



# Application for Admission 2009-10 – Day Care

## Child Information

Surname: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Given Name(s): \_\_\_\_\_  
 Sex:  Male  Female  
 Date of Birth: \_\_\_\_\_ day / month / year  
 Application Date: \_\_\_\_\_  
 Requesting Entry Date: \_\_\_\_\_

## Family Information

### Parent / Guardian 1

Relationship to child: \_\_\_\_\_  
 Mr. Mrs. Ms. Dr. \_\_\_\_\_ First Name / Last Name  
 Home Address: \_\_\_\_\_  
 (If different from child)  
 Home Telephone: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Occupation / Title: \_\_\_\_\_  
 Work Telephone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

### Parent / Guardian 2

Relationship to child: \_\_\_\_\_  
 Mr. Mrs. Ms. Dr. \_\_\_\_\_ First Name / Last Name  
 Home Address: \_\_\_\_\_  
 (If different from child)  
 Home Telephone: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Occupation / Title: \_\_\_\_\_  
 Work Telephone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Child lives with:  both parents  father  mother  
 step father  step mother  guardian  
 Check if applicable:  father deceased  mother deceased  
 parents divorced  parents separated  
 mother has custody  father has custody  
 joint custody

Are there any special custodial arrangements?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Medical Information

Doctor's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Dentist's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 OHIP #: \_\_\_\_\_  
 Any Medical Problems: \_\_\_\_\_ Medications: \_\_\_\_\_  
 Food Allergies: \_\_\_\_\_

## Emergency Contact Person (other than a parent):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_ Telephone (Cell): \_\_\_\_\_

How did you hear about Counterpoint Academy™ Day Care? Whom may we thank for referring you?

Yellow Pages  Super Pages  Newspaper Ad  Friends at Counterpoint Academy™  Other: \_\_\_\_\_

Please see reverse side...



### Fees and methods of payment

There is a monthly fee for the Counterpoint™ Day Care. This fee includes the closure of the Day Care for all statutory holidays. The annual operating schedule of the Day Care, including any closure periods, will vary from year to year. Fees are adjusted effective September 1st of each year, and parents are notified of any changes ahead of time. Please refer to the Parent Handbook for details.

To reserve a spot for your child in advance of admission, you must submit a **non-refundable deposit of \$400.00**. This amount is deducted off your last month's fee.

Day Care fees are paid on the 1<sup>st</sup> of each month by post-dated cheques written up to and including August 1<sup>st</sup>, 2010. Children entering the programme mid-month will have the fee for that month pro-rated.

**Monthly Tuition Fees**  
As of September 1, 2009

**Pre-School – 2 ½ to 4 years old**  
 \$850.00 per Month

I will pay my Counterpoint™ Day Care account via:

Post-dated Cheques : \_\_\_\_\_ Tuition

Parent/Guardian initial:

### Outings & Miscellaneous Fees

All outings and activities will be billed separately. In addition, miscellaneous fees may be charged and include, but are not limited to the replacement costs of lost or damaged items. Outings and Miscellaneous fees are billed separately and are non-refundable.

Parent/Guardian initial:

### Service charges & overdue accounts

All invoices are due upon receipt, and the service charge is \$30.00 for any returned cheques. Counterpoint Academy™ charges interest at the rate of 1% per month on all overdue accounts. I/we understand that any interest charges incurred as a result of late payment will be added to my account. Overdue accounts may result in suspension of the student.

Parent/Guardian initial:

### Withdrawal / Dismissal

I/we understand and agree that Counterpoint Day Care reserves the right to accept or reject applicants, or to withdraw services from students at its sole discretion for reasons which, in the opinion of Counterpoint Day Care, are in the best interests and welfare of the school and its students. Should I choose to withdraw my child or children, I agree to give a 30-day written notice from the first of the month.

Parent/Guardian initial:

### Privacy

By providing personal information to Counterpoint Academy™, you agree and consent to the collection, use and/or disclosure of such information by Counterpoint Academy™ and its' agents or associated legal entities for the purposes of enrolling your child(ren) in the school and for the purposes outlined in Counterpoint Academy's™ comprehensive Privacy Policy. For more information about our privacy policy and practices, please see the Privacy Policy on our website at [www.counterpointacademy.com](http://www.counterpointacademy.com) or it may be obtained by writing to us at the address below:

Counterpoint Academy™ Inc.  
P.O. Box 8131 Stn T  
Ottawa On K1G 3H6  
Attention: Chief Privacy Officer

Parent/Guardian initial:

### Standard Release Form

In consideration of my/our child/ren being accepted for admission and being permitted to participate in activities and outings organized by Counterpoint Academy Inc. (the "School") with the assistance of volunteer parents, I/we and my/our heirs, executors, administrators, successors and assigns do on behalf of my/ourselves and on behalf of my/our child/ren hereby release and forever discharge, save harmless, protect and keep indemnified the School, principal, teachers, directors and staff of the School, from any and all kinds of action, claims, costs, expenses and demands in respect to death, injury, loss or damage to my person or property or that of my/our Child/ren (and/or ourselves as Parents) howsoever caused and in any way related to my/our child/ren's attendance at the School or participation in any activities or outings. I/we hereby acknowledge having read and agreed to the above release and indemnification.

Parent/Guardian initial:

Photo Release - I hereby authorize Counterpoint Academy Inc. to use my child's likeness in promotional and advertising materials. I understand that there will be no compensation received for this usage. I have the right to withdraw my consent at any time, providing I do so in writing. I/we understand and agree that the undersigned and my/our child/ren must comply with any and all rules, regulations and policies of Counterpoint Academy in force from time to time. I acknowledge having read and agreed to the above release and indemnification, on behalf of the undersigned as Parent(s) and my/our Child/ren participating in the activities and outings.

### Acceptance of Payment Schedule for Counterpoint™ Day Care 2009-2010

I/we herewith have read and agree to the Counterpoint™ Day Care Payment Schedule as outlined for my son and/or daughter,

(name of child:) \_\_\_\_\_

Dated: \_\_\_\_\_ Signature of Parent(s): \_\_\_\_\_

