

EDINBURGH

Parent-Sponsored Activities (PSA)

500 Hudson Avenue Montreal West, Quebec H4X 1X1

Telephone (514)484-3644,

www.edinburghpsa.com Jacqui.psa@gmail.com psasteph@gmail.com

GRADE _____ \ _____
for September 2017

2017/18 Student Registration Form

(please print)

Child's name: Date of birth:
family name first name month day year

Child's name: Date of birth:
family name first name month day year

Mailing address:

Marital status of parents: (single) (married) (separated) (divorced)
If parents are separated or divorced, full name of who has custody:

Mother's name Home Tel: (.....)
Business Tel: (.....) Cell Tel: (.....) E-mail:

Father's name Home Tel: (.....)
Business Tel: (.....) Cell Tel: (.....) E-mail:

Alternate/emergency contact:
Relation to child:

Alternate/emergency Tel: (.....) Cell: (.....) E-mail:

Other person(s) authorized to pick up my child:
Name: Relationship:
Name: Relationship:
Name: Relationship:

(Unless I advise the PSA Staff, no one else is so authorized.)

MEDICAL HISTORY OF THE CHILD

Medicare No.: Expiry date:

Medicare No.: Expiry date:

Does your child have a life threatening allergy? Yes No
If yes, please give details concerning the type of problem, severity, and medication required:

.....
.....

Family doctor: Phone No.:

In case of illness/accident, the parent or designated adult will be called to pick up your child.

In the event of an emergency, and where time does not permit phoning the parent or designated adult, or the parent or designated adult is not available for consultation, I agree that care may be provided to my child without my consent, as contemplated in paragraph 1 of article 13 of the *Civil Code of Quebec*. I understand that I will be notified by the quickest means possible if this authority is exercised. If there are any changes in the medical condition of my child between completing the Medical History of the Child and the end of the school year, the parent or designated adult shall let the Director of the Edinburgh PSA know by telephone and in writing.

Strike policy/school closure: in the event of a strike by the teaching and/or maintenance staff, or bad weather, etc. which would close the school temporarily, there will be no refund of fees since we have continuing expenses.

Please enroll my child in: 2 days (. . .) 3 days (. . .) 4 days (. . .) or 5 days (. . .)
Monday (. . .) Tuesday (. . .) Wednesday (. . .) Thursday (. . .) Friday (. . .)

Please choose one of the following pickup times:
Before 5:00 pm (. . .) Between 5:00 and 5:30 pm (. . .) Between 5:30 and 6:00 pm (. . .)

Professional days: Yes (. . .) No (. . .)
Professional days may change during the school year. Notices to this will be given A.S.A.P.

Tutoring Services: Please enroll my child in: 2 days (. . .) 3 days (. . .) 4 days (. . .)
Monday (. . .) Tuesday (. . .) Wednesday (. . .) Thursday (. . .)

Cancellations: There will be a \$50.00 cancellation fee, plus an additional \$2.00 per day for days your child attended the program, (example: your daily fee will be \$11.00 per day instead of \$ 9.00; \$12.00 instead of \$10.00, etc). Depending on days and pick up time. No refund is given if your child is absent.

NSF cheques: There will be a \$10.00 charge for each NSF cheques.

Changes: There will be a \$5.00 administration fee per child for changes. One exception will be tolerated.

Tax receipts: Will be ready in February 2018. Please fill in all the pertinent information.

Name: S.I.N.:
family name first name

Mailing address:

Please note: completion of this application does not guarantee acceptance into the P.S.A. activities program. We reserve the right to refuse an application if it is deemed by the Edinburgh PSA sub-committee that the health and/or safety of the child would be at risk or other children in the program are at risk or if the child requires additional services or resources than those available (at a 1 to 10 ratio). Also, registration for the upcoming year will not be accepted if any fees are owing from previous year(s).

Zero Tolerance. We reserve the right to ask a child to leave the program during the school year if either the child or their parent is verbally or physically abusive to any of the PSA staff or to other children. For parents, this includes irrational discussion of any matter with any staff member. Similarly, a child can be asked to leave the program if a parent refuses to pay late fees or any other fee due. Please be advised that this is the only notification that you will receive regarding this issue. No warning will be given.

Parent authorization

I agree to register my child in the Edinburgh parent-sponsored activities program and accept the policies and conditions listed.

I, the undersigned, having fully disclosed all medical conditions in the above form, and grant permission for the above named child to participate in all related activities, which includes trips away from the school premises. I do not hold Edinburgh PSA responsible for any injuries incurred at the PSA Program, for any previous medical conditions that are not disclosed on this form, or f any articles lost or stolen.

.....
Parent or guardian's signature Date:

EDINBURGH PSA
LATE POLICY

<u>MINUTES LATE</u>	<u>FEES</u>
1-5 MIN LATE	\$2.00
6-10 MIN LATE	\$5.00
11-20 MIN LATE	\$10.00
21-30 MIN LATE	\$15.00
31-40 MIN LATE	\$20.00
41-50 MIN LATE	\$25.00
51-60 MIN LATE	\$30.00
EVERY ADDITIONAL 10 MINUTES	\$5.00

I have read and acknowledged the late policy.

Signature _____

Date _____

For parents who wish that their child/children sign themselves out in the event that the parent is late, or you wish for your child/children to walk home, please sign the following permission slip.

We do not recommend this for children under grade 4 as children must leave the school premises.

Please note that the Edinburgh PSA will not be held responsible for any injuries that may occur once the child/children have signed themselves out.

**I, _____ give permission for _____ to sign
themselves out and do not hold the Edinburgh PSA responsible for any injuries that may occur.**