



Enrollment Form For 2020-2021

For Existing JKCS Families who want to enroll an **ADDITIONAL CHILD(REN) WHO IS NOT YET ENROLLED** Please complete one form for each child **NEW to JKCS in 2020-21**

Child's First Name: _____ Last Name: _____

Mom's Name: _____ Dad's Name: _____

Birth Date: Month _____ Day _____ Year _____

Health Card Number: _____ - _____ - _____

Gender: Female Male

Photocopy of **Latest Report Card Attached** Yes No

Photocopy of **Birth Certificate**: Yes No

Grade Level applying for: _____ Starting Date: _____

If applying for kindergarten: **Part-time** (Mondays, Wednesdays & Fridays) **OR Full-time**

Tell us more about your child (i.e. likes, dislikes, personality traits): _____

Tell us about any special needs or concerns (educational, social or physical): _____

Please check:

- Speaks any languages other than English? **Yes** , we also speak _____ at home **No**
- Has an Individual Education Plans (IEP)? **Yes** (Please attach a copy) **No**
- Has a Psychological Assessment or other testing results? **Yes** (Please attach copies) **No**
- Has an Identified Learning Disability? **Yes** (Please attach any documentation) **No**
- Has received ANY additional tutoring (in school or outside of school)? **Yes** **No**
- We agree to let our child(ren)'s photographs be used for promotional purposes and understand that at no time will names be published:
 - **Yes**, I agree to let JKCS publish photographs **OR** **No**, I do not wish my child(ren)'s photos published

Current School Information:

Name of current school attended: _____

Street Address: _____

City: _____ Postal Code: _____ Province: _____

Phone: Country (if outside Canada): _____

Fax: _____

OR My child(ren) is currently homeschooled:

OR My child(ren) is beginning their school career at John Knox Christian School:

Immunization Records:

- Submit a copy of immunization records for each child to <https://www.halton.ca/For-Residents/Immunizations-Preventable-Disease/Immunization/Report-Your-Immunizations>

Asthma or Allergies:

Asthma: **YES** * No

Allergy: **YES** * No *If yes, please indicate allergy _____

Is this allergy anaphylactic: **YES** * No

**If yes, please provide the school with an epi-pen & child's photo before beginning school.*