



Century

P R I V A T E
S C H O O L

— Est. 1994 —

INSPIRING EXCELLENCE

**REGISTRATION FORM POLICIES & PROCEDURES
(Domestic Student)
2021 - 2022**

STUDENT INFORMATION

Student's Surname:		Entering grade:
Student's First Name:		
Date of Birth (DD/MM/YYYY):	Age:	Male/Female:
Language(s) spoken at home:		
Status in Canada: Citizen <input type="checkbox"/> Permanent Resident(PR) <input type="checkbox"/>		
Please check all that apply: Montessori Program (Age 2.5-6) <input type="checkbox"/> Elementary School (Gr.1-8) <input type="checkbox"/> Secondary School (Gr.9-12) <input type="checkbox"/>		
Before School (7:00 am): <input type="checkbox"/>	Hot Lunch: <input type="checkbox"/> (Elementary Program only)	After School (6:00 pm): <input type="checkbox"/>

PARENT INFORMATION

Mother's Full Name:		
Home Address:		
City:	Province:	Postal Code:
Home Phone:	Work Phone:	
Email:	Cell Phone:	
Employer Name and Address:	Occupation:	
Father's Full Name:		
Home Address:		
City:	Province:	Postal Code:
Home Phone:	Work Phone:	
Email:	Cell Phone:	
Employer Name and Address:	Occupation:	

STUDENT MEDICAL INFORMATION

Student's Health Insurance Number (required):

Doctor's Name:

Doctor's Address:

Doctor's Phone:

Has your child had a tuberculin test?

Has your child had any communicable disease such as chicken pox, mumps, etc.? If yes, please specify.

Does your child take any medication regularly? If yes, please specify.

Does your child have any food and/or other allergies/religious/dietary restrictions? If yes, please list

IMMUNIZATION RECORD

The student's CURRENT immunization information is mandatory. A copy of the student's immunization record is required, if not already submitted to the school.

CANADIAN GUARDIAN / EMERGENCY INFORMATION

Student's Full Name:

Emergency Contact Name in Canada:

Emergency Contact Phone:

Relationship to Student:

Name of persons to whom your child may be released to, including relationship to child. Please note that photo identification will be required upon release of the child.

Name	Relationship	Cell Phone	Home Phone

ADDITIONAL INFORMATION

Name of school, daycare or institution most recently attended:

Please specify any social, emotional or medical problems that the school should be aware of:

Name(s) and age(s) of siblings:

How did you hear about Century Private School?

Parent/Guardian Check List

Documents:

- Registration form completed
- Hot Lunch Registration Form
- Before & After School Registration Form
- Report Card/Transcripts
- Immunization Record
- Health Information
- Birth Certificate/Passport or
Permanent Resident Card
- Proof of residence
- Proof of Custodianship/Guardianship
- Confirmation of Payment
- Parent/Student Handbook

Waiver:

- Medical
- Electronic Devices
- Educational Field Trip
- Photographic/Image

Medical Waiver

The Ministry of Health has determined that all students enrolled in school be immunized for certain diseases before entering the classroom. Each student has an immunization record. Students born in and arriving from other countries will have an immunization record from that country. It is important and a requirement for acceptance that we have a record of each child's most recent immunization record, on file.

From time-to-time, a student might be hurt accidentally or develop symptoms of illness or other medical conditions after arriving at school.

It is Century Private School's policy to contact the parent or emergency contact provided by the parent when this occurs. The parent, guardian or emergency contact is expected to come to the school and take the student home or to the doctor/hospital for medical treatment.

In the event that the school determines that urgent medical assistance is required, the school will call 911 and request EMS assistance. The parent will be notified where the student is being taken.

Should the parent, guardian or emergency contact not be able to be reached, the school will take action to take the student for medical attention. Please note that a doctor will not attend to a child without the parent/guardian's permission unless the parent/guardian signs a medical waiver allowing the school to act in place of the parent/guardian to access the appropriate medical treatment.

We are asking you to sign a medical waiver to authorize medical treatment in an emergency. It is important to have a waiver signed for each of your children enrolled at Century Private School. Please consider signing the following:

Medical Waiver: I, _____, the parent/guardian of _____, understand that in the event of an accident or illness occurring to my child, the school will make every effort to contact me and/or my spouse. If however, I or my spouse cannot be reached, I hereby give Century Private School, its Directors, Officers, Agents and Employees authority to act on my behalf in case of an emergency and to take appropriate steps to have a doctor attend to my child. I also agree to release and indemnify Century Private School, 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 accident, illness, injury or for any other reason arising from participation in any school activities.

