

Junior Kindergarten

Equipping your child with the social and academic tools needed to begin school.

"Train up a child in the way that he should go and he will not depart from it." ~ Proverbs 22:6

Thank you for considering Cornerstone Junior Kindergarten. We are a licensed preschool, teaching children aged 3 and 4 years old since 2005. Our teachers have put their trust in Jesus Christ and are qualified Early Childhood Educators. We strive to develop the child spiritually, intellectually, socially and physically through a structured environment.

The children are taught how to view the world from God's eyes in all subject areas. We use a comprehensive program called "Spell to Write to Read" which teaches the children the basic sounds of our language called phonograms. This gives them the tools they need for future success in reading and writing. Daily activities include: circle time, story time, calendar, snack, arts and crafts, singing, learning centers and daily outdoor playtime.

Cornerstone Junior Kindergarten has three programs to choose from:

Monday, Wednesday & Friday	8:45-11:45am
Tuition for the year is \$1450 or \$145 p/month over 10 months.	
Monday, Wednesday & Friday	12:30-3pm
Tuition for the year is \$1350 or \$135 p/month over 10 months.	
Tuesday & Thursday	8:45-11:15am
Tuition for the year is \$1100 or \$110 p/month over 10 months.	

If you would like to register your child for both morning programs, the tuition is \$2300 for the year or \$230 p/month

Registration Fee

1 child - \$50 2 or more children - \$100

****This fee is non-refundable****



JK Application for Enrollment

Gladwin Road, P.O. Box 520, Abbotsford, BC V2T 6Z7
Phone 604-859-7867 • Fax 604-859-7860
admin@cornerstoneschool.ca • www.cornerstoneschool.ca

Starting Date: _____

Student Information:

Student Name: (Surname) _____ (Given) _____ (Middle) _____

Male Female Birthdate (Y/M/D): ____/____/____ Place of Birth: _____

Address: (Street) _____ (City & Province) _____ (PC) _____

Home Phone Number: (____) _____ Parent Email: _____

Parent/Family Information:

Father/Guardian: _____ Mother/Guardian: _____

Place of Employment: _____ Place of Employment: _____

Work/Cell Phone: (____) _____ Work/Cell Phone: (____) _____

Marital Status: Married Separated Single Divorced

Person(s) whom the child lives with: _____

Is there a custody order in place? (Y N) If yes, please provide a copy along with this form.

What are your family's religious/cultural beliefs? _____

General Information for Child:

Names of siblings:

What are your child's...

- | | |
|--------------------|------------------------------|
| 1. _____ Age: ____ | ➤ Favorite Interests: _____ |
| 2. _____ Age: ____ | ➤ Food Dislikes: _____ |
| 3. _____ Age: ____ | ➤ Sleeping Patterns: _____ |
| 4. _____ Age: ____ | ➤ Toileting Practices: _____ |

Does your child have any fears?

What types of guidance, discipline and control methods does your child respond well to?

Previous experiences away from home. Describe:

Other Comments:

Medical Information:

Doctor's Name: _____ Phone: (____) _____ Care Card # _____

Is your child immunized? Yes No

If yes, please attach a photocopy of record. If no, why? _____

Has your child had any of the following: (please mark all that apply)

- Chicken Pox Measles Mumps Scarlet Fever Rheumatic Fever
- Bronchitis Whooping Cough Pink Eye Ear Infection
- Bowel Disorders Croup Asthma Pneumonia
- Diabetes Epilepsy Eczema Heart Condition
- Respiratory Problems

Is your child subject to any of the following: (please mark all that apply)

- Ear/Nose/Throat Infections Urinary Tract Infections Bleeding Nose
- Skin problems Seizures
- Other Medical Conditions: _____
- Emotional Problems: _____
- Learning Disabilities: _____

Allergies: _____

Is your child currently on medications? _____

Does child have any vision or hearing or speech concerns? _____

Alternate Authorized Adults (List those who may pick up your child if you were not able to)

I give permission for the following people to pick up/drop off my child from preschool:

Name	Relationship to child	Home Phone	Work Phone

Emergency Contacts (These people would be called if parents could not be reached * 1 out of province contact, please)

I give permission for the following people to pick up/drop off my child from preschool:

Name	Relationship to child	Home Phone	Work Phone

*I give permission for my child to participate in the outdoor play area. Yes No

*I give permission for my child to be photographed / video taped for classroom usage or general advertising for the Junior Kindergarten. Yes No

*I give permission for my child to participate on the school's Facebook page. Yes No

Parent / Legal Guardian Signature

Parent / Guardian and Cornerstone Junior Kindergarten Agreement

- Parents/Guardians must give notification for vacation periods or extended absences due to illness or otherwise. No refunds will be given for days missed from Junior Kindergarten.
- Parents/Guardians must provide written notification of any changes to their personal information. The Junior Kindergarten reserves the right to any information that is pertinent to the child and to his/her daily routine.
- Children must be signed in and out when dropped off and picked up. Only persons on the authorized list will be allowed to pick up your child from Junior Kindergarten. The Junior Kindergarten will not release a child unless notification has been given.
- The management of Cornerstone Junior Kindergarten reserves the right to release or suspend a child in the best interest of the child or the Junior Kindergarten. Parents will be notified.
- The Junior Kindergarten is closed on all statutory holidays, Easter Monday, two weeks for Christmas and two weeks for Spring Break and some Professional Development Days (Pro-D Days).
- **Parents/Guardians must give one full calendar month's written notice** of student withdrawal or forfeit one full month's tuition. Once notice is received, any outstanding postdated cheques will be returned to the parent, or in the case of a personal Pre-Authorized Debit Plan, payments will be stopped. If notice is not received in a timely manner, tuition for the month will be processed. Withdrawing a student after April 1st does not release the parent from paying tuition for May and June.

