

EDINBURGH SCHOOL

Parent-Sponsored Activities (PSA)

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GRADE _____

for September 2016

Tutoring Program

2016/2017 Student Registration Form

(please print)

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 P.S.A. Staff, no one else is so authorized.)

MEDICAL HISTORY OF THE CHILD

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.

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

Cancellations: There will be a \$50.00 cancellation fee. No refund is given if your child is absent.

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

Tax receipts: Will be ready in February 2017. Please fill in all the pertinent information.

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

Mailing address:

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. No refund is given if your child is absent.

Please note: completion of this application does not guarantee acceptance into the PSA 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 is at risk or if the child requires additional services or resources than those available (at a 1 to 4 ratio).

Zero Tolerance. We reserve the right to ask a child to leave the program during the school year if a parent is verbally or physically abusive to any of the PSA staff. ie. Irrational discussion of any matter with any staff member, or refusing 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 sponsored tutoring 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 for any articles lost or stolen.

.....
Parent or guardian's signature

.....
Date: