



REGISTRATION FORM

ST. BERNADETTE'S FAMILY RESOURCE CENTRE

ST. JUDE'S ACADEMY OF THE ARTS
Humber Sheppard Community Centre
3100 Weston Road, Toronto, Ontario M9M 2S7
Telephone: (416) 740-7187

Application Date: _____ Date of Entry: _____
Withdrawal date: _____ MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

GENERAL INFORMATION FORM

Name of Applicant (surname, first name): _____
Date of Birth (month/day/year): _____
Applicant's Address: _____
Home number: _____
Gender: Male or Female

Mother's Name: _____
Home Address: _____
Home number: _____ Work number: _____
Employer: _____ Occupation: _____

Father's Name: _____
Home Address: _____
Home number: _____ Work number: _____
Employer: _____ Occupation: _____

What transportation method would the applicant be using when attending St. Jude's?
(T.T.C, Bus Company, taxi, family will drop off and pick up etc.)

At approximately what time will the applicant be:
DROPPED OFF: _____ PICKED UP: _____

If the applicant is assisted by a bus company, please state name:

Company Name: _____

Company Phone #: _____

ST. JUDE'S ACADEMY OF THE ARTS
Humber Sheppard Community Centre
3100 Weston Road, Toronto, Ontario M9M 2S7

BACKGROUND AND HEALTH INFORMATION

Is English the applicant's first language? YES: _____ NO: _____

If NOT, please specify first language: _____

Has the applicant always lived in Ontario? YES: _____ NO: _____

If NOT, where? _____

Do both parents live with applicant? YES: _____ NO: _____

If NOT, please explain absent parent's access to Applicant:

What is the applicant's special need? (Autism, Down Syndrome, Cerebral Palsy, Blindness, etc.)

Have the applicant ever attend a program before? If YES, please provide details (When? Where? How long?)

Write a paragraph about the applicant's personality and what type of things the applicant likes and dislikes (friendly, outgoing, shy, has a temper, violent, enjoys people, dislike loud noises etc.)

Does the applicant enjoy MUSIC _____, ARTS & CRAFTS _____, DRAMA _____, DANCE _____.

What is the family makeup? (Parents, siblings, older/younger)? _____

Are there any existing difficulties experienced by the family related to the Applicant?

Applicant's favourite PERSON: _____ TOY: _____ FOOD: _____

ST. JUDE'S ACADEMY OF THE ARTS
Humber Sheppard Community Centre
3100 Weston Road, Toronto, Ontario M9M 2S7

Does the applicant have allergies? YES: _____ NO: _____

Please list allergies and reactions: _____

Are there any other medical considerations? (Seizures, visual, auditory physical disabilities etc.)

List all communicable diseases that your Applicant has had (with dates). For example: chicken pox, measles, etc.

State any other concerns regarding the applicants needs (toileting, eating, walking etc.)

IN CASE OF EMERGENCY (NOT A PARENT OR GUARDIAN)

First Contact

Name: _____ Relationship to Applicant: _____

Home #: _____ Business #: _____

Address: _____

Second Contact

Name: _____ Relationship to Applicant: _____

Home #: _____ Business #: _____

Address: _____

Has received copy of Parent Handbook: YES: _____ NO: _____

Please note that fees include holidays and sick days. There is no discount for the days when your Applicant is not in attendance.

Non-Sufficient Funds (NSF) Cheques: for every NSF cheque you will be charged a \$ 20.00 fee.

I agree to abide by all the regulations and policies as stated in the Parent Handbook.

Parent/Guardian signature: _____ Date: _____

ST. JUDE'S ACADEMY OF THE ARTS
Humber Sheppard Community Centre
3100 Weston Road, Toronto, Ontario M9M 2S7

EMERGENCY CONSENT FORM

Parents, in the event that an emergency should arise concerning your Applicant, it is important that the Centre have complete information. Please fill in the following information:

Applicant's Full Name: _____

Date of Birth: _____

Mother's Name: _____ Home #: _____ Bus. #: _____

Home Address: _____

Business Address: _____

Father's Name: _____ Home #: _____ Bus. #: _____

Home Address: _____

Business Address: _____

Emergency Contact Name: _____ Phone #: _____

Relationship: _____ Address: _____

Applicant's Doctor's Name: _____ Bus. #: _____

Clinic Address: _____

State allergies and reactions: _____

Is Applicant on regular medication? _____

Other Medical Information: _____

Have you provided the Centre with your Applicant's immunization record? _____

I give permission for _____ to be taken to the hospital in case of an emergency, and consent to emergency treatment until the time of my arrival at the hospital.

