

# REGISTRATION FORM

ST. BERNADETTE'S FAMILY RESOURCE CENTRE

## ST. JUDE'S ACADEMY OF THE ARTS

St. Bernard de Clairvaux Hall

1789 Lawrence Avenue West, Toronto, Ontario M6L 1E3

Telephone: (416) 740-7187

Application Date: DD/MM/YYYY	Withdrawal Date: DD/MM/YYYY	OHIP#:
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### CLIENT INFORMATION

<b>Applicant's Last Name:</b>		<b>First Name:</b>		<b>Middle:</b>	
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth:</b> DD/MM/YYYY	<b>Enrollment Dates</b> (circle/highlight all the days that applicant would be attending) MONDAY / TUESDAY / WEDNESDAY / THURSDAY / FRIDAY <b>OR</b> MON-FRI			
<b>Street address:</b>		<b>Home phone no.:</b> (    )		<b>Other phone no.:</b> (    )	
<b>P.O. Box:</b>	<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>		
<b>Mother/Guardian's Full Name:</b>			<b>Email address:</b>		
<b>Street address:</b>		<b>Home phone no.:</b> (    )		<b>Other phone no.:</b> (    )	
<b>P.O. Box:</b>	<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>		
<b>Father/Guardian's Full Name:</b>			<b>Email address:</b>		
<b>Street address:</b>		<b>Home phone no.:</b> (    )		<b>Other phone no.:</b> (    )	
<b>P.O. Box:</b>	<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>		

### TRANSPORTATION INFORMATION

<b>What transportation method would your child be using when attending St. Jude's Academy of the Arts?</b> (Example: TTC, Bus Company, Taxi, Family Pick-Up and Drop-Off)		
If the applicant is assisted by a bus company, please specify:		
<b>Company Name:</b>		<b>Company Phone no.:</b> (    )
<b>At approximately what time would your child be:</b>	<b>Dropped OFF:</b> _____	<b>Picked UP:</b> _____

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**BACKGROUND AND HEALTH INFORMATION**

Is ENGLISH the applicant's first language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If NOT, please indicate first language:
Has the applicant always lived in Ontario?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If NOT, please indicate where:
Do BOTH parents live with applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If NOT, please explain absent parent's access to applicant:
What is the applicant's Special Need? (Example: Autism, Down Syndrome, Cerebral Palsy, Blindness, etc.)			
Has the applicant ever attended a Day Program before? If YES, please provide details...When? Where? How Long?			
Please write a brief paragraph about the applicant's personality and what type of things he/she likes and dislikes (Example: friendly, outgoing, shy, has a temper, violent, enjoys people, dislikes loud noises, etc.)			
Does the applicant enjoy: <input type="checkbox"/> MUSIC <input type="checkbox"/> ARTS & CRAFTS <input type="checkbox"/> DRAMA <input type="checkbox"/> DANCE			
What is the applicant's 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: _____

**EMERGENCY CONTACT INFORMATION**

FIRST CONTACT		
Name:	Relationship to Applicant:	
Full Address:	Home phone no.: (    )	Other phone no.: (    )
SECOND CONTACT		
Name:	Relationship to Applicant:	
Full Address:	Home phone no.: (    )	Other phone no.: (    )

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**ALLERGY/IMMUNIZATION INFORMATION**

Does the applicant have allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please list allergies, reactions and any medications used for this purpose:


Are there any other medical considerations? (Example: Seizures, Visual, Auditory Physical Disabilities, etc.)


List all communicable diseases, including dates that the applicant has had. For example, chicken pox, measles, etc.


State any other concerns regarding the applicant's needs. (Example: toileting, eating, walking, etc.)


**IMPORTANT**

**Has the parent/guardian received a copy of the Parent Handbook:**  Yes  No  
 (Please note that fees include holidays, sick days and appointments. There is NO discount for the days when the applicant is not in attendance)

**Non-Sufficient Funds (NSF):** For every NSF received, you will be charged an additional fee of \$20.00

I/WE agree to abide by all the regulations and policies stated within the Parent Handbook.

