

## Application for Afterschool Enrolment

I hereby make application for the enrolment of my child as a student in Ridley Orchard School. To the best of my knowledge, the information I completed on this application is correct and complete. I acknowledge and agree to abide by all the terms and conditions outlined on page 3 of this Procedures for Application for Enrolment and by the rules and regulations of the school and the resolutions and by-laws as outline in the Policies and Procedures and Parent Handbook. I acknowledge and agree that all fees, once deposited, are non-refundable and non-transferable. Ridley Orchard School is a community based Early Learning Enrichment and Afterschool CWELCC Centre licensed by the Ministry of Education.

### CHILD'S INFORMATION

|              |            |        |                             |  |
|--------------|------------|--------|-----------------------------|--|
| FULL NAME    |            |        | MONTH AND YEAR OF ADMISSION |  |
| BIRTH DATE   | BIRTHPLACE | GENDER | HEALTH CARD NUMBER          |  |
| FULL ADDRESS |            |        | POSTAL CODE                 |  |

### PARENT / GUARDIAN #1

|                                      |                          |               |
|--------------------------------------|--------------------------|---------------|
| FULL NAME                            |                          | DATE OF BIRTH |
| FULL ADDRESS IF DIFFERENT FROM CHILD |                          | CELL PHONE    |
| EMAIL                                | BUSINESS ADDRESS & PHONE |               |

### PARENT / GUARDIAN #2

|                                      |                                |               |
|--------------------------------------|--------------------------------|---------------|
| FULL NAME                            |                                | DATE OF BIRTH |
| FULL ADDRESS IF DIFFERENT FROM CHILD |                                | CELL PHONE    |
| EMAIL                                | BUSINESS ADDRESS AND TELEPHONE |               |

### CHILD'S PHYSICIAN

|              |       |
|--------------|-------|
| NAME         | PHONE |
| FULL ADDRESS |       |

### CHILD'S MEDICAL

|                                                                       |                     |
|-----------------------------------------------------------------------|---------------------|
| HISTORY OF COMMUNICABLE DISEASES                                      |                     |
| CONDITIONS REQUIRING MEDICAL ATTENTION                                |                     |
| ALLERGIES                                                             | EPIPEN OR ALLERJECT |
| SPECIAL REQUIREMENTS IN RESPECT OF DIET REST OR EXERCISE              |                     |
| IMMUNIZATION OR MEDICAL REASON WHY YOUR CHILD SHOULD NOT BE IMMUNIZED |                     |



## EMERGENCY CONTACT INFORMATION (not a parent)

|              |              |             |
|--------------|--------------|-------------|
| NAME         |              | PHONE       |
| RELATIONSHIP | FULL ADDRESS | POSTAL CODE |

## PERSONS AUTHORIZED TO PICK-UP CHILD (include parent's names and emergency contact)

|  |
|--|
|  |
|  |
|  |
|  |

## SIBLINGS NAME

## BIRTH DATE

|  |  |
|--|--|
|  |  |
|--|--|

## YEAR

|                                  |
|----------------------------------|
| 10-Months September through June |
|----------------------------------|

## PROGRAM (CIRCLE PREFERENCES)

|                                                            |                                                           |
|------------------------------------------------------------|-----------------------------------------------------------|
| Kindergarten 3-5 years old<br>Afterschool pickup to 6:00pm | School Age 6-13 years old<br>Afterschool pickup to 6:00pm |
|------------------------------------------------------------|-----------------------------------------------------------|

## WHICH SCHOOL ARE WE PICKING UP FROM?

|  |
|--|
|  |
|--|

## WHO REFERRED YOU TO US?

|  |
|--|
|  |
|--|

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Date: \_\_\_\_\_ Signature of Parent or Legal Guardian 1: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent or Legal Guardian 2: \_\_\_\_\_

### For Office Use

Date Received: \_\_\_\_\_

Start Date: \_\_\_\_\_

Completion Date: \_\_\_\_\_

## Procedures for Application for Afterschool Enrolment

The following is procedures for application for the enrolment of your child in Ridley Orchard School. Ridley Orchard School is a community based Early Learning Enrichment and Afterschool CWELCC Centre licensed by the Ministry of Education.

### APPLICATION WITH MONTHLY FEE PAYMENTS

- To enroll, email completed Application for Enrolment forms to [hello@ridleyorchard.ca](mailto:hello@ridleyorchard.ca)
- Include the and last month fee payment sent by e-transfer Kindergarten \$323.67/month to [hello@ridleyorchard.ca](mailto:hello@ridleyorchard.ca) and School Age \$685/month to [sophie@ridleyorchard.ca](mailto:sophie@ridleyorchard.ca) (please contact us if another form of payment is required).
- Kindergarten \$323.67/month. School Age fee \$685/month.
- Upon receipt of your completed Application for Enrolment, and last month fee payment you will receive Confirmation of Enrolment Acceptance.
- The remaining fee payments are due on the 1st of each month in monthly installments.
- Interest on late payments is 10% monthly. A fee of \$30.00 will be levied on NSF payments.
- All payments once deposited are non-refundable and non-transferable.
- Should space not be available fee payments are returned and a waitlist option made available.
- School fees are tax deductible, annual receipts issued.
- Fees are applicable even if your child is absent due to family vacation, temporary illness, school closures due to inclement weather or any other reasons.

### APPLICATION DEADLINE

- Mid-October of each year, priority re-registration for the following year opens to all returning applicants.
- On November 1<sup>st</sup> of each year, registration opens to all applicants.
- After this time all complete Applications for Enrolment are processed as they are received, on a first come first serve bases.

### ACCEPTANCE

- Upon receipt of your completed Application for Enrolment, and last month fee payment you will receive Confirmation of Enrolment Acceptance.
- Further information will follow, and an orientation appointment will be arranged.

### PROGRAM AGES

- Kindergarten 3-5 years old
- School Age 6-13 years old

### PROGRAM DAYS, HOURS, AND MONTHS

Afterschool pick-up to 6:00pm

- 10-month program (September-June) closed for all Statutory Holidays, 2 weeks of Winter Break, 1 week Spring Break and PA Days.
- Winter, Spring, Summer Camp and PA Day options available (dependent on enrolment numbers), additional Application for Enrolment forms and fee required.

### CANCELLATION

A minimum of sixty (60) days prior notification is required from either the next payment due date or the date of the child's enrollment cancellation from the school, whichever comes first. Deposited payments are non-refundable and non-transferable. However, further fee payments will be cancelled upon receipt of a written letter of intent and explanation for enrollment cancellation to the school director at least sixty (60) days prior to the next payment due date and the child's enrollment cancellation date.