I understand that every effort will be made to contact me in the event that such an emergency takes place.

PARENT/GUARDIAN SIGNATURE

DATE

**PERMISSION TO APPLY CREAMS / SUN TAN LOTION THAT IS
SUPPLIED BY PARENTS**

Name of Applicant: _____ Date: _____

I, _____, give my consent for staff of ST. BERNADETTE'S
FAMILY RESOURCE CENTRE to apply/administer (give name of product) _____
to the Applicant.

PARENT/GUARDIAN SIGNATURE

DATE



**WALKS AROUND THE COMMUNITY, COMMUNITY PARTICIPATION &
SWIMMING CONSENT FORM**

I hereby give my consent for the Applicant to attend and participate in swimming, to take walks
around the community and to participate in school and/or community activities.

I understand that I will be notified of all the times, dates, destinations, and modes of transportation
prior to any major field trip and will be required to sign a separate consent form.

Special instructions for the Applicant:

I may be able to volunteer to assist on trips: YES _____ NO _____

PARENT/GUARDIAN SIGNATURE

DATE

ADMISSION / WITHDRAWAL FEE

A pre-registration deposit fee of half a month's worth of fees must be paid before the first day of enrollment by cheque or money order. This deposit will be returned to you upon withdrawal from ST. BERNADETTE'S FAMILY RESOURCE CENTRE provided you have signed a withdrawal form giving two weeks notice, after the Applicant has been in attendance at the Centre for at least 4 weeks (total 6 weeks).

Failure to give appropriate notice will forfeit your pre-registration deposit.

Your deposit will be returned to you (without interest) on the Applicant's last day, if the requirements listed above have been met.

I agree to abide by the above mentioned admission/withdrawal policy and indicate my acceptance of it by signing below.

PARENT/GUARDIAN SIGNATURE

DATE

ST. JUDE'S ACADEMY OF THE ARTS
 Humber Sheppard Community Centre
 3100 Weston Road, Toronto, Ontario M9M 2S7

LATE FINES

The centre has a late fine policy for parents/guardians who are late picking up their Applicant at 3:00 p.m. These late fines will be heavily enforced as follows:

5 minutes late	\$ 10.00	3:01 p.m. to 3:05 p.m.
10 minutes late	\$ 20.00	3:06 p.m. to 3:10 p.m.
15 minutes late	\$ 30.00	3:11 p.m. to 3:15 p.m.
20 minutes late	\$ 40.00	3:16 p.m. to 3:20 p.m.

The amounts will increase ten dollars every five minutes. You will have twenty-four hours to pay this amount otherwise your Applicant will not be allowed to enter the daycare Centre until it has been paid.

In addition, if parents arrive late eight times within a calendar year the ninth late fee fine will double as follows:

5 minutes late	\$ 20.00	3:01 p.m. to 3:05 p.m.
10 minutes late	\$ 40.00	3:06 p.m. to 3:10 p.m.
15 minutes late	\$ 60.00	3:11 p.m. to 3:15 p.m.
20 minutes late	\$ 80.00	3:16 p.m. to 3:20 p.m.

These amounts will continue to double every five minutes until a parent/guardian arrives at the centre,

THE CLOCK THAT DETERMINES THE LATE FINE IS THE ONE AT
 THE MAIN ENTRANCE AS YOU WALK IN.

Fines apply to the time the parent leaves the Centre (is out the door), not when he or she arrives.

I have read and understood the above information on the late fine policy.

 PARENT/GUARDIAN SIGNATURE

 DATE

 EXECUTIVE DIRECTOR / SUPERVISOR

 DATE

LATE PAYMENT OF FEES POLICY

A late fee policy for parents was established September 1, 2007. Monthly fees will be due on the first day of every month on account of that month's fees. This policy is necessary as the centre is a non-profit organization and counts on prompt payment of fees in order to meet monthly financial commitments.

The Late Fee Policy consists of a three-step procedure. The first step will be a letter reminding parents that their fees are now due. The second step will be a verbal reminder from the supervisor. On the third step you will be notified of your status at the Centre. Parents who are late in payment of fees will be notified of the Applicant's last day at the Centre. Payments thereafter must be made money order or certified cheque. Habitual lateness will not be tolerated and may be cause for not allowing the Applicant to return to the centre.

The Applicant who has been notified of his/her last day of attendance may be able to return to the centre subject to the availability of spaces and at the discretion of the Executive Director / Supervisor once payment has been made. Failure to pay within stipulated dates may result in legal collection procedures.

Any questions regarding this policy may be directed to the Executive Director/Supervisor. For those parents who consistently make timely payments, we thank you and hope for your continued cooperation in this matter.