In the event of lateness, (more than 15 minutes after class) Cornerstone Junior Kindergarten will charge a late fee of **\$3.00 for every five minutes** and part thereof that the child needs supervision. This will apply after three warnings.

- Children will take part in daily outdoor playtime for a minimum of 30 minutes per class (when the weather is poor, children will be involved in indoor active play; a combination of teacher directed and free play movement activities at Cornerstone JK.
- Children attending Cornerstone JK do not have screen time (TV, computer, etc. available to them. Occasionally, a very brief educational video clip or picture is used to enhance a concept they are learning.
- I agree to pay the non-refundable registration fee of \$50 (for one child) or \$100 (for more than one). I understand that it is a one-time fee that is non-refundable and that it is not a part of my yearly tuition.

I _____ have read and understood the parent handbook and agree to abide by all of the policies included.

Parent / Legal Guardian Signature

Date

Name of Facility: Cornerstone Junior Kindergarten

EMERGENCY CONSENT CARD

CHILD'S NAME: (SURNAME) _____ (FIRST) _____ BIRTHDATE (Y/M/D) _____

ADDRESS:

PARENT'S NAME: _____ CHILD LIVE WITH: _____

WORK PHONE: (____) _____ HOME PHONE: (____) _____ CELL: (____) _____

EMERGENCY CONTACT: _____ PHONE: (____) _____

CHILD'S M.D. _____ PHONE: (____) _____

1. ALLERGIES: _____
2. MEDICATIONS: _____

CHILD'S DENTIST: _____ PHONE: (____) _____

CARE CARD # _____ DATE EFFECTIVE: _____

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CONSENT FORM

1. It is the policy of this centre to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to ensure that the child is taken to the nearest emergency service.
2. Please sign the consent below so that facility staff can take appropriate action on behalf of your child. Return the signed consent to the centre immediately. This consent will accompany the child to the emergency centre.
3. I hereby give consent for my child, _____, when ill, to be taken to the nearest emergency centre by emergency vehicle when I cannot be contacted. Any associated costs incurred as a result of emergency transportation or medical treatment for the child is the responsibility of the child's parent or guardian.
4. I hereby give consent for my child, _____, to receive medical treatment.

Signature of Parent or Guardian

Witness

PROVINCE OF BRITISH COLUMBIA

LEGAL RESIDENCY OF PARENT

It is required by law for schools within British Columbia to verify parent/legal lawful admission to Canada and residency in British Columbia. This is to be completed and signed by a parent or legal (court-appointed) guardian. If legal guardian, attach a copy of court order appointing you as legal guardian.

Parent / Legal Name (Print)

Student Name (Print)

Lawfully admitted to Canada

1. I am (please select which applies):

- A Canadian citizen (if not born in Canada, please attach a photocopy of citizenship paper/card)
- A landed immigrant (attach photocopy of landed immigrant status paper)
- Lawfully admitted to Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document):
 - Admission as a refugee claimant
 - A person claiming refugee status who has a letter of no objection
 - A student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in his/her passport)
 - Other – document description: *(must be cleared with Immigration Canada)*: _____

Residency in British Columbia

2. I am a resident of British Columbia:

- Yes – Residency Address: (please print) _____
- No – I am not a resident of British Columbia

Parent / Legal Guardian Signature

Date

CORNERSTONE



Tuition Payment Plan

Parent/Guardian: _____ Date: _____

Name(s) of child(ren) including grade(s): _____

Please choose one of the following payment plans and make an appointment with the school office (604-859-7867) to set up automatic debit payments with the Principal (Cori Richard)

	Full Tuition	Over 12 months	Over 10 months	Bi-Weekly (over 10 months)
<i>Jr. Kindergarten</i>	\$1,450.00	N/A	\$145.00	\$72.50
<i>Jr. Kindergarten</i>	\$1,350.00	N/A	\$135.00	\$67.50
<i>Jr. Kindergarten</i>	\$1,100.00	N/A	\$110.00	\$55.00
<i>1 Child (Gr.1-9)</i>	\$3,900.00	\$325.00	\$390.00	\$195.00
<i>2 Children (K-9)</i>	\$5,200.00	\$433.00	\$520.00	\$260.00
<i>3 + Children</i>	\$5,900.00	\$492.00	\$590.00	\$295.00

Note: Under our tuition harmonization with ACS, any parent that has children at ACS and CCS will pay an additional \$800 for each child attending ACS in Gr.9-12.

Things to Remember

MWF Morning – 8:45-11:45am

MWF Afternoon – 12:30-3:00pm

Tues/Thur. Morning – 8:45-11:15am

UPON REGISTRATION THE FOLLOWING ARE DUE:

- Completed application forms
- Photocopy of birth certificate
- Photocopy of immunization record
- A photo of the registering child
- Preauthorized payment form and void cheque

UNIFORM INFORMATION: (uniform is optional)

- White, Navy or Burgundy Polo Shirt – can be purchased in the school office
- Navy pants or skirt – can be purchased anywhere