



DEVELOPING A LOVE OF LEARNING

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www.kanataacademy.com

REGISTRATION FORM 2010 - 2011

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 1, 2010 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 2010 to June 2011.

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 1, 2010.

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: _____