



Yellowhead Koinonia Christian School

430 72nd Street, Edson, Alberta, T7E 1N3
 Phone 780-723-3850 Fax 780-723-7566
 E-mail: office@ykcschool.com website: ykcschool.com
 Administrator: Jason Rand

YELLOWHEAD KCS RE-REGISTRATION FORM 2015-2016

Family Last Name: _____

Phone: _____

Address: _____

STUDENT INFORMATION (Eldest First)

	Legal Last Name	Legal Given Name	Preferred Name (if different)	Sept. 1/15 Age	Sept. 1/15 Grade
1					
2					
3					
4					
5					

Do you have a child you wish to enroll in Preschool or Kindergarten for the fall of September 2015? Yes _____ No _____
 If so, please pick up a registration form from the office.

IF YOU WISH TO DECLARE FIRST NATIONS, METIS, OR INUIT STATUS, PLEASE SEE REVERSE.

At the time of registration, we require a **\$100 non-refundable down payment**. This amount will be deducted from your September tuition. Tuition is payable to YKCS.

To pay your tuition, please attach either **one cheque post-dated** to September 15th, 2015, **two post-dated cheques** dated September 15th, 2015 and January 15, 2016, **12 cheques postdated** from Sept 2015 to Aug 2016, or indicate below if you wish to use automatic credit card withdrawal.

If you would like to make other arrangements, or are unable to pay the full amount, please contact the office as soon as possible. Please note that tuition assistance is available, and must be **completed and returned** to the school office by September 15.

Please select from the following three plans.

	#1 – Yearly Rate (12 payments)	#2 - Advance Rate by Sept. 15 (1 payment)	#3 - Advance Rate Sept. 15, Jan 15 (2 payments)	Payment Amount
First Child (Gr. 1-12)	(\$355.50) \$4266	\$4095	(\$2090 ea) \$4180	
Second Child (Gr 1-12)	(\$130.08) \$1561	\$1498	(\$764.50 ea) \$1529	
Kindergarten Fee	(\$62.50) \$750	\$720	(\$367.50ea) \$735	
SUBTOTAL				
**Less \$100 Deposit				\$100
FAMILY TOTAL				=
PAYMENT PLANS: PLEASE INDICATE METHOD	1 payment of \$ _____ OR 2 payments of \$ _____ OR 12 x Cr. Card auth. \$ _____ (a credit card form can be obtained at the office) OR 12 Post-dated cheques \$ _____			
Please attach \$100 deposit to registration form with payment				

Your signature below indicates that you agree to resolve any disputes with Yellowhead Koinonia Christian School, KCS, or its representatives without resort to a court of law. Furthermore, it indicates your continued agreement with the Statement of Faith and Parent's Code.

Signature: _____ Date: _____



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ABORIGINAL DATA COLLECTION INITIATIVE

If you wish to declare that you are an Aboriginal person, please specify:

Status Indian/First Nations Non-Status Indian/First Nations
 Métis Inuit

Alberta Education is collecting this personal information pursuant to section 33 (c)of the Freedom of Information and Protection of Privacy Act (FOIP Act) as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success.

Pursuant to section 13 and 14 of the Personal Information Protection Act (PIPA, Level 2 accredited private schools in Alberta are collecting this information in order to develop policies, programs and services to improve Aboriginal learner success. This information will also be used to determine the provincial First Nations, Métis and Inuit funding allocation available to the school and will be disclosed to Alberta Education accordingly.

For further information or if you have questions regarding the collection activity by Alberta Education, please contact the office of the Director, Aboriginal Policy, Strategic Services Division, Alberta Education, 10155-102 Street, Edmonton, AB, T5J 4L5, (780) 427-8501. If you have questions regarding the collection activity by Yellowhead Koinonia Christian School, contact the school's principal at YKCS, 430-72 Street, Edson, AB, T7E 1N3, (780) 723-3850.