



Enrolment Form

Child Info	Health Info
Full Name _____ Sex _____ Date of Birth _____ Health Card Number _____ Street Address _____ City _____ Postal Code _____ Home Phone Number _____ Starting Date at Brason _____ Age at the time of Registration _____ Program (please circle) Casa Toddler	Family Doctor's Name _____ Family Doctor's Street Address _____ City _____ Postal Code _____ Family Doctor's Phone _____ Family Doctor's Fax _____ Are there any existing medical conditions that your child has (including allergies) that we should be aware of? Please describe _____ _____ _____
Mother's Info	Father's Info
Full Name _____ Street Address _____ City _____ Province _____ Postal Code _____ Home Phone _____ Occupation _____ Work Street Address _____ City _____ Postal Code _____ Work Cell _____ Business Phone _____ Email _____ May we use this as an emergency contact? Yes No	Full Name _____ Street Address _____ City _____ Province _____ Postal Code _____ Home Phone _____ Occupation _____ Work Street Address _____ City _____ Postal Code _____ Work Cell _____ Business Phone _____ Email _____ May we use this as an emergency contact? Yes No

Emergency Contact Info

Please fill the following out if there are not yet already two emergency contacts

Full Name_____

Street Address_____

City_____

Postal Code_____

Home Phone_____

Occupation_____

Work Cell_____

Business Phone_____

Program and Fees Info

Please select all that apply (circle)

- Full Day (Mon-Fri, 9am-3:30pm)
- Part Time (Mon-Fri, 9am-11:30am)
- 2 Full days per week: Either Tuesday and Friday OR Monday and Wednesday (please circle 1)
- 3 Full days per week: Either Mon, Wed & Thur OR Tue, Thur, Fri (please circle 1)

Please circle : M T W Th F

- Before School care (7:30am-9am)
- After School care (3:30-5:30pm)

Please select a fee payment schedule (circle)

- Monthly E-transfer
- Casa (10 post-dated cheques, Sept-June)
- Toddler (12 post-dated cheques)
- Subsidy (see separate form)

Pick Up 1 Info

Please fill out the following if you would like to give permission to someone (other than parents) to pick your child up from school.

Full Name_____

Street Address_____

City_____

Postal Code_____

Phone_____

Relationship to child_____

Pick Up 2 Info

Please fill out the following if you would like to give permission to someone (other than parents) to pick your child up from school.

Full Name_____

Street Address_____

City_____

Postal Code_____

Phone_____

Relationship to child_____

Do you give permission for your child to be photographed for use on the website, brochure, display boards and other promotional products ONLY?

Yes

No

- All payments due (post-dated cheques) at the time of Registration.
- A \$200.00 Non-Refundable deposit is applicable for all applications.
- Please note this registration is a commitment for the entire academic year.
- A \$500.00 Withdrawal fee will be charged in addition for withdrawal prior to end of school year.
- All subsidy placement parents/legal guardians are responsible for any fees not covered by the Regional Child Care Office. They must also fill out the letter of confirmation.
- Failure to submit all required documentation will result in all of the tuition fees falling upon the parent.
- Please note all cheques returned for non-sufficient funds will incur a \$45.00 bank charge and replacement monies must be either cash or certified cheques.

Enrolment Agreement

The school reserves the right to determine the suitability of the child in the programs offered. Admissions are only accepted for the entire academic year.

Application procedure

I/we will provide a complete set of application for the enrolment of the child to the school along with the registration deposit and the post dated cheques towards tuition for the entire academic year.

Acceptance for enrolment

This document is considered only as an Application for Registration unless and until the above student has been accepted and such acceptance is confirmed by receipt of your deposit. The acceptance shall be reserved to the absolute discretion of the school.

Probation Period

Brason Academy has a two-week probationary period in which observations of the child are made to determine suitability to the program. The child's teacher will advise the parent of the child's inability to function in the program. The school reserves the right to end the enrolment.

I/we understand that if the school finds that our child is repeatedly and consciously rejecting the guidelines set out by the school, (parents will be notified and the strategies will be developed to encourage a positive solution), should this fail, the school reserves the right to accept or reject candidates, or withdraw services at their sole discretion for the reason which the school deemed necessary for the best interest and welfare of the school. Any damages to school material or property will be the responsibility of the parents to replace or repair.

We also agree that upon withdrawal, and including the period, which families are enrolled at the Academy, we will not engage in any behaviour or engage in any dialogue, which constitutes either slander or defamation of character towards the Academy, its staff, or families registered here.

We agree that while registered at the Academy, we will not solicit the Academy staff for personal childcare needs while staff are employed by the Academy (this includes school closures).

Fees and Possible Refund

I/we agree to pay all tuition fees, deposit dues, account and other indebtedness incurred during the school year, and my/our obligation to pay the full year tuition fee is unconditional, regardless of absence, transfer, withdrawal, school closures, PD days, Christmas, Easter, Spring break, statutory closures or emergency and that no portion of such fees so paid will be refunded or cancelled. All payments due (post-dated cheques) at the time of Registration.

A \$200.00 Non-Refundable deposit is applicable for all applications.

This registration is a commitment for the entire academic year.

A \$500.00 Withdrawal fee will be charged in addition for withdrawal prior to end of school year.

Unpaid account will accumulate and interest at 1% per day late (18% per annum) or part thereof from billing date to date of payment, the school has the right not to release or transfer any academic records of a student whose account is not settled.

Please note all cheques returned for non-sufficient funds will incur a \$45.00 bank charge and replacement monies must be either cash or certified cheques.

A charge of \$1 per minute will be applied for late pick ups from extended care.

The school reserves the right but is not obliged to refund the tuition fee should the administrator decide that it is inadvisable for the child to continue in the program.

Release Indemnity

We realize that children, even under close supervision by the school staff, tend to incur injuries. Therefore, we hereby release Indemnify and will not hold Brason Academy Montessori School, its agents, and/or employees harmless from any all claims, damages, or other liabilities for injuries to my child however caused.

In the event that we cannot be reached at the time of illness or injury or if the situation does not allow any time for us to be reached, Brason Academy Montessori School is hereby authorized to take the child to the nearest facility and to proceed with medical treatment.

I/we have completed all the forms correctly and to the best of our knowledge and that all information provided is up to date and in future if any information changes, it is my/our responsibility to inform the school (in writing) as soon as possible.

I/we will abide by, comply with, and obey any and all rules and regulations, guidelines of Brason Academy Montessori School as may be in force and as those additionally included in the Parent's Handbook.

By signing this agreement, we acknowledge that we have read it, understood it, and are in agreement with all its provisions.

We, the undersigned, do hereby declare that all statements made by us on the Application, Schedule of fees and Enrolment agreement form are correct and we acknowledge and agree to all the terms and conditions herein

Parent Signature _____ Date _____

Parent Signature _____ Date _____