Name of Parent/Guardian: _____ Signature of Parent/Guardian: _____
(Printed)

Date: _____

Electronic Devices Waiver

This is the electronic age; students have a number of electronic devices that can be used effectively in the classroom. Teachers will tell students whether a particular device will be important as part of the lesson. It is important, however, that electronic devices be used responsibly. Sometimes student's interest in their device can interrupt lessons or distract students from their learning.

It is also important that students have cell phones in order to keep contact with parents during the day. It is equally disturbing when students receive calls from friends and family or feel the need to communicate with others during class time.

It is the policy of Century Private School to encourage and expect students to use their electronic devices responsibly.

When students bring electronic devices to school, it is the policy of Century Private School to have the devices collected when not in use for instructional purposes and returned to the student when he/she leaves for the day. If a student is allowed to bring an electronic device to school, we need you to sign a waiver understanding the policy and agreeing that the device will be collected when not in use for instructional purposes and returned to the student at the end of the day.

If your child will be bringing an electronic device to school, please sign the waiver below.

Surrender of Electronic Devices: I, _____, agree that my child _____, is to hand in any electronic device (mobile phone, tablet, gaming device, etc.) to their teacher upon arrival to the school. The device will be returned at the end of the day.

Name of Parent/Guardian: _____ Signature of Parent/Guardian: _____
(Printed)

Date: _____

Educational Field Trips Waiver

From time-to-time, Century Private School organizes out-of-school experiences that we believe enhance the student's appreciation and understanding of the curriculum being studied. We inform parents each time a trip is planned with all the relevant information. There are times, however, when a child forgets to give the notification to the parent on time, or when an e-mail has not been read on time, or when a child forgets to hand in a permission form to the teacher, on time. On each occasion, there are one or two children who fit into those categories and are disappointed when the bus leaves without them and they miss the experience. Most times, the parent and child are disappointed that the child had to remain in school.

Most public and private schools ask parents to sign a waiver allowing the school to make a judgment in taking the child on the outing. This will only apply to day outings and not apply to major field trips that include overnight accommodation, include water activities, or use of student operated motorized vehicles.

A notice of each field trip will be sent home with the child and ask for your consent ahead of time as a general policy. This waiver is intended to be used as a last resort. If you feel comfortable giving the school the authority to make the judgment regarding attendance on the field trip, please sign the waiver below.

Permission to go on Outings: I, _____, the parent/guardian of _____, give permission for my child to take part in any out-of-school events during the school year. I will be notified again in writing before any particular visit or trip.

Name of Parent/Guardian: _____ Signature of Parent/Guardian: _____
(Printed)

Date: _____

Photographic/Image Waiver

From time to time a picture will be taken of students involved in an activity or working in a classroom, sports activity or other school experience. The photos are often used for exposure through a newspaper or television account, school website, school promotional material or other presentations both in school and out that feature pictures taken of students participation in the school. The Freedom of Information and Protection of Privacy Act require that parents give permission to allow a student image to be used for any purpose.

It is Century Private School policy to develop a website that, in part, shows the type of activities offered by the school. This includes working in the classroom and other activities organized by the school. From time to time, through our volunteerism program, school activities are featured on television or in newspapers such as Snap'd Richmond Hill or CTV as happened with our donation to Toy Mountain. In that case, Prime Minister Trudeau was part of the reception of our donation to Toy Mountain. In most cases the pictures are spontaneously taken. We are asking for your permission to include your child, in photos representing our school.

Photographic Wavier: I, _____ the parent/guardian of _____, authorize my child's photographic images and/or video to be used for various forms of media to assist in publicity, promotion and marketing purposes. If you feel comfortable in allowing your child to have their photograph taken as part of their school activities, we encourage you to sign the waiver attached.

Name of Parent/Guardian: _____ Signature of Parent/Guardian: _____
(Printed)

Date: _____

Application Process

1. A separate application must be submitted for each student.
2. Submit the completed registration form, signed by parent or guardian, together with the non-refundable \$500.00 registration fee. The registration fee is a one-time fee per family.
3. In addition to the registration form, the documents listed below are also required.
4. Select the tuition payment plan preferred and submit appropriate fees (registration fee + deposit).
5. A student is considered accepted upon written confirmation issued by Century Private School.

