



Application for Admission – CAW 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 # optional: _____
 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 West™ Day Care? Whom may we thank for referring you?
 Yellow Pages Website Newspaper Ad Friends at Counterpoint Academy™ Other: _____

Please see reverse side...



Fees and methods of payment

There is a monthly fee for the Counterpoint Academy West™ 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 August 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 \$500.00**. This amount is deducted off your last month's fee.

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

Monthly Tuition Fees
As of August 1, 2008

Pre-School – 2 ½ to 4 years old
 \$1150 (subject to annual adjustment)

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.

** Outings and Misc. Fees may be payed by cash, chesue or through on-line banking.*

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 West™ 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 Academy West 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 West™, you agree and consent to the collection, use and/or disclosure of such information by Counterpoint Academy West™ 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 West'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 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 West™ (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 West™ 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 West 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 Academy West™ Day Care

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

(name of child:) _____

Dated: _____

Signature of Parent(s): _____

