

West

6104-172 Sreet
Edmonton, AB T6M 1G9

780.443.3200 ext.104

cmwest@macislamicschool.com



North

#106, 10807 Castledowns Road
Edmonton, AB T5X 3N7

780.475.4000

cmnorth@macislamicschool.com

APPLICATION FORM

Branch: ☐ North ☐ West Days/Time: ☐ Mon.-Thurs.(9:00 AM to 12:00 PM) ☐ Mon.-Thurs. (1:00 PM to 4:00 PM) ☐ Mon. to Fri. (9:00 AM - 12:00 PM)

STUDENT INFORMATION

First Name: Last Name:
Date of Birth: Gender: ☐ Male ☐ Female Age in Sept:
Health Card: Languages spoken at home:
Child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian School Year:

(Please provide the office with a copy of any relevant custody papers.)

MOTHER INFORMATION

First Name: Last Name:
Cell Phone: Home Phone:
Address: Unit#: City: Province:
Postal Code: Email Address:

FATHER INFORMATION

First Name: Last Name:
Cell Phone: Home Phone:
Address: Unit#: City: Province:
Postal Code: Email Address:

GUARDIAN INFORMATION (If other than parents)

First Name: Last Name:
Cell Phone: Home Phone:
Address: Unit#: City: Province:
Postal Code: Email Address:

EMERGENCY CONTACT INFORMATION - Other than parents/guardians

First Name:		Last Name:	
Phone:		Address:	
Can this person pick up your child?	☐ Yes ☐ No	Relation to	

PERSONS WHO HAVE PERMISSION TO PICK UP MY CHILD

First Name:		Last Name:	
Cell Phone:		Home Phone:	
First Name:		Last Name:	
Cell Phone:		Home Phone:	

EDUCATION HISTORY (If Applicable)

Name of current school:		Special Needs (list if any):	
Address of current school:		Postal Code:	
Current preschool phone number:			

Special Needs (list if any): _____ Has your child been assessed by an SLP/OT/PT or other health care professional? _____ If so, please provide details and reports. _____

Has your child ever been on an Individual Education Program (IEP/IPP)? If Yes, indicate grade level(s) and subject(s)

☐ Yes ☐ No

ACKNOWLEDGMENT

Registration is not complete until all forms, required documents and applicable fees are submitted. Parents will be formally notified of their child's admission following completion of the admission assessment procedures.

I confirm that all of the information provided in this agreement is accurate and complete.

Parent/Guardian Signature _____ Date _____

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Personal information in this form is collected under the legal authority of the Education Act, R.S.O. 1980, c.129 and Health Card Numbers Holder Control Act, 1991. This information will be used for the purposes of: processing student registration, production of student databases, student placement and referrals, statistical and reporting requirements by the Ministry of Education, program to students, contacting parent(s), guardian(s), etc., in case of emergency, and the disclosure of health related information to the Medical Officer of Health. Questions regarding this collection and use of personal information should be directed to the Office.

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TUITION FEES SCHEDULE/CHECK LIST

ANNUAL TUITION FEES ALL AMOUNTS SHOWN ARE PER YEAR

Tuition and Fees* Type	Pre-School: Mon. - Thurs.	Pre-School: Mon. - Friday
Tuition for First Child/Only Child	\$2,000	\$2,500
Tuition for Each Additional Child	\$1,500	\$2,000
4-Year-Old English Workbook Fee	\$20	\$20
Registration Fee (non-refundable)	\$100	\$100
First Installment of Tuition Fees is Non-Refundable	1st Child \$200 Mon. - Thurs. \$250 Mon. - Friday	2nd Child \$150 Mon. - Thurs. \$200 Mon. - Friday

APPLICATION IS ONLY ACCEPTED WITH THE FOLLOWING FORMS AND PAYMENTS

- ☐ Registration Form. (One per student).
- ☐ Signed Parental Agreement. (One form per family).
- ☐ Signed MIS Financial Contract. (One form per family).
- ☐ Signed PUF Consent Form.
- ☐ Signed Medical Form. (One per Student).
- ☐ Signed Discipline Policy Agreement Form. (One per family).
- ☐ Signed Parent Handbook Agreement Form. (One per family).
- ☐ Non-Refundable registration fee: \$100 per student.
- ☐ VOID cheque or bank account information for the Pre-Authorized Payment Plan (8 installments from September to April). For those who prefer to make full payment, please postdate your cheque starting on September 1.

