

DATE OF DESIRED ENROLLMENT:

September: 20_____

Other (please specify): _____

Date completed: _____

Please submitted completed forms by email to:
astratsma@bramptonjkcs.org

Application for Enrollment

New student from existing family

CHILD/REN'S SURNAME: _____

FAMILY INFORMATION					
Father: <input type="checkbox"/> Custodial		Mother: <input type="checkbox"/> Custodial			
Address:			Address:		
City:	P.Code:	City:	P.Code:		
Home #:	Alt. #:	Home #:	Alt. #:		
Home email:			Home email:		
Church Membership:			Church Membership:		
Pastor's Name:			Pastor's Name:		
Pastor's Contact Information:			Pastor's Contact Information:		
TRANSPORTATION					
Do you require bussing for your child(ren)? <input type="checkbox"/> NO <input type="checkbox"/> YES AM only <input type="checkbox"/> PM only <input type="checkbox"/> Both AM & PM <input type="checkbox"/>					
Bus stop location if different from home address:					
<i>Please note that bus stop locations are subject to approval by our transportation provider.</i>					
EMPLOYMENT INFORMATION					
Father's Occupation:			Mother's Occupation:		
Employer:			Employer:		
STUDENT INFORMATION					
First Name	Middle Name	M/F	Entering grade:	Date of Birth (month/day/year)	
1.					
2.					
3.					
<input type="checkbox"/> Verification of date of birth - <u>copy provided</u> (photocopy of Birth Certificate, Statement of Live Birth, Passport, etc.) Country of Birth: <input type="checkbox"/> Canada Other: _____					
Age of Eligibility: Junior Kindergarten: child will turn 4 by December 31 in the year they begin school Senior Kindergarten: child will turn 5 by December 31 in the year they begin school					
A Full or Part-Time Kindergarten Program is available. Please indicate your preference below:					
<input type="checkbox"/> Part-Time Junior Kindergarten - 3 days/week <input type="checkbox"/> Full-Time Junior Kindergarten - 5 days/week			<input type="checkbox"/> Part-Time Senior Kindergarten - 4 days/week <input type="checkbox"/> Full-Time Senior Kindergarten - 5 days/week		

SCHOOL ATTENDANCE INFORMATION *(please list school with most current information)*

Student Name	School Name (indicate Campus if applicable)	From: (YYYY - YYYY)

I give permission for JKCS to contact my child(ren)'s previous school

EDUCATIONAL INFORMATION

I have completed the Student Profile Form *(click link to be redirected: [Student Profile](#))*

I have provided copies of my child(ren)'s TWO most recent report card(s) *(NOT a Progress Report)*

STUDENT MEDICAL INFORMATION *(please indicate any Medical alerts/allergies/conditions)*

1.		
2.		
3.		

Ontario Health Card Number:(s)

Name:	Name:	Name:
#	#	#

Please follow the directions provided from the Region of Peel Health Unit:

<https://www.peelregion.ca/health/vaccinations/childcare-school/>

Immunization Reference Number must be provided to the school office PRIOR to the start of the school year.

EMERGENCY CONTACT INFORMATION *(persons to be contacted if parents cannot be reached)*

Name:	Name:
Relationship to Student:	Relationship to Student:
Primary Contact#:	Primary Contact #:
Alternate #:	Alternate #:

SIBLINGS *(Please note the name and birth date of any younger siblings)*

NAME:	DATE OF BIRTH: (MM-DD-YYYY)

DEPOSIT AGREEMENT:

I have provided a \$500.00 Enrolment Fee which is non-refundable unless JKCS denies enrolment.
If the applicant is accepted, the fee will be deducted from the first year's tuition.

Payment Method:

e-transfer to: finance@bramptonjkcs.org Cheque Debit Other: _____

(please initial) _____

Parent/Guardian Signature

Parent/Guardian Signature