



ROYALCREST ACADEMY

EDUCATING CHILDREN FOR A LIFETIME OF SUCCESS ...

Parent/Guardian Information

Mother's Name: Mrs. Ms. Dr. _____
LAST NAME FIRST NAME

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Home Tel: _____ Cellular Tel: _____

Business Name: _____

Business Address: _____

Bus. Tel: _____ Bus. Fax: _____

Email: _____ Bus. Title: _____

Parent/Guardian Information:

Fathers Name: Mr. Dr. _____
LAST NAME FIRST NAME

Home Address: same as above _____

City: _____ Province: _____ Postal Code: _____

Home Tel: _____ Cellular Tel: _____

Business Name: _____

Business Address: _____

Bus. Tel: _____ Bus. Fax: _____

Email: _____ Bus. Title: _____

Applicant lives with: both parents mother father guardian

Person(s) to whom all correspondence, report cards and billings to be sent:

both parents mother father guardian



Student Profile: (To be completed by Parents)

1. Has your child skipped or repeated a grade? Yes No Grade _____

Please explain: _____

2. Has your child been tutored in the past? Yes No Grade _____

Please explain: _____

3. Is your child experiencing any learning disabilities? Yes No Grade _____

Please explain: _____

4. Is your child presently in any special education program? Yes No

Please explain: _____

5. Does your child require preferential seating? Yes No

Please explain: _____

6. Has your child ever been tested for exceptional learning abilities? Yes No

Please explain: _____

7. Has your child ever attended classes for speech therapy? Yes No Date: _____

Please explain: _____

8. Does your child have epilepsy? Yes No

Please explain: _____

9. Does your child have any other concerns we should be aware of? Yes No

Please explain: _____



MEDICAL HISTORY

Student Name: _____

Health Card Number: _____ Copy of Immunization record received Yes

1. Does your child take medication on a regular basis? Yes No

Please list drug and dosage _____

2. Is your child capable of participating in all school sport activities such as physical education, intramural and competitive sports? Yes No

Please explain: _____

3. Does your child have any medical condition(s) we should be made aware of? Yes No

Please explain: _____

(Please provide a doctor's referral letter to be kept in students file.)

4. Does your child wear glasses? Yes No

Please explain: _____

5. Has your child ever had an eye examination? Yes No

Please explain: _____

6. Does your child suffer from mild or severe headaches? Yes No

Please explain: _____

7. Does your child suffer from any severe allergies? Yes No

Please explain: _____

8. Is your child anaphylactic? Yes No

Please explain: _____

9. Is your child asthmatic? Yes No

Please explain: _____



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MEDICAL HISTORY

10. Has your child had a hearing test? Yes No Date: _____

11. Does your child require an EPI-PEN? Yes No

12. Does your child have a history of a communicable disease? Yes No

Explain: _____

Doctor's Information:

Doctor's name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Fax: _____

Parent Authorization:

I/We _____ authorize RoyalCrest Academy and staff to:

1. Administer medication prescribed by my child's doctor when my child is being treated for an illness. The medication prescribed will be brought to the school in the original packaging and instructions for administering it will be clearly marked on the package. This includes an EPI-PEN if so required.
2. Take my child to the nearest hospital for emergency care if either or both parents or guardian cannot be reached in an emergency situation.
3. Contact me immediately if my child is complaining of any medical ailments, and a decision will be made at that time if the child will need to be picked up from school.
4. Contact me to pick up my child immediately if he/she begins exhibiting symptoms of headaches, fever, chills, or any other contagious diseases or parasites.

Parents: Please note that if your child is away from school for more than three (3) school days due to an illness, he/she will not be admitted to school without a written doctor's note confirming that he/she is well enough to attend school and not in a contagious state. Students MUST be symptom free for 24 hours before returning to school.

Mother's signature/Legal Guardian

Father's signature/Legal Guardian

_____/_____/_____
Date month / day / year

[Signature(s) required by parent(s) with legal guardianship for child(ren)].



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PAYMENT INFORMATION

PAYMENT OPTIONS:

All cheques are made payable to RoyalCrest Academy. Please print your child's name at the front of each cheque. Tuition, registration and book fees must be made payable on **separate** cheques. Please submit all post dated cheques along with your signed application form. Please note that the 5% discount is **only** applicable if the **tuition is paid in full at the time of enrolment or re-enrolment.**

Sibling discount:

The 5% discount is applicable to the lesser of the two(2) tuition fees if there are two siblings or more enrolling at the Academy for the same academic year.

