



Yellowhead Koinonia Christian School

430 72nd Street, Edson, Alberta, T7E 1N3
P: 780-723-3850 F: 780-723-7566
E-mail: office@ykcschool.com Website: ykcschool.com

Yellowhead Koinonia Christian School is a Christ-centered discipleship school that exists to assist Christian families in developing the spiritual lives and academic potential of its students.

DATE: _____

APPLICATION FOR PRESCHOOL (Interview with the Principal may be required)

Legal Name of Child: _____
Last First Middle

“Known As” name (same as above) or _____ Male Female

Date of Birth: _____ **AB Health Care #:** _____
yyyy/mm/dd

Child’s Primary Address: _____ **Home Phone:** _____

City _____ **Prov** _____ **P.C.** _____ **Email** _____

Marital Status of Parents: Married _____ Widowed _____ Divorced _____ Separated _____ Single _____

Parents/Guardians:

Father/Guardian: _____

Work #: _____ **Cell #:** _____

Address (If different than above): _____

Occupation: _____

Mother/Guardian: _____

Work #: _____ **Cell #:** _____

Address (If different than above): _____

Occupation: _____

Other children in the family:	Brother/Sister	DOB
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Name: _____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Pertinent illnesses, allergies, physical disabilities or other necessary information:

Are your child's immunizations up to date? Yes___ No___

If No, please explain why not:_____

Does your child take any medications on an ongoing basis? (eg: Ventolin)

If so, please specify:_____

Doctor's name:_____ Phone #:_____

Emergency Medical Release:

If it is necessary for my child to receive emergency medical care and I cannot be reached, I authorize the Yellowhead Koinonia Christian School staff to act on my behalf in granting permission for my child to receive emergency medical treatment.

_____ Date

_____ Parent/Guardian Signature

Church Affiliation:_____

Pastor's Name:_____ Phone #:_____

Is the father a Christian?_____ the mother?_____ the child?_____

Please share with us why you wish to enroll your child in Yellowhead Koinoina Christian School Preschool:

How did you hear about our school?_____

Is it your desire to continue your child's education at Yellowhead Koinonia Christian School? Yes___ No___ If No, please explain why not_____

The above information is complete and correct to the best of my knowledge.

_____ Date

Father/Guardian: _____ Signature

_____ Date

Mother/Guardian: _____ Signature



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PRESCHOOL STUDENT RELEASE FORM

We, the undersigned, are the legal parents/guardians of

Student's Name

As the legal parents/guardians, we do hereby authorize the following people to PICK UP our child from Yellowhead Koinonia Christian School Preschool. **Please fill in a minimum of 2.**

***It is your responsibility to contact YKCS regarding any changes you wish to make to this form.**

#1 Name: _____	#2 Name: _____
Phone: _____	Phone: _____
Cell/Work: _____	Cell/Work: _____
Address: _____	Address: _____
Relationship to Child: _____	Relationship to Child: _____

#3 Name: _____	#4 Name: _____
Phone #: _____	Phone #: _____
Cell/Work #: _____	Cell/Work #: _____
Address: _____	Address: _____
Relationship to Child: _____	Relationship to Child: _____

Please ensure that the above listed individuals are aware of your choice.

This form should be signed by both parents/legal guardians if possible.

Father/Guardian's Signature

Date

Mother/Guardian's Signature

Date



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PRESCHOOL STUDENT EMERGENCY CONTACT FORM

We, the undersigned, are the legal parents/guardians of

Student's Name

As the legal parents/guardians, if we cannot be contacted we would like Yellowhead Koinonia Christian School to contact the following people. This gives the following Contacts permission to pick up our child in an emergency as well. **Please fill in a minimum of 2.**

***It is your responsibility to contact YKCS regarding any changes you wish to make to this form.**

#1 Name: _____	#2 Name: _____
Phone: _____	Phone: _____
Cell/Work: _____	Cell/Work: _____
Address: _____	Address: _____
Relationship to Child: _____	Relationship to Child: _____

#3 Name: _____	#4 Name: _____
Phone #: _____	Phone #: _____
Cell/Work #: _____	Cell/Work #: _____
Address: _____	Address: _____
Relationship to Child: _____	Relationship to Child: _____

Please ensure that the above listed individuals are aware of your choice.
This form should be signed by both parents/legal guardians if possible.

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STATEMENT OF FAITH

1) We believe that the Bible, containing the 66 books of the Old and New Testaments, is the only inspired, inerrant, infallible Word of God and is the final authority on the Christian faith and life. (II Timothy 3:16; II Peter 1:21).

