



School Enrollment and BASP Fees

SCHOOL ENROLLMENT FEES

Thank you for choosing Enhanced Preparatory Centre of Ontario for your child's school! **School hours are Monday- Friday, 8:30am – 3:30pm.** Please see the fees listed below. To assist those with multiple children enrolled, a 10% discount will be offered for each additional child (i.e. 10% off for 2nd child enrolled, 20% for 3rd child etc.).

Payments are required by the 1st of each month. Payments can be made via E-transfer, cheques or money order.

- Monthly fee: \$750/ child Payment included with form (Y/N): ____ Number of months: ____

Parent/Guardian Name: _____ Registration Date: _____

BEFORE & AFTER SCHOOL PROGRAM (BASP)

This is a program for students enrolled at ENHANCED PREPARATORY CENTRE OF ONTARIO. BASP runs Monday through Friday 7:30 a.m. until 8:30 a.m. (before) and 3:30 p.m. until 6:00 p.m. (after).

Parents/guardians can register for any portion of the program- before school care, after school care, or both. Please note, food and beverages will not be provided.



Daily Hours & Cost Per Student

Before	1 hr	7:30am – 8:30am	6/day
After	2.5 hrs	3:30pm – 6:00pm	\$15/day
Both	3.5 hrs	7:30am – 8:30am & 3:30pm – 6:00pm	\$18/day

*10% discount applies for 2nd child enrolled, 20% for 3rd child etc.

Please attach 10 post-dated cheques, dated for the 1st of each month (September – June). The alternative option is to make arrangements for funds to be sent via E-transfer. If you would like your child(ren) to participate in BASP, please complete the section below.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Portion Enrolled In: Before: After: Both:



Registration Checklist & Info Sheet

PARENT/GUARDIAN REGISTRATION CHECKLIST

Please see the list below for the items needed to register your child(ren).

In all instances, **ORIGINAL** documentation or officially certified true copies must be presented.

- Proof of child's age and name (present ONE original document from the list below)***
 - Canadian Birth Certificate/Birth Registration Card
 - Canadian Citizenship Card / Certificate / Passport
 - Permanent Resident Card / Confirmation of Permanent Residence
- Proof of immunization***
 - Only students who have NOT attended school in Ontario are required to show proof of immunization
- Ontario Health card number***
 - Health card
- Proof of education***
 - For **Elementary** students who are currently attending school in Ontario, please bring the most recent report card
- Completed registration form + Small passport-sized photo of your child (for office records)***
- Parents/guardian's ID/driver's license and proof of address (e.g. utility or tax bill)***



STUDENT REGISTRATION FORM

(PLEASE PRINT CLEARLY USING BLOCK LETTERS/ALL CAPS ONLY)

For office use only

STUDENT NUMBER	ONTARIO EDUCATION NUMBER (OEN)	GRADE	ADMISSION DATE (yyyy-mm-dd)
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STUDENT INFORMATION

LEGAL LAST NAME	LEGAL FIRST NAME	MIDDLE NAME	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PREFERRED FIRST NAME		BIRTH DATE (yyyy-mm-dd)	

RESIDENTIAL ADDRESS

PHONE NUMBER ()	UNLISTED <input type="checkbox"/> YES	APT. NO.	STREET NUMBER	STREET NAME
P.O. BOX	CITY	PROVINCE	POSTAL CODE	

MAILING ADDRESS

IF DIFFERENT THAN RESIDENTIAL ADDRESS	APT. NO.	STREET NUMBER	STREET NAME	
	P.O. BOX	CITY	POSTAL CODE	

GENERAL STUDENT INFORMATION (Must be completed in full)

