



Autumn Hill Academy

AUTUMN HILL ACADEMY

Application for Enrolment 2024/2025 Childcare

Phone # (905) 417-9779

Email: office@autumnhillacademy.ca

Application Information:

Returning Student New Student - Have you toured Autumn Hill? Yes No

Application date: _____ / _____ / _____
Month Day Year

Entry Date: _____ / _____ / _____
Month Day Year

Program: (Check one) Toddler Preschool Senior Preschool (Birthdate between Jan to May 2021)

Number of days: M – F (5 days) M/W/F (3 days) T/TH (2 days) (Part time for Toddler and Preschool only)

Student Information:

Name: _____ Male Female
surname first name middle name

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Date of Birth: _____ Age as of Start Date: _____ Citizenship: _____
mm/dd/yyyy

What languages are spoken at home? _____

Is English your child's first language? yes no

I am interested in a March Break Camp program No Yes How many weeks (1 or 2 weeks): _____

Are you considering Private Education for your child after Preschool? Yes No

What is the highest grade level you are considering for your child to complete at Autumn Hill? _____

How did you hear of our school? Referral Website Internet Search Signage Other

Parent/Guardian Information:

Parent's marital status: Married Divorced Separated Single

Are there any legal orders or agreements pertaining to custody/access of the child? Yes No

If there are any restrictions in terms of custody or access, please attach the legal documents that set out these restrictions.

Parent/Guardian # 1: (Business information is mandatory for at least ONE parent)

Name: _____
surname first name middle name

Mobile Tel: _____ Bus. Tel: _____

Business/Employer's Name: _____

Business Address: _____

Email: _____

Student's Name: _____

Parent/Guardian # 2:

Name: _____
 surname first name middle name

Cellular Tel: _____ Bus. Tel: _____

Business/Employer's Name: _____

Business Address: _____

Email: _____

(An email address is needed for communication with the teacher; most information will be sent via email.)

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 #: _____

Alternate Tel. #: _____ Alternate Tel. #: _____

Office Use only:

Deposit given: _____
 Amount Date

Monthly base fee amount: _____ Monthly amount paying: _____

Rebate amount: 2024: _____ 2025: _____

- all form completed contact update attendance check school list HiMama set up
- emailed confirmation allergy/medical forms given immunization forms admin fee paid

Notes:

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:

Card #: _____ Version Code: _____

Expiry Date: _____
(yyyy/mm/dd)

Doctor's Information: (Mandatory)

Doctor's Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Telephone #: _____

REGISTRATION POLICIES CONTRACT

REGISTRATION PROCEDURES

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 paid by cash or by email transfer sent to office@autumnhillacademy.ca. (This fee is non-refundable)
- Banking information for automatic payments.

AUTUMN HILL WILL NOT ACCEPT REGISTRATION UNLESS THE ABOVE ARE SUBMITTED AT THE TIME OF REGISTRATION, NO EXCEPTIONS WILL BE MADE. ONCE ALL COMPLETE DOCUMENTS ARE SUBMITTED YOU WILL RECEIVE A CONFIRMATION EMAIL.

TAX RECEIPTS:

Tax receipts are issued as "Child Care". Tax receipts will be issued in February 2025 via email, for payments received during the previous calendar year, not the school calendar year.

CWELCC REBATES:

Autumn Hill Academy is currently enrolled in the CWELCC program. This means that all students in our licensed programs (Toddler to Sr. Preschool) are eligible for the government rebate. When registering the security deposit will be paid in full, and a refund for the difference between Autumn Hill's fee and the reduced fee will be provided in June 2025. Then, tuition will be withdrawn from September to May for the reduced fee amount. Fees not covered by the rebate are as follows (if applicable): toilet training fees, workbooks, field trips, March Break Camp, NSF fees and after school programs. IT IS NOT GUARANTEED THAT WE WILL BE ENROLLED IN THIS PROGRAM FOR SEPTEMBER 2025. If for any reason we were to opt out of this program, 30 days' notice will be given to parents.

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 in December, two weeks in March, 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. Children in the preschool program are considered not toilet trained if they are wearing a diaper or pull-up during any part of the day, parents will be billed monthly until the child is one-month accident free.
8. Students enrolled in the Senior Preschool program MUST be 100% toilet trained and no longer napping.
9. Late pick-ups (after 6:00 p.m.) will be charged \$1.00 per minute, per child, payable directly to the afterschool staff.
10. 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.
11. Within four weeks of commencing the program, the director reserves the right to dismiss any student who fails to adjust academically or behaviourally.
12. 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

CONSENT FORM

Student's Name: _____ Program: _____

Parent/Guardian's Name: _____

DATED AT the Town of Concord in the Regional Municipality of York, this _____, day of _____, 20____.

EMERGENCY CONSENT

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

I, authorize Autumn Hill Academy to perform any, or all the following:

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

Furthermore, if such an emergency should arise, I shall be notified as soon as possible. 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: _____



Autumn Hill Academy

Skin Care Products – Parent Authorization Form

Student's name: _____

Parent's name: _____

Application of Skin Care products (required)

Initials___ I/we agree to provide the skin care products listed below. I/we understand that the product must be in the original container, clearly labeled with the child's full name, appropriate for the child's age, free of nut ingredients, and within the expiration date. *Application by staff is limited to young children and those not yet developmentally ready to self-apply. I/we authorize application of skin care products as follows:

Skin Care Produce		
Sunscreen (with both UVA and UVB protection, SPF 15 or higher)	Carried and applied by child with supervision Initials____	*Applied by staff Initials___
Hand Sanitizer (Centre provided)	Carried and applied by child with supervision Initials____	*Applied by staff Initials___
Diaper cream/Ointment	Carried and applied by child with supervision Initials____	*Applied by staff Initials___
Diaper wipes	Carried and applied by child with supervision Initials____	*Applied by staff Initials___
Other products (list here)	Carried and applied by child with supervision Initials____	*Applied by staff Initials___

Parent's Signature: _____ Date: _____