



# DEVELOPING A LOVE OF LEARNING

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www.kanataacademy.com

## REGISTRATION FORM 2009-2010

Child's Family Name: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Allergies: \_\_\_\_\_ OHIP: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Phone Number (Work): \_\_\_\_\_  
Cell: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Phone Number (Work): \_\_\_\_\_  
Cell: \_\_\_\_\_

Guardian/Sitter's Full Name (if applicable): \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Phone Number (Work): \_\_\_\_\_  
Cell: \_\_\_\_\_

Address of Child's Residence: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Person with whom Child Resides: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

A Reservation Deposit is required in the amount of \$500 (non refundable) for new students in order to secure enrolment.

A Reservation Deposit is required in the amount of \$300 (non refundable) for returning students.

**After March 2, 2009 the Reservation Deposit for returning students will be \$500 (non refundable).**

Please enclose your cheque, made payable to Kanata Academy Inc., with this form.

I hereby register my child in the following program at Kanata Academy:

Pre-School \_\_\_\_\_, JK \_\_\_\_\_, SK \_\_\_\_\_, Grade Level \_\_\_\_\_ in the school year of September 2009 to June 2010.

I agree to pay school fees as per enrolment contract for the aforementioned period. I understand that interest will be applied to overdue accounts and that fees are non refundable after July 2, 2009.

Kanata Academy reserves the right to resign the charge of a student.

Please indicate if you are interested in the Extended Hours: A.M. \_\_\_ P.M. \_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_