PREVIOUS SCHOOL BOARD	PREVIOUS SCHOOL NAME
PROOF OF AGE & NAME (copy for OSR) <input type="checkbox"/> BIRTH CERTIFICATE/ REGISTRATION CARD <input type="checkbox"/> PASSPORT	<input type="checkbox"/> CITIZENSHIP CARD <input type="checkbox"/> PERMANENT RESIDENT CARD/FORM <input type="checkbox"/> OTHER IMMIGRATION DOC _____
WAS ENGLISH FIRST LANGUAGE STUDENT LEARNED AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	LANGUAGES STUDENT SPEAKS AT HOME _____
VOLUNTARY AND CONFIDENTIAL SELF-IDENTIFICATION FOR FIRST NATION, MÉTIS, AND INUIT STUDENTS <input type="checkbox"/> FIRST NATION <input type="checkbox"/> MÉTIS <input type="checkbox"/> INUIT	

HEALTH FACTORS (Must be completed in full)

HEALTH FACTORS <input type="checkbox"/> ASTHMA - Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SEIZURES - Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DIABETES - Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO	HEALTH CARD NUMBER: _____ - _____ - _____ <input type="checkbox"/> ALLERGIES _____ Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER _____ Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO Medication Required at School? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, Medication Form must be completed)	Immunization Required: Public Health Immunization Reference # _____ If no, do you have a medical or religious exemption <input type="checkbox"/> YES <input type="checkbox"/> NO
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CUSTODY <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> *FATHER ONLY <input type="checkbox"/> *SELF (16 & OVER) <input type="checkbox"/> *MOTHER ONLY <input type="checkbox"/> *LEGAL GUARDIAN(S) <input type="checkbox"/> *CHILDREN'S AID SOCIETY			
<input type="checkbox"/> MOTHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> FATHER <input type="checkbox"/> SELF	Last Name	First Name	Speaks English <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Phone Number ()	Cellular Number ()	Business Phone Number (including Ext.) ()	E-mail Address*

<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER	<input type="checkbox"/> GUARDIAN <input type="checkbox"/> SELF	Last Name	First Name	Speaks English <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Phone Number ()	Cellular Number ()	Business Phone Number (including Ext.) ()	E-mail Address*	
Address if different from student (include street number, name, city and postal code)				

SIBLING INFORMATION (ONLY THOSE ATTENDING ENHANCED PREPARATORY CENTRE OF ONTARIO)

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT	DATE OF BIRTH	SCHOOL & GRADE
		<input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER		
		<input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER		
		<input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER		

For additional siblings, please add siblings on a separate sheet of paper and include with registration form

AUTHORIZED PICK UP LIST: (PLEASE LIST THE NAMES OF THOSE AUTHORIZED TO PICK UP YOUR CHILD(REN))

1. _____ 2. _____ 3. _____

PLEASE ADVISE IF ALTERNATE COMMUNICATION (e.g. HARD OF HEARING, LARGE PRINT, BRAILLE, SIGN LANGUAGE) REQUIRED

EMERGENCY CONTACTS IF PARENT(S)/GUARDIAN(S) UNAVAILABLE — IN ORDER OF AVAILABILITY (#1 EASIEST TO CONTACT)

1. LAST NAME		2. LAST NAME		3. LAST NAME	
FIRST NAME		FIRST NAME		FIRST NAME	
RELATIONSHIP TO STUDENT:		RELATIONSHIP TO STUDENT:		RELATIONSHIP TO STUDENT	
HOME PHONE NUMBER ()	CELLULAR NUMBER ()	HOME PHONE NUMBER ()	CELLULAR NUMBER ()	HOME PHONE NUMBER ()	CELLULAR NUMBER ()
BUS. PHONE NUMBER & EXTENSION ()	SPEAKS ENGLISH <input type="checkbox"/> YES <input type="checkbox"/> NO	BUS. PHONE NUMBER & EXTENSION ()	SPEAKS ENGLISH <input type="checkbox"/> YES <input type="checkbox"/> NO	BUS. PHONE NUMBER & EXTENSION ()	SPEAKS ENGLISH <input type="checkbox"/> YES <input type="checkbox"/> NO

***CONSENT TO RECEIVE ELECTRONIC COMMUNICATION FROM ENHANCED PREPARATORY CENTRE OF ONTARIO**

I give consent to receive electronic communication from Enhanced Preparatory Centre of Ontario at the email address I have provided. I understand this consent will be effective for my child (ren)'s tenure at the school. This is in accordance with the Canadian Anti- Spam Legislation.

