

Emergency Information: (Names of persons other than parents/guardians)

Emergency Contact Name: _____ Telephone #: _____

Relationship to child: _____

Emergency Contact Name: _____ Telephone #: _____

Relationship to child: _____

Name of persons to whom your child may be released to: same as above

Name: _____ Name: _____

Telephone #: _____ Telephone #: _____

STUDENT'S MEDICAL INFORMATION

1. Is your child up-to-date with all required vaccinations as outlined by York Region Public Health?

Yes No (If no, please explain) _____

2. Does your child take medication on a regular basis? No Yes

Please list drug and dosage: _____

(A medical consent form will be kept in student's file)

3. Does your child wear prescription eyeglasses? No Yes

4. Does your child require a hearing aid? No Yes

5. Is your child working with a therapist or an early interventionist? If so, why, and where? No Yes,

6. Does your child have any allergies? If food allergies, please be specific?

No Yes, Explain: _____

7. Does your child have any anaphylactic allergies? (If yes, please ask office for appropriate forms)

No Yes, Explain: _____

8. Does your child carry an EPI-PEN?

No Yes, Explain: _____

(An emergency medical consent form will be kept in student's file)

9. Does your child have any other medical conditions? (i.e., asthma, diabetes, etc.) (If yes, please ask office for appropriate forms)

No Yes, Explain: _____

10. Does your child have any health or religious dietary restrictions?

No Yes, Explain: _____

11. Has your child had any communicable diseases such as chicken pox, mumps, etc?

No Yes, Explain: _____

12. Does your child have any behavioural issues that we should be aware of?

No Yes, Explain: _____

Health Card Information:

Name as appears on card: _____

Card #: _____ Expiry Date: _____
(yyyy/mm/dd)

Doctor's Information: (Mandatory)

Doctor's Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Telephone #: _____

EMERGENCY CONSENT

It is the policy of Autumn Hill Academy Inc. to notify the parents or guardians if their child is ill, has an injury, or has a medical emergency. If the situation requires immediate medical intervention, the parents or guardians give consent for the staff to seek medical attention on their behalf.

I authorize Autumn Hill Academy to perform any or all of the following when necessary:

1. Perform first aid.
2. Contact a physician.
3. Contact a dentist.
4. Drive my child to the nearest emergency centre.
5. Summon an ambulance or other emergency vehicle.

I also agree to assume responsibility for payment of any costs incurred by the school on behalf of my child (e.g., ambulance fees, medical fees, transportation fees, etc.).

I also agree to release and indemnify Autumn Hill Academy, its Directors, Officers, Agents, and Employees from any and all claims for damages arising from any injury or otherwise related actions to my child as a result of any accident, illness, injury, or for any other reason arising from participation in any school activities, provided Autumn Hill Academy, its Directors, Agents, and Employees act reasonably and responsibly in any and all situations.

Signature of Parent/Guardian: _____ Date: _____

GENERAL CONSENT

I authorize my child/children to participate in supervised neighborhood walks and fire drills, which take place off school property. Additional permission will be issued for all field trips.

Signature of Parent/Guardian: _____ Date: _____

ACKNOWLEDGEMENT AND CONSENT FOR PHOTOGRAPHS AND SCHOOL WORK

I authorize my child's photograph and schoolwork to be used for school purposes only.

Signature of Parent/Guardian: _____ Date: _____

REGISTRATION POLICIES CONTRACT

Acceptance at Autumn Hill Academy is conditional upon the completion and submission of the following:

- All forms (Application for Enrolment, Registration Policies Contract, and Consent form).
- An administration fee of \$300.00 for all students. (This fee is non-refundable)
- A security deposit of one month's tuition, to act as June 2025's tuition. The deposit must be made by cash or by email transfer sent to office@autumnhillacademy.ca. Cheques will not be accepted.
- A void cheque is required for automatic payments. (If banking information has changed)
- Copies of report cards from the previous school. (new students only)

TUITION FEES

PROGRAM	OPTIONS	MONTHLY COST
Kindergarten 3-5 years	5 Day Program	\$1,730.00
Grade 1, 2 & 3	5 Day Program	\$1,875.00

PAYMENT SCHEDULE

FULL PAYMENT: One payment per year, the \$300.00 administration fee is waived with this option. Full payment must be made at the time of registration by cheque payable to Autumn Hill Academy or by cash.

MONTHLY PAYMENT: Upon registration a deposit of one month's tuition fee, plus the \$300.00 administration fee must be sent to office@autumnhillacademy.ca or paid by cash. Nine automatic payments will be processed on the first of each month from September 1, 2024 to May 1, 2025.

DISCOUNTS:

A 5% sibling discount will be applied for Junior Kindergarten to Grade 3 students. The discount is applied to the student who pays the lesser amount of tuition.

PROCEDURES & REFUND POLICY

1. **There are no refunds or credits given for a child's absence for any reason, a child cannot make-up any days missed.**
2. Autumn Hill is closed for two weeks for the Winter break, two weeks for the March, Break and closes the third Friday in June.
3. A refund is given, with a minimum of 30 days *written* notice of the intended withdrawal date. A partial or total refund of unused tuition fees will be given, after 30 days, excluding the administration fee.
4. There are no refunds after March 1, 2025.
5. There is a \$35.00 processing fee for all Non-Sufficient Funds (NSF) payments.
6. Autumn Hill reserves the right to terminate enrollment if an account is 30 days in arrears.
7. Late pick-ups (after 6:00 p.m.) will be charged \$1.00 per minute, per child, payable directly to the afterschool staff.
8. The Director reserves the right to terminate services at any time to pupils who fail to adhere to the Behavioural Policy outlined in the Parent Manual.
9. Within four weeks of commencing the program, the director reserves the right to dismiss any student who fails to adjust academically or behaviourally.
10. All parents are required to read the Parent Policy Manual and adhere to all policies within.

I have read Autumn Hill Academy's Registration Policies Contract. I agree to accept the terms and conditions herein.

Parent/ Guardian Signature

Date