\_\_\_\_\_  
 Parent/Guardian signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian signature

\_\_\_\_\_  
 Date

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Applicant's Name:		Date of Birth: DD / MM / YYYY	
<b>EMERGENCY CONSENT FORM</b>			
<b>PARENTS/GUARDIANS:</b> In the event an emergency should arise concerning the applicant, it is important that the Centre have your complete information. Please fill in the following information accurately:			
<b>FIRST CONTACT</b>			
Name:		Relationship to Applicant:	
Full Address:		Home phone no.: (    )	Other phone no.: (    )
<b>SECOND CONTACT</b>			
Name:		Relationship to Applicant:	
Full Address:		Home phone no.: (    )	Other phone no.: (    )
<b>APPLICANT'S DOCTOR'S INFORMATION</b>			
Name:		Work phone no.: (    )	
Address:		Other phone no.: (    )	
State allergies and reactions:			
Is the Applicant on regular medication:			
Other important medical information:			
<b>Have you provided the Centre with the applicant's immunization record: <input type="checkbox"/> Yes <input type="checkbox"/> No</b>			

I/WE, \_\_\_\_\_, give permission for the applicant 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 of such an emergency should take place.

\_\_\_\_\_  
 Parent/Guardian signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian signature

\_\_\_\_\_  
 Date

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**PERMISSION TO APPLY CREAMS/SUNTAN LOTION THAT IS SUPPLIED BY PARENT/GUARDIAN**

I/WE, \_\_\_\_\_, give consent for staff of St. Jude's Academy of the Arts to apply (give name of product) \_\_\_\_\_ to the applicant whenever it is needed.

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

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

I/WE, \_\_\_\_\_, 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 with the staff of St. Jude's Academy of the Arts.

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

The following are some "special instructions" for the applicant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I may be able to volunteer/assist on various trips:  Yes  No

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

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**ADMISSION/WITHDRAWAL/VACATION FEE**

Prior to Admission, parents/guardians must complete and return the registration package. Upon registration, parents are required to pay the first bill before the end of the month. Following this, parents/guardians will be billed one month in advance and are required to pay this **EVERY 1<sup>st</sup> of the month** on time.

Prior to a Withdrawal, parents/guardians must notify the Supervisor/Executive Director **TWO WEEKS** prior to the scheduled departure from the program. Failure to do so will result in regular payment on the 1<sup>st</sup> of the month.

Parents/Guardians must notify the Supervisor/Executive Director **FOUR WEEKS** prior to a scheduled vacation. Failure to do so will result in regular payment of the 1<sup>st</sup> of the month.

I agree to abide by the above mentioned Admission/Vacation/Withdrawal Policy and indicate my acceptance by signing below.

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

**WITHDRAWAL POLICY & PROCEDURE**

I have read the Withdrawal Policy & Procedure and agree to the terms as stated in the Parent Handbook.

I have been given the opportunity to review this document, ask questions (if required) and confirm that no further clarification is necessary.

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

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**PARENT CODE OF CONDUCT**

I have read the 'Parent Code of Conduct' and agree to the terms as stated in the Parent Handbook.

I have been given the opportunity to review this document, ask questions (if required) and confirm that no further clarification is necessary.

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name #1*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name #2*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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## LATE FINES

The Centre has a 'Late Fines Policy' for parents/guardians/drivers who are late picking up their child by 3:00 p.m. Parents are responsible to arrange for Wheel Trans, or any company that is scheduled to pick up and drop off your child to and from the Centre, to be ON TIME to pick up your child.

These late fines will be heavily enforced as follows:

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

The amounts will increase ten dollars every five minutes. You will have twenty-four hours to pay this amount otherwise the applicant will not be allowed to enter the Day Program 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:

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

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/guardian leaves the Centre (is out the door), not when he/she arrives.