You may withdraw your consent from our communications at any time by contacting the school office at 416-991-9974.

DO YOU CONSENT TO *ENHANCED PREPARATORY CENTRE OF ONTARIO* CONTACTING THE PREVIOUS SCHOOL TO OBTAIN ALL REQUIRED DOCUMENTS (*OSR*) AS PER THE EDUCATION ACT?

YES NO If no, reason. _____

IS THE STUDENT CURRENTLY SERVING A SUSPENSION OR EXPULSION?

YES NO If yes, which school and reason for suspension/expulsion. _____

REGISTRATION IS CONDITIONAL UPON RECEIPT OF ONTARIO STUDENT RECORD FROM SENDING SCHOOL TO CONFIRM APPROPRIATENESS OF ADMISSION.

PARENT/GUARDIAN OR STUDENT OLDER)

DATE



Management of Emergency Medical Concerns

Student's Name: _____

School: Enhanced Preparatory Centre of Ontario Grade: _____

Date Effective: _____

Medical Diagnosis: _____

Medical Alert*		
Particular Concerns	Signs & Symptoms	Management

NOTE: The principal will designate the individual who will be responsible for keeping the information updated. Revised copies should be distributed to the appropriate personnel.

Name of Parent/Legal Guardian

Name of Physician

Signature of Parent/Legal Guardian

Signature of Physician

Phone Number(s)

Phone Number(s)



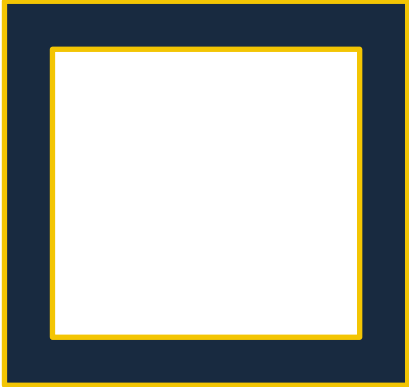
Student Medical Alert

NOTE: The student photo portion will be completed by the school with the photo you provide. The teacher's name will also be filled in by the school.

Student's Name: _____ Teacher: _____

Grade: _____

Student's Photo:



Reason for Medical Alert

What to Do:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____



Field Trip and Photo Release Form

FIELD TRIP FORM

Child/Children's Name _____

During the school year students may have opportunities to go on a number of school trips and parent/guardian permission is required. Although all normal precautions will be taken to guard against accidents, we ask you to sign, confirming the following statement: My child(ren) have my permission to participate in school trips. We will not hold any of the teachers, drivers, or the Board of Directors responsible for any liabilities beyond those covered by the insurance policies of Enhanced Preparatory Centre of Ontario (EPCO).

Print Parent/Guardian Name

Signature

PHOTO RELEASE FORM

Enhanced Preparatory Centre of Ontario (EPCO) would like to use photographs of our students and their artwork in promotional material. This is a great way for parents interested in our school to see our students in action - working at their desks, playing on the grounds etc. We would use these pictures/videos on social media, in press releases, at conferences promoting Enhanced Preparatory Centre of Ontario, or other promotional materials for EPCO. No full names will be used with the photos, videos or artwork. Without your consent, your child/children's photographs/videos/artwork will not be used.

I consent to the use of photographs/videos/artwork of my child(ren) in promotional material for EPCO.

Date

Signature

I DO NOT consent to the use of photographs/videos/artwork of my child(ren) in promotional material for EPCO.

Date

Signature