I understand the above and indicate my acceptance of it by signing below.

PARENT/GUARDIAN SIGNATURE

DATE

EXECUTIVE DIRECTOR / SUPERVISOR

DATE

AUTHORIZATION, INDEMNITY AND RELEASE

Applicant Name: _____

We, _____ and _____, the
parents/guardians of _____ confirm that we have given you
authorization permitting the persons listed on the attached sheet to pick-up the Applicant. We
acknowledge that ST. BERNADETTE'S FAMILY RESOURCE CENTRE is only authorized to release
the Applicant to me/either of us, or to the persons listed on the attached sheet.

Notwithstanding the above, we hereby authorize and direct you to release the Applicant on any day
that she/he is in attendance at ST. BERNADETTE'S FAMILY RESOURCE CENTRE, to any other
person that we indicate to you by telephone or in person, provided that we must notify you in advance
on the day that we require our Applicant to be picked up by a person other than ourselves, or the
persons listed on the attached sheet. This shall be your good and valid authority for so doing.

We hereby covenant and agree to hold and save harmless ST. BERNADETTE'S FAMILY RESOURCE
CENTRE from and against all losses, claims, demands, costs, suits, proceedings, or actions or cause
of action that may be instituted or commenced against ST. BERNADETTE'S FAMILY RESOURCE
CENTRE or against its management, agents or employees, by any party in regard to the release by
ST. BERNADETTE'S FAMILY RESOURCE CENTRE of the Applicant to the person or persons that we
have so authorized by telephone or in person. And we agree to save harmless and indemnify ST.
BERNADETTE'S FAMILY RESOURCE CENTRE, its principals, agents and employees against any
liability incurred by them by reason of their so doing.

_____ & _____
Parents/Guardians Initials

ST. JUDE'S ACADEMY OF THE ARTS
Humber Sheppard Community Centre
3100 Weston Road, Toronto, Ontario M9M 2S7

AUTHORIZATION, INDEMNITY AND RELEASE *cont.*

We hereby release and forever discharge ST. BERNADETTE'S FAMILY RESOURCE CENTRE, its successors, assigns, principals, agents and employees from all manner of actions, causes of action, suits, covenants, claims and demands whatsoever which against ST. BERNADETTE'S FAMILY RESOURCE CENTRE, we or our heirs, administrators, successors and assigns, shall or may have for or by any reason of any cause matter or thing whatsoever as a result of ST. BERNADETTE'S FAMILY RESOURCE CENTRE releasing the Applicant pursuant to my/our advance telephone call or notification.

DATED: at Toronto this _____ day of _____ 2_____

Parent/Guardian Name

Parent Guardian Signature

Parent/Guardian Name

Parent Guardian Signature

Name of Person	Relationship to the Applicant
1. _____	-----
2. _____	-----
3. _____	-----
4. _____	-----
5. _____	-----
6. _____	-----
7. _____	-----
8. _____	-----
9. _____	-----
10. _____	-----

Print each person's first and last name and relationship to the Applicant.

ST. JUDE'S ACADEMY OF THE ARTS
Humber Sheppard Community Centre
3100 Weston Road, Toronto, Ontario M9M 2S7

FEE SCHEDULE FOR 2007

Fees for St. Jude's Academy of the Arts program in 2007 will be as follows:

PRESCHOOL	◆◆◆◆	18 years old and up	◆◆◆◆	\$ 32 per day
-----------	------	---------------------	------	---------------

MONTH	# of DAYS	PRESCHOOL	JK/SK
January	18	\$32.00/per day	\$32.00/per day
February	20	\$32.00/per day	\$32.00/per day
March	22	\$32.00/per day	\$32.00/per day
April	19	\$32.00/per day	\$32.00/per day
May	21	\$32.00/per day	\$32.00/per day
June	21	\$32.00/per day	\$32.00/per day
July	21	\$32.00/per day	\$32.00/per day
August	22	\$32.00/per day	\$32.00/per day
September	19	\$32.00/per day	\$32.00/per day
October	22	\$32.00/per day	\$32.00/per day
November	22	\$32.00/per day	\$32.00/per day
December	15	\$32.00/per day	\$32.00/per day

Total number of days: 242

Note: The number of operating days may change due to Staff Professional Development Days. A letter will be sent home to parents in advance to indicate any days the program will be closed.

**CONSENT FORM for
APPLICANT'S PICTURES, VIDEO AND MEDIA PRESS**

I, _____, give consent for the Applicant
_____ to be photographed, video taped by staff or media
for use in the centre, brochures, St. Bernadette's website, other literature and media press.

PARENT/GUARDIAN SIGNATURE

DATE