



Maple Root Academy

Registration Form

2023-2024

We welcome your application for your child. In order to complete the enrollment, it is important that all parts of this application are complete. PLEASE PRINT CLEARLY.

Date of Admission: m/ _____ d/ _____ y/ _____

STUDENT'S INFORMATION

Child's First Name: _____ Child's Surname _____

Current Age: _____ year(s) _____ months _____

Grade _____

Date of Birth: (Month) _____ (Day) _____ (Year) _____

Home Address: _____ Postal Code _____

Home Telephone Number: _____

Language(s) Spoken at Home: _____

Please list the names and ages of siblings _____

FAMILY INFORMATION

Mother/Guardian

Last Name: _____

First Name: _____

Employer: _____

Address: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Father/Guardian

Last Name: _____

First Name: _____

Employer: _____

Address: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Child Lives with: Both Parents _____ Mother _____ Father _____ Other (please name) _____

Correspondence: Both Parents _____ Mother _____ Father _____ Other (please name) _____

PICK UP INFORMATION

My child can be picked up by:

Pick Up Person #1:

Home Phone _____ Cell Phone _____ Relationship to Child: _____

Or Pick Up Person #2 _____

Home Phone _____ Cell Phone _____ Relationship to Child: _____

Or Pick Up Person #3: _____

Home Phone _____ Cell Phone _____ Relationship to Child: _____

CURRENT MEDICAL INFORMATION

Child's Health Insurance Identification Card Number: _____

Name of Child's Physician: _____ Telephone Number: _____

Physician's Address: _____ Postal code _____

Immunization Record Attached: Yes _____ No _____ Reasons, if no – a written statement from a parent or legally qualified medical practitioner as to why the child should not be immunized.

My child has allergies: No _____ Not Known _____ Yes _____ if yes, please list allergens:

Please comment on:

Condition(s) that your child has that require(s) medical attention – such as diabetes, epilepsy, asthma, etc.

Physical activity restrictions _____

Hearing or vision problems that cannot be corrected _____

Your child's previous history of communicable diseases: (e.g.: Chicken Pox, Measles)

Other conditions that may require a teacher to take action for the benefit of your child's health

PERMISSION FOR MEDICAL TREATMENT:

In the event of an accident or illness involving my child while my child is in the care of Maple Root academy I hereby authorize the administration of any medical procedure deemed necessary, including anesthetic, by the above named Doctor, or any hospital Emergency Department, or by any other qualified physician. In no case will the staff or the center be financially liable for costs incurred as a result of emergency procedures undertaken.

Signature _____

EMERGENCY CONSENT

Contact Person #1 (in the event of an emergency): (Name) _____

Address: _____

Home Phone _____ Cell Phone _____ Relationship to Child: _____

Contact Person #2 (in the event of an emergency): (Name) _____

Home Phone _____ Cell Phone _____ Relationship to Child: _____

Contact Person #3 (in the event of an emergency): (Name) _____

Home Phone _____ Cell Phone _____ Relationship to Child: _____

YOUR CHILD'S PROFILE (to help us get to know your child)

Has your child had any previous school, playgroup or nursery experience? If so, where and how often?

List any organized activities that your child has participated in – such as swimming lessons, library groups, etc.

What are your child's interests?

Does your child have fears or aversions?

Has your child ever been hospitalized Yes ____ (for ?)_____No ____

Other information you wish us to know:

REGISTRATION POLICIES

To register your child the school requires:

1. A completed Application for Admission
2. A copy of your child's birth certificate or passport as proof of age
3. A recent immunization form
4. An enrollment cheque of \$150 and payment of fees as outlined below
5. Any progress reports or educational assessments that are available

PAYMENT POLICIES

Tuition fees cover all registration, tuition, capital and operating costs. Basic stationery supplies, books.

Tuition Payment: For the school year (September to June)

1. A first-month cheque dated the proposed entry date of your child (prorated if your child does not begin at the beginning of the month)
2. A last-month, full tuition for June cheque – dated the proposed entry date of your child
3. Post-dated cheques dated the beginning of the month, for each month in between proposed entry date and the end of May.

As parent(s)/guardian(s), we would like to enroll our child at Maple Root Academy in the program indicated on this application.

As parent(s)/guardian(s), we consent to the collection, use and disclosure of personal information in respect of and on behalf of myself/ourselves and my/our child, which may be collected, used and disclosed as necessary for the purposes of providing education and other services, student records and administrative purposes related to Maple Root Academy and as otherwise required by law.

Name of Parent/Guardian (print)

Signature



FEES SCHEDULE – 2023- 2024

The following figures represent the tuition fees schedule for 2022-2023 only. Tuition fees are subject to annual changes. All figures are in Canadian dollars (\$)

Please reach out to the school if you're interested in part-time enrolment.

Fee Type/Grade Level	Preschool Montessori	JK- SK Montessori	Elementary Grade 1- 6
Tuition Fees/Child (Per Month)	\$900	\$650	\$600
Services Fees/Child (Per year)	\$200	\$200	\$200
Application Fees (New Students Only)	\$150	\$150	\$150