Option	Received	Schedule	Amount Due	Sibling discount
<input type="checkbox"/> Option 1 _____ Date paid	<input type="checkbox"/> Tuition fee _____ <input type="checkbox"/> Registration _____ <input type="checkbox"/> Textbook fee _____ <input type="checkbox"/> Deposit _____ <input type="checkbox"/> Balance due _____	1 payment at time of registration	_____ (less 5%)	_____ (Additional 5% off)
<input type="checkbox"/> Option 2 _____ Date paid	<input type="checkbox"/> Tuition fee _____ <input type="checkbox"/> Registration _____ <input type="checkbox"/> Textbook fee _____ <input type="checkbox"/> Deposit _____ <input type="checkbox"/> Balance due _____	September 1 st December 1 st March 1 st	_____ _____ _____	_____ _____ _____
<input type="checkbox"/> Option 3 _____ Date paid	<input type="checkbox"/> Tuition fee _____ <input type="checkbox"/> Registration _____ <input type="checkbox"/> Textbook fee _____ <input type="checkbox"/> Deposit _____ <input type="checkbox"/> Balance due _____ [Please add \$20.00 to monthly cheques.]	September 1 st October 1 st November 1 st December 1 st January 1 st February 1 st March 1 st April 1 st May 1 st June 1 st	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Income tax receipts to be mailed to :

Name: Mr. Mrs. Ms. Dr. _____
LAST NAME FIRST NAME

Mailing address: _____

City: _____ Province: _____ Postal Code: _____

Child's name: _____ Grade: _____

No. of Days: ____ Full days Half days Days attending: M Tu W Th Fr School year _____ - _____



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TERMS & CONDITIONS

1. A completed application form with all check list requirements must be submitted to the Admissions Office to secure a placement for each student.
2. New students are required to write an academic assessment (JK - Grade 8) before acceptance to the Academy.
3. All NSF cheques will be charged a \$35.00 service fee.
4. Outstanding fees will be charged a 2% late fee for every 30 days past due.
5. A 5% discount is applicable for the each additional sibling of a student presently attending RoyalCrest Academy.
6. Security deposits and registration fees are non-refundable.
7. The security deposit is applied towards the last month of the academic year only (June).
8. Any student withdrawing from the Academy without completing the full academic year will not be entitled to a refund of their security deposit or remainder of tuition fees paid.
9. No refunds or credits will be given for a child's absence for any reason.
10. Tuition refunds for paid in full students who withdraw after registering will be processed as follows:
 - On or before April 1st , full refund except registration fee, book fees and security deposit.
 - April 1st to August 1st , 50% refund of total tuition only.
 - After August 1st, no refund of tuition.
11. Income tax receipts for tuition fees paid by December 31st of each year will be issued by February of the following year.
12. If a student is dismissed from the Academy at anytime during the school year due to unacceptable behaviour, there will be NO refund of any tuition fees or book fees.
13. There are NO refunds if a student voluntarily withdraws from RoyalCrest Academy during the academic year.
14. The Academy requires 30 days written notice for withdrawals. No refunds will be issued for a partial month tuition.
15. Students found to be de-facing any school property will be charged a minimum of \$100.00 for repairs or the full replacement cost of the damaged school property.

I /We _____ accept the above terms and conditions upon acceptance to RoyalCrest Academy. My/Our child will adhere to the schools' policies and procedures with the understanding that if there is a breach of this agreement, it may result in grounds for dismissal from RoyalCrest Academy.

Mother's signature/Legal Guardian

Father's signature/Legal Guardian

_____/_____/_____
month / day / year



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STUDENT AUTHORIZED PICK UP FORM

STUDENTS NAME: _____ GRADE: _____

I _____ hereby authorize RoyalCrest Academy to release
(print name)

my child to the following person(s) WITHOUT ANY ADDITIONAL VERBAL OR WRITTEN CONSENT. I understand that the following persons will be allowed to pick up my child at anytime. The following person(s) may be contacted in the case of an emergency if I am unable to be reached by telephone or email. I may also choose to phone the school during the daytime to notify them of a person not on this list, who will be allowed to pick up my child. I understand that this person MUST present photo ID (driver's license) in order for my child to be released.

1. MOTHER'S NAME : _____

TEL: _____ CEL: _____

2. FATHER'S NAME : _____

TEL: _____ CEL: _____

3. NAME : _____

TEL: _____ CEL: _____

RELATIONSHIP TO CHILD: _____

4. NAME : _____

TEL: _____ CEL: _____

RELATIONSHIP TO CHILD: _____

Parent name

Parent signature

Date signed

Parent name

Parent signature

Date signed



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APPLICATION CHECK LIST

Dear Parent(s),

The following is a checklist of the necessary forms and documents required to process your child's application. If you require any assistance in completing them, please feel free to call the Admissions Office. We will be pleased to assist you.

Please submit a copy of the following:

- Completed application form.
- Recent photo of your child.
- Completed Medical form.(enclosed and any other medical records)
- Health card number & copy of health card
- All immunization records.
- A copy of your child's birth certificate.
- Last most recent report card.(new students only)
- Non-refundable registration fee of \$150.00.(new students only)
- Security deposit and total fees OR post-dated cheques
- Applicable book fee:
 - Pre-school: \$100.00
 - Kindergarten \$ 200.00
 - Grades 1 - 4: \$ 300.00
 - Grades 5 - 8: \$ 450.00(Please note that there are some required school items for the elementary grades not included in the above cost, eg. binders, pencil crayons, etc.)
- Please submit all deposit, registration and tuition fees on **SEPARATE** cheques and note the students name on the front.
- Please submit sibling's fees also on **SEPARATE** cheques. Thank You.