2) We believe there is only one God, who exists eternally in three equal persons — Father, Son, and Holy Spirit — and who created out of nothing the heavens and the earth and all that is in them by the power of His spoken word (Genesis 1:1; Genesis 1:26; Psalm 33:6; Matthew 28:19; John 1:1-3; Mark 1:9-11; Hebrews 11:3).

3) We believe that Jesus Christ is both true God and true man (Exodus 3:13-15 and John 8:58-59; John 1:1-18; John 10:30-33; Galatians 4:4-5; Philippians 2:5-8; Hebrews 2:14-18). We believe in His virgin birth (Isaiah 7:14; Matthew 1:18-23; Luke 1:26-35); His sinless life (Hebrews 4:15; Hebrews 7:26); His miracles (John 2:11); His substitutionary death (Romans 4:25; Romans 5:8; Galatians 3:13-14; Hebrews 2:9); His physical resurrection (Luke 24:39-43; I Corinthians 15:1-22); His ascension to the right hand of the Father (Mark 16:19; Luke 24:50-53); and His personal, visible, and bodily return in power and glory to judge the living and the dead (Acts 1:11; Revelation 20:11-15; Revelation 22:12).

4) We believe that men and women were created by God in His own image (Genesis 1:27; Genesis 9:6), that marriage was instituted by God whereby a man and a woman are joined together in lifelong commitment to faithful companionship, and that Biblical marriage is the only legitimate and acceptable context for sexual intimacy (Genesis 2:20-24; Matthew 19:4-6; Romans 7:2; I Thessalonians 4:1-8; Hebrews 13:4). We believe that all men and women are born spiritually separated from God because of sin (Genesis 3:23-24; Romans 3:10-12; I John 1:8-10), and are incapable of being reconciled to God apart from the work of Jesus Christ (Romans 5:6-8; Acts 4:12; Ephesians 2:1-5).

5) We believe in the absolute necessity of rebirth by the Holy Spirit for salvation (John 3:1-3; I Peter 1:23). We believe that man is justified (declared righteous) by God on the single ground of the righteousness of Jesus Christ (namely, His sacrificial and atoning death on the cross to pay the penalty for sin, and His perfect obedience) freely given to all who believe in Him. We believe that this saving work and perfect righteousness of Jesus Christ can only be received by faith alone (Isaiah 53:1-12; Jeremiah 23:6; Matthew 20:28; John 3:16-19; John 5:24; Romans 3:21-26; Romans 4:1-3; Romans 5:8-19; Romans 10:1-10; I Corinthians 1:30; II Corinthians 5:21; Galatians 2:21; Ephesians 2:8-9; Philippians 3:7-9; I John 4:10).

6) We believe in the physical resurrection of both the saved and the lost. Those who are saved will rise to eternal life, and those that are lost to eternal punishment (Matthew 16:27; John 5:28-29; Matthew 25:46; I Corinthians 15:12-17).

7) We believe that the Church is the body of born-again believers in fellowship with Christ and with fellow believers (I Corinthians 12:12-13; Ephesians 2:19-21; Hebrews 10:25).

8) We believe in the presence and power of the Holy Spirit, who indwells believers enabling them to live a Godly life (Romans 8:13-14; I Corinthians 3:16; I Corinthians 6:19-20; Ephesians 2:10; Ephesians 5:15-21).

While Koinonia Schools acknowledge and respect the legitimate differences that exist within evangelical theology, only the above doctrines will be taught as truth in our school

Father/Guardian’s Signature

Date

Mother/Guardian’s Signature

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PARENTS CODE

1. I will pray earnestly for Yellowhead Koinonia Christian School (YKCS).
2. I will co-operate fully in the educational functions of YKCS, doing my best to make Christian education effective in the life of each of my children that he/she may love and serve the Lord Jesus Christ all of his/her life.
3. I will pay all of my financial obligations to YKCS on or before the date due. If I am ever unable to pay on time, I will notify the Treasurer or Principal in advance, giving a reasonable explanation for the delay, and state when the payment can be expected.
4. I will support the school by gifts in addition to my payments and fees, as the Lord enables. As God has prospered us, may we be faithful to Him.
5. I will undertake volunteer duties and responsibilities for YKCS as opportunities arise and as God provides time and strength.
6. I will recommend YKCS to other Christian families as opportunities arise.
7. I will attend meetings and parent functions of the school regularly, even though I may not be able to achieve perfect attendance.
8. If I become dissatisfied with the school in any respect, **I will seek to resolve the matter** with the person or persons involved, rather than begin to spread criticism or hold a negative attitude in my heart.
9. I will seek the advancement of YKCS in all areas: spiritually, academically, and physically.

