to Nanaimo Christian School)
- Copy of Birth Certificate
- Recent Picture of your Child (Photocopy Acceptable)
- Legal copy of Custody Restrictions (if applicable)
- Government Subsidy Information (if applicable)
- Immunization information

Incomplete Packages will be returned!

**Thank you for your application to
Kingdom Kids Preschool**