Note: In order for your child to be admitted to Century Private School, it is important that the registration form be filled out in full with accompanying documentation. Fields unfilled or missing documentation will delay the process.

Documentation Required

1. Elementary Report Card; Secondary Report Card and Transcript for up to the last three years.
2. Immunization Record.
3. One of:
 - Birth Certificate or Passport, or
 - Permanent Resident Card, if applicable.
4. Proof of Custodianship/Guardianship, if appropriate.
5. Proof of residence (a lease agreement or utility bill, in the parent/guardian's name.)

Payment Process

1. Refer to the Fee Schedule for appropriate fees.
2. Select the preferred payment option, and **check the box in 'Payment Options' section.**
3. For some options, post-dated cheques are required upon registration.
4. Make cheques payable to **Century Private School**. The student's full name(s) must be written on the front of each cheque.

Note:

- A charge of \$50.00 will be levied against all N.S.F. cheques or cheques returned for any reason.
- It is understood that the student has withdrawn from the school, if payment is in arrears for 30 days.

Payment Options

Options	Pre-school Program	Kindergarten Program	Elementary Program	Secondary Program
1. Full Payment ¹	<input type="checkbox"/> \$16,550	<input type="checkbox"/> \$17,375	<input type="checkbox"/> \$18,200	<input type="checkbox"/> \$18,200
2. Three Payments ²	<input type="checkbox"/> \$17,050 (Deposit: \$1705, Installment: \$5115)	<input type="checkbox"/> \$17,875 (Deposit: \$1787.50, Installment: \$5362.50)	<input type="checkbox"/> \$18,700 (Deposit: \$1870, Installment: \$5610)	<input type="checkbox"/> \$18,700 (Deposit: \$1870, Installment: \$5,610)
3. Monthly Payments ³	<input type="checkbox"/> \$17,550 (Deposit: \$1755, Installment: \$1755)	<input type="checkbox"/> \$18,375 (Deposit: \$1837.50, Installment: \$1837.50)	<input type="checkbox"/> \$19,200 (Deposit: \$1920, Installment: \$1920)	<input type="checkbox"/> \$19,200 (Deposit: \$1920, Installment: \$1920)

1. One (1) installment:
Payment due date: upon registration.
2. Three (3) installments: Deposit payment (June payment) upon registration, and three (3) post-dated cheques dated the first (1st) day of the following months:
June. 1st, Sept. 1st, Dec. 1st
3. Monthly installment: Deposit payment (June payment) upon registration, and nine (9) post-dated cheques dated the first (1st) day of the following months:
June 1st, July 1st, Aug. 1st, Sept. 1st, Oct.1st, Nov. 1st, Dec. 1st, Jan. 1st. Feb.1st

❖ Option 2 and 3 are not available for enrollment after January 1st, 2022.

I agreed that the total tuition payment checked above will be obligated and fulfilled according to the payment schedule.

Withdrawal Policy and Procedures – Domestic Students

“It is the policy of Century Private School to issue a refund for tuition and other applicable fees, for local students, prior to May 1st for the upcoming school year.

A withdrawal request for refund must be received by the school, no later than May 1st, 2021. Refunds are issued to the person who has paid the original tuition fee.”

❖ The **registration fee** of \$500.00, **deposit** and **September tuition** are non-refundable.

Withdrawal & Refund Request: (Received prior to May 1st, 2021)

1. A withdrawal and refund request must be signed by the **parent/guardian**. Note: A request signed by a relative, friend or other person will not be accepted.
2. The refund will be issued, within 30 days after receipt of the written refund request.
3. The refund will be issued, to the person originally providing the tuition fee payment.

Note: No refund will be made under the following circumstances:

1. The withdrawal request is received after May 1st, 2021.
2. If the student violates the school code of conduct and is being asked to withdraw from the school.
3. Failure to disclose and/or provision of false or misleading relevant information affecting the student's learning development and well-being.
4. No partial refund will be issued in the case of late arrival, withdrawals, holidays, sick days, or days missed for any reason throughout the academic year.
5. The safety of all children is our primary concern. The provision of our service is conditional on both your child's behavior and your treatment of the school and its staff. Behavior that poses a safety hazard for the other children or the staff will not be accepted and could result in immediate withdrawal of service.

Exceptional Circumstances:

Century Private School understands there may be exceptional circumstances regarding a student continuing to study at the school. For further information about the exceptional circumstance provision, please contact the school.

Receipts

1. Tax receipts are issued for the portion of the tuition fees considered childcare.
2. Tax receipts are for the calendar year, and will be issued in February of the following year.

