



Academy of Our Lady Student Registration Form 2024-2025

Please fill out a separate registration form for each student.

Personal Information

Student's Last Name _____ First Name _____

Date of Birth (D/M/Y) _____ Age _____ Sex _____

Father's Name (first and last) _____

Mother's Name (first and last) _____

Legal Guardian (s) (if applicable) _____

Siblings in the program (please include the grade): _____

Registration

Registration for:	_____ Regular Program (Mon/Wed)	Grade _____ (Gr. 1-10)
(check all that apply)	_____ Tuesday/Thursday Program*	Grade _____ (Gr. 3+)
	_____ Supplemental Program (select courses on Mon/Wed)	Grade _____ (Gr. 1-12)

If registering for the Regular Program in Gr. 7-10, please indicate whether the student is registering for Performing Arts on Thursdays (1x per month): _____ Yes _____ No

If registering for the Tuesday/Thursday Program (with or without the Regular Program), please indicate days and classes:

Full Tuesday: _____ with Logic: _____

or Select Tuesday periods/classes: _____

Full Thursday: _____ with Math Instruction with Math U See: _____ (Level: _____)

or Select Thursday periods/classes: _____

*note: Tuesday/Thursday Program availability for each grade and subject will depend upon enrollment

If registering for the Supplemental Program (Mon/Wed), please indicate classes: _____

Contacts

Preferred Contact:

Name _____ Phone Number (main) _____ mobile _____ home

Phone Number (alternate, if applicable) _____ mobile _____ home

Mailing Address: _____

Email Address: _____

Secondary Contact:

Name _____ Phone Number (main) _____ mobile _____ home

Phone Number (alternate, if applicable) _____ mobile _____ home

Mailing Address (if different from above): _____

Email Address (if different from above): _____

Include secondary contact on Academy parents email list? _____ Yes _____ No

Emergency Information:

In case of illness or emergency, please let us know whom to contact if we cannot get in touch with a parent:

Contact Person #1: Name _____ Relationship to student: _____

Phone Number(s) _____ (home) _____ (cell)

Is there any information we should know about your child's health (eg. allergies, asthma, etc.)?

Is there any information you would like to share about your child (eg. learning difficulties, strengths, weaknesses, likes, dislikes, talents, interests, personality, etc.)? Please note that if you suspect your child is behind in any area or has a learning difficulty, it is best to inform as soon as possible so that we can help both students and staff have the best experience possible in our program.

By signing below, you agree to the following acknowledgements and agreements:

Volunteering – **Regular Program parents only** (please check one):

____ I acknowledge that the Academy involves parent volunteers throughout the year, and I/we agree to volunteer for about 4 events/activities (approximately 12-16 hours) during the academic year.

____ I acknowledge that the Academy involves parent volunteers throughout the year, and I/we agree to donate \$300-\$400 in lieu of volunteering.

Media Release Permissions (please check all that apply):

____ I give permission for the Academy of Our Lady to take photos and/or videos of Academy activities where my child is included (e.g. Lessons and Carols or Year-End Performances). These may be electronically shared among Academy families and/or physically displayed at in-person Academy events (e.g. Open Houses).

____ I give permission for the Academy of Our Lady to take photos and/or videos of Academy activities where my child is included that may be used on the Academy website or Academy social media (e.g. Facebook).

____ I do not give permission for my child to be in any photos/videos where my child is identifiable.

I have read the Academy of Our Lady *Program Information Package* and agree to its policies (e.g. dress code and homework policies).

I acknowledge that as the homeschooling parent/guardian, I am the one responsible for my child’s education, and I commit to working together with the Academy in this process.

I acknowledge that the due dates for tuition payments are September 9, 2024 (1st half) and January 13, 2025 (2nd half). I may also pay the full tuition sum at the beginning of the year. If I am not able to meet these deadlines, I will make alternative arrangements by contacting the Academy Office (office.ourlady@gmail.com) or the Director (academy.ourlady@gmail.com).

Parent/Guardian signature _____ Date _____

Completion of this registration requires the following non-refundable deposits. These funds will assist us in pre-ordering books and other supplies. The deposits will be applied to fall tuition (or will be refunded in case a program/class does not have sufficient enrollment). Funds may be etransferred to office.ourlady@gmail.com or paid by cash or cheque to “The Paideia Centre.”

Regular Program deposit: \$200

Full-day Tuesday/Thursday deposit: \$100 (in addition to any deposits for other programs)

Part-day Tuesday/Thursday and/or Supplemental Program deposit: \$50 (in addition to any deposits for other programs)

Early Registration Deadline: June 25, 2024

Regular Program students who register on or before this date will pay the same tuition prices as last year.

For registrations after June 25, there will be a late registration tuition fee of \$100 per regular program student, \$50 per full-day Tuesday/Thursday Program student, and \$25 per Supplemental or part-day Tuesday/Thursday Program student.