I have read and understood the above information on the Late Fine Policy.

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Executive Director/Supervisor Signature*

\_\_\_\_\_  
*Date*



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**LATE PAYMENT FEES POLICY**

A 'Late Payment Fees Policy' for parents/guardians was established September 1, 2007. Monthly fees will be due on the 1<sup>st</sup> day of every month and will account for 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 Payment Fees Policy' consists of a three-step procedure. The first step will be a letter reminding parents/guardians that fees are now due. The second step will be a verbal reminder from the Supervisor. On the third and final step, parents/guardians will be notified of your status at the Centre. Parents/Guardians who are late in making payments will be notified of the client's last day at the Centre. Payments thereafter must be made by money order or certified cheque only. Habitual lateness will not be tolerated and may be cause for client dismissal from the Day Program.

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 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 matter may be directed to the Executive Director/Supervisor. For parents who consistently make timely payments, we thank you and hope for your continued co-operation in this matter.

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

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Executive Director/Supervisor signature*

\_\_\_\_\_  
*Date*

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**AUTHORIZATION, INDEMNITY AND RELEASE (PAGE 1)**

I/We, \_\_\_\_\_ and \_\_\_\_\_, the parents/guardian of the above mentioned applicant, confirm that we have given authorization permitting the persons listed on (page 2) of this sheet, to pick-up the applicant when we cannot do so. We acknowledge that **St. Jude's Academy of the Arts** is only authorized to release the applicant to either of us, or to the persons listed on the attached sheet.

Notwithstanding the above, we hereby authorize and direct **St. Jude's Academy of the Arts** to release the applicant on any day that he/she is in attendance at **St. Jude's Academy of the Arts**, to any other person that we indicate to you by telephone or in person, provided we notify you in advance on the day that we require the applicant to be picked up by someone other than ourselves.

We hereby agree that **St. Jude's Academy of the Arts** is not responsible for any loss, claims, demands, costs, suits, covenants, proceedings, all manners of action or cause of action that may be instituted against **St. Jude's Academy of the Arts** or against its management, agents or employees, by any party in regard to the release of the applicant from **St. Jude's Academy of the Arts** to the person or persons that we have authorized either by telephone or in person. We also release **St. Jude's Academy of the Arts**, its principals, agents and employees against any liability for doing so.

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

DATED in Toronto on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

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**AUTHORIZATION, INDEMNITY AND RELEASE (PAGE 2)**

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*Relationship to Applicant*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*Relationship to Applicant*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*Relationship to Applicant*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*Relationship to Applicant*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*Relationship to Applicant*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*Relationship to Applicant*

We, the parents/guardian of the applicant mentioned above, agree to the names mentioned on this sheet, to pick up our child only when we are not able to do so and only after we have notified **St. Jude's Academy of the Arts** in advance either in writing, by telephone or in person.

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

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<b>FEE SCHEDULE</b>
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Fees for St. Jude's Academy of the Arts program in 2023 will be as follows:

<b>MONTH</b>	<b># OF DAYS</b>	<b>PROGRAM</b>
January	17	\$48.00/per day
February	20	\$48.00/per day
March	23	\$48.00/per day
April	20	\$49.00/per day
May	23	\$49.00/per day
June	22	\$49.00/per day
July	21	\$49.00/per day
August	23	\$49.00/per day
September	21	\$49.00/per day
October	22	\$49.00/per day
November	22	\$49.00/per day
December	16	\$49.00/per day

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

\_\_\_\_\_  
 Parent/Guardian signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian signature

\_\_\_\_\_  
 Date

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Date of Birth: DD / MM / YYYY

**CONSENT FORM FOR APPLICANT’S PICTURES, VIDEOS AND MEDIA PRESS**

I/WE, \_\_\_\_\_, the parent/guardian of the applicant give consent for him/her to be photographed, videotaped by staff or media for use in the Centre, brochures, St. Jude’s Academy of the Arts website, other literature and media press.

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*