



Autumn Hill Academy

AUTUMN HILL ACADEMY

Application for Enrolment 2025/2026

Phone # (905) 417-9779

Email: office@autumnhillacademy.ca

Returning Student

New Student - Have you toured Autumn Hill? Yes No

Application date: ____ / ____ / ____
Month Day Year

Entry Date: ____ / ____ / ____
Month Day Year

Program: (Check one)

Junior Kindergarten Senior Kindergarten Grade 1 Grade 2 Grade 3 Grade 4

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

Education History: (New students only)

Name of School	Dates of Attendance	Location

Parent/Guardian Information:

Parents' 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

Cellular Tel: _____ Bus. Tel: _____

Business/Employer's Name: _____

Business Address: _____

Email: _____

Parent/Guardian # 2:

Name: _____
 surname first name middle name

Cellular Tel: _____ Bus. Tel: _____

Business/Employer's Name: _____

Business Address: _____

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 #: _____

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 regularly? No Yes

Please list the drug and dosage: _____

(A medical consent form will be kept in the 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 it is a food allergy, please be specific.

No Yes, Explain: _____

7. Does your child have any anaphylactic allergies? (If yes, please ask the 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 the student's file)

9. Does your child have any other medical conditions? (i.e., asthma, diabetes, etc.) (If yes, please ask the 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 we should know?

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

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

I authorize Autumn Hill Academy to perform any or all 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 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 situations.

Signature of Parent/Guardian: _____ Date: _____

GENERAL CONSENT

I authorize my student to participate in supervised neighbourhood 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 2026's tuition. The deposit is to be made by email transfer sent to office@autumnhillacademy.ca. Cheques will not be accepted.
- Banking information is required for monthly payments. (If banking information has changed)
- At least one trial day is required for any student entering the school from SK to Gr. 4.
- Copies of report cards from the previous school. (new students only)

TUITION FEES

PROGRAM	OPTIONS	MONTHLY COST
Kindergarten 3-5 years	5 Day Program	\$1,790.00
Grade 1 to 4	5 Day Program	\$1,940.00

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.

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. Nine automatic payments will be processed on the first of each month from September 1, 2025 to May 1, 2026.

DISCOUNTS: A 5% sibling discount will be applied for Junior Kindergarten to Grade 4 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 student's absence for any reason, a student 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, fees are prorated over 10 months. Every month is the same amount regardless of the days we are open.
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, 2026.
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 student, 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