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PRESCHOOL DISCIPLINE POLICY

YKCS Preschool seeks to reinforce positive behavior in the children. To accomplish this there are four basic rules the children and staff are expected to follow:

1. We will learn to show love.
2. We will learn to be good helpers – work hard until the job is done.
3. We will learn to share.
4. We will learn to be good listeners.

When there is a need for discipline, the following steps will be taken:

1. The teacher will talk to the child in the light of the four rules stated above.
2. If a problem continues, the child will be moved to another area.
3. Ongoing behavioural problems will be discussed with the parent. If the behavior continues and is hurtful to the other children, the parent may be asked to remove the child from the program.
4. At no time will corporal punishment be used (ie: spanking, slapping, shaking, etc.)

I have read and understand the discipline policy as outlined above.

Father/Guardian's Signature

Date

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YKCS PRESCHOOL **CONSENTS FOR USE OF PERSONAL INFORMATION**

The Personal Information Protection Act (PIPA) protects the personal information of the public and employees of private sector organizations operating in Alberta. It governs the collection, use and disclosure of personal information by organizations in a manner that recognizes and balances the right of an individual to have his/her personal information protected, and the need of an organization to collect, use or disclose personal information for purposes that are reasonable. Yellowhead Koinonia Christian School respects the right to privacy and uses or discloses personal information in accordance with the provisions of this Act.

Please indicate your agreement by completing the following sections.

General Education Consent

I, _____, consent to allow YKCS and its employees to collect, release, use or disclose personal information concerning my child(ren) **for educational purposes by YKCS, its employees, and service providers**, including but not limited to report cards, portfolio assessments, counseling, behavioural and special needs assessments, vaccination or immunization, yearbook photos, phone lists, etc. I further agree that my name, address, and telephone numbers will be made available to YKCS families for purposes of communication and fellowship.

Signature: _____ Date: _____

Valid until: _____

Public Relations / Marketing Consent

I, _____, consent to allow YKCS to collect, release, use or disclose personal information concerning my child(ren) _____
for **public relations purposes**, including, but not limited to, newspaper articles, photos and website.

Signature: _____ Date: _____

Valid until: _____



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PRESCHOOL TUITION SCHEDULE

Monthly Fee

\$800 per year
or **\$80 per month**

The office must be notified of any changes in attendance prior to the beginning of each month. All accounts will be charged full monthly fees regardless of the number of days of attendance. No partial fees will be charged. If the fees are not paid in full, you will risk losing your child's position in the Preschool.

Payment options for your monthly fees are:

1. Postdated Cheques
2. VISA or Mastercard
3. Debit Card payment

Built into the yearly fee is a refundable Parent Helper fee of \$100.00



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SNACK POLICY

We require that snacks contain at least 2 of the 4 food groups. Below, you will find a list of foods that are PROHIBITED and some that are caution foods for this age group.

Also, if you are planning on bringing a snack for special occasions that all the children will share, you need to include an ingredients list. This is important because there may be some children with food allergies.

Risk of Choking: To help reduce the risk of choking, some foods shall not be served. Other foods must be modified before serving to children under 4 years of age.

FOODS THAT ARE PROHIBITED:

- All Nut Products and Seeds
- Hard Candies
- Caramels/Toffee
- Chewing Gum
- Popcorn
- Gumdrops
- Jellybeans
- Snacks made with Toothpicks or Skewers

CAUTION FOODS:

- Whole Grapes – slice lengthwise
- Hot Dogs – slice lengthwise
- Hard Vegetable Pieces – shred or chop
- Fruit with Pits – remove pit before serving (ie: peaches, cherries, etc)
- Hard Fruit Pieces – shred or chop



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CONFIDENTIAL PASTOR'S REPORT

Mr. & Mrs. _____ have filled out an application for their child(ren) to be enrolled in Yellowhead Koinonia Christian School. As their Pastor, could you please fill out the following form as confidential information for the school files. Thank You!

FATHER

MOTHER

How long have you know him? _____

How long have you know her? _____

Does he attend your church regularly? _____

Does she attend your church regularly? _____

Is he actively involved in church work? _____

Is she actively involved in church work? _____

Has he accepted Christ as Saviour? _____

Has she accepted Christ as Saviour? _____

What responsibilities does he have in the church? _____

What responsibilities does she have in the church? _____

To your knowledge has each of the children received Jesus Christ as his/her personal Saviour? _____

Are the children well behaved? _____

Is this family supportive of your ministry and the work of your church? _____

Do you feel that this family will be supportive of a Christ-centered school? _____

Comments: _____

Name of Church: _____

Pastor's Name: _____

Pastor's Signature

Date

Pastor, please mail or fax completed form to Yellowhead Koinonia Christian School. Thank You!