Others

1. Transportation to and from the school is the responsibility of the parent/guardian.
2. A fee will be applied to lost or damaged textbooks.

I have read, understood and agreed to all of the above as set out by Century Private School.

PARENT/GUARDIAN'S NAME: _____ SIGNATURE: _____
(PRINTED)

DATE: _____

SIGNATURE OF CENTURY PRIVATE SCHOOL PRINCIPAL: _____

DATE: _____

Please note: parents/guardians are asked to sign two copies: one for the school and one for your records.

For office use only

- Registration form completed
- Hot Lunch Registration Form
- Before & After School Registration Form
- Report Card/Transcripts
- Immunization Record
- Health Information
- Birth Certificate/Passport or
Permanent Resident Card
- Proof of residence
- Proof of Custodianship/Guardianship
- Confirmation of Payment
- Signed Parent/Student Handbook

Waiver:

- Medical
- Electronic Devices
- Educational Field Trip
- Photographic/Image

Fees Received

- Option 1
- Option 2
- Option 3
- Lunch



CENTURY PRIVATE SCHOOL

INSPIRING EXCELLENCE

11181 Yonge Street, Richmond Hill ON L4S1L2 CA

Tel: (905)737-1160 Fax: (905)737-5867

Hot Lunch Registration Form

(Montessori & Elementary Program only)

Student Name: _____

Entering Grade: _____

Allergies and Restrictions

Please list your child's food allergies: (Please put "none" if no allergies)

Do your child's allergies cause an anaphylactic reaction?

Please list your child's food restrictions and/or intolerances and sensitivities: (Please put "none" if no restrictions, intolerances, or sensitivities)

Desired Hot Lunch Term: (Please check)

- Sept. - Jan.** (1st semester, \$750.00)
- Feb. - Jun.** (2nd semester, \$750.00)
-

Method of Payment (Check one): **PLEASE MAKE PAYMENT PAYABLE TO CENTURY PRIVATE SCHOOL**

- One-year Payment **(\$1,500.00/School year)**
- Installment(s) **(\$750.00/Semester)**
- Montessori Program **(Included)**

***PLEASE NOTE ALL POST-DATED CHEQUE(S), DATED ON 1ST OF SEPTEMBER AND/OR 1ST OF FEBRUARY, MUST BE RECEIVED UPON REGISTRATION WITH THIS FOR**

Signature of Parent/ Guardian: _____

Date: _____

CENTURY PRIVATE SCHOOL

13

Tel: (905)737-1160 Fax: (905)737-5867 Address: 11181 Yonge Street, Richmond Hill ON L4S 1L2 CANADA



CENTURY PRIVATE SCHOOL

INSPIRING EXCELLENCE

11181 Yonge Street, Richmond Hill ON L4S1L2 CA

Tel: (905)737-1160 Fax: (905)737-5867

Before & After School Registration Form

(Montessori & Elementary Program only)

Student Name: _____

Entering Grade: _____

Program: (Please Check)

Extended Care Before School (7:00 am – 8:30 am)

Drop-off Time: _____

Extended Care After School (4:30 pm – 6:00 pm)

Pick-up Time: _____

Desired Program Month: (Please circle)

Sept.	Oct.	Nov.	Dec.	Jan.
Feb.	Mar.	Apr.	May	Jun.

A LATE PICKUP CHARGE WILL APPLY AT THE RATE OF \$3.00 PER MINUTE AFTER 6:00 PM, OR AT ANY TIME THAT A STAFF HAS TO REMAIN BEYOND ESTABLISHED HOURS, TO CARE FOR A STUDENT DUE TO PARENTAL TARDINESS.

Signature of Parent/ Guardian: _____

Date: _____

CENTURY PRIVATE SCHOOL

Tel: (905)737-1160 Fax: (905)737-5867 Address: 11181 Yonge Street, Richmond Hill ON L4S 1L2 CANADA

IN SUPPORT OF
SickKids[®]

Century Private School is a proud
supporter of the
SickKids Foundation



Century

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INSPIRING EXCELLENCE

Since 1994, Century Private School has been committed to delivering an outstanding educational experience for our students. From Montessori to Secondary School, our students think critically and creatively because our methods encourage their drive to reach their full potential.

CENTURY PRIVATE SCHOOL

Tel: (905)737-1160 Fax: (905)737-5867 Address: 11181 Yonge Street, Richmond Hill ON L4S 1L2 CANADA