



Registration Form
Kindergarten Readiness Program
Student Information Form

Name of Student _____ Gender _____

Date of Birth _____ Age at Program Time: _____

Address _____ Phone _____
_____ phone _____

Email _____

Parent(s)/Guardian(s)

Name _____ Name _____

Employer _____ Employer _____

Business Phone _____ Business Phone _____

Health Information

Health Difficulties: Heart _____ Vision _____ Hearing _____ Speech _____

Others: _____

Allergies: _____

Please note: if a child has been prescribed an epi pen or inhaler, please provide one in a fanny pack on the child.

Family Doctor _____ Phone _____

Emergency Contact _____ Phone _____

Parent Signature

_____ Date _____

Forms may be submitted at the school office or inside school mailbox. Full payment must accompany the form. Refunds will be extended to those who must cancel provided the request is made in writing prior to the first session.

Kingston Christian School - Enrolment Questionnaire: Kindergarten Readiness Program

Our mission at Kingston Christian School is to provide an excellent Christ-centred education for each student that is enrolled in our school and in our programs. Understanding that our school is a nonprofit organization and that our resources are limited, we must take seriously our call to service each child according to his/her gifts and needs. We confess that despite our best efforts, there are some needs we simply cannot meet. We therefore ask that families fully disclose their best understanding of their children’s needs in order to ensure that our program is the best fit for your family.

1. Does your child have any diagnosed or suspected medical conditions?

2. Does your child take any regular medications? If yes, please explain.

3. Does your child have any known or suspected delays? If yes, please explain.

5. Does your child have any behaviours that the school should be aware of? If yes, please explain.

6. Does your child require assistance with use of the toilet? Yes ____ No ____

7. What are your child’s favourite toys/ hobbies/ sports, etc.?

I understand that anything less than full disclosure of any of the above information/or related conditions could cause the cessation of services.

Signature of parent _____

Date _____

Payment: Please return the Enrolment Questionnaire and the Registration Form and a cheque for the fee (Kingston Christian School) to the school office. The fee will be held until the first program session. Families registered to start KCS in the fall will have their cheque returned. Do not hesitate to call 613-384-9572 with any questions.

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