☐ Original copy of: (we will photocopy)

- Health Card
- Immunization Record (if available)
- Birth Certificate/Canadian Passport
- Permanent Residency Card (If applicable)
- Canadian citizens born outside of Canada: (A copy of the student's citizenship).
- International students: Copy of the student's passport showing valid visa.
- One passport size picture
- At least one parent / guardian photo ID card

CREATIVE MINDS PRE-SCHOOL ADMISSION POLICY

Please note that **only fully completed Registration Forms with required documentation** will be accepted for submission. Student selection will be based on the following criteria:

- First Come/First Serve Basis (when requirements are met)
- Registration will not be considered final until full fees are paid
- All new students will automatically be put on a probation period

PAYMENT TERMS

Registration fee is due upon submission of this application.

- Tuition fees can be paid by one full payment via cheque dated September 1st, made payable to MAC Islamic School, or by
- monthly pre-authorized payments from **September 1 until April 1** (a total of 8 installments)

On the cheque please write the name of the student(s) in the memo line and payment description (tuition fees/registration).

- Families with multiple students are requested to submit their fees consolidated in one cheque.

Any other payment arrangement has to be authorized by MIS administration.

- All cheques should be made payable to MAC Islamic School.
- There is a \$25 administrative charge for every returned cheque or (NSF).
- ***This authorization may be cancelled at any time upon one month's written notice (from the first of the month ONLY) to admin@macislamicschool.com.***
-

REFUND/WITHDRAWAL POLICY

- **All registration and first installment of tuition fees are non-refundable.**
 - In the case of withdrawal a written notification must be emailed to **admin@macislamicschool.com** **with one month's notice**. If you notify the school the first of the month then you will not be charged for the next month. Current month fees still apply. However, a late notification will result in full tuition payment of the following month.
- Example:** If you notify the school by November 1st then you only pay for November tuition. However, if you notify the school on November 2nd then you pay the tuition for November and December.

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FINANCIAL CONTRACT

STUDENT INFORMATION

OFFICE USE

STUDENT NAME (siblings)		Age	SUB-TOTAL DUE See Table
1			\$2,000 Mon.-Thurs./ \$2,500 Mon. - Fri.
2			\$1,500 Mon.-Thurs./ \$2,000 Mon. - Fri.
		\$20 4-Year-Old English Workbook Fee	
		\$100 Registration Fee	

FOR ALL STUDENTS OF THE SAME FAMILY

Total Tuition Fees	Monthly Amount	For Office Use Only
		Number of Installments _____ Start Date of Payment _____ End Date of Payment _____ ☐ EFT ☐ Chq No. _____ Date _____

I/We hereby authorize: the Muslim Association of Canada to debit my/our account indicated in the attached void cheque for all tuition

Full Name:		Preferred Name on Receipt:	
Address:		City:	
		Province:	
		Postal Code:	
Home Phone:		Cell Phone:	
		Email:	

PLEASE ATTACH CHEQUE MARKED AS VOID OR A DIRECT DEPOSIT FORM.

I confirm that all the information provided in this agreement is accurate and complete.

Parent/Guardian _____ **Date (MM/DD/YYYY)** _____

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MEDICAL FORM

STUDENT MEDICAL INFORMATION

First Name:		Last Name:	
Date of Birth:	DD/MM/YYYY	Gender:	☐ Male ☐ Female
AHC #:		Student's Physician:	
		Phone #:	

MEDICAL HISTORY

Does your child have any physical conditions that we should be made aware of?

Does your child has any allergies to insect bites, medication, food, animals, plants, dust, etc.

Briefly explain your child's reaction to any allergies.

What counter-measures need to be taken if a reaction occurs?

Is your child on a restricted diet? Please explain.

Does your child use any medical devices? YES – NO.
(Inhalers, EpiPens, etc...) If so, please provide one for the school.

Does your child receive medication on a continuous basis?
If so, please list names and reasons for medication.

Has your child been diagnosed for any behavioural, cognitive, or other disorder affecting his/her ability to learn (e.g. Attention Deficit Disorder (ADD), Asperger Syndrome, Dyslexia, Autism, etc.)? Please provide all relevant documents supporting the diagnosis.

Please provide the school with a copy of an updated immunization record (if available)

MEDICAL EMERGENCIES

- If a student becomes ill while at pre-school, parents must pick the child up or arrange for transportation.
- I hereby grant Creative Minds Pre-school or any member of its staff permission to take all necessary measures to address any emergency situation affecting my child. I understand and agree that any expenses incurred as a result of this action will be my responsibility. Parents will be notified at the earliest opportunity.
- If your child must take prescription medicine at school, we require you to fill out the Medication Dispensing Form. Staff can only administer routine prescribed medication when permission is submitted to the school by the parent.
- Please note that if a student is too ill to go outside for activities, they are too ill to come to school.
- Please refer to the Parent Handbook section '*Periods of Exclusion for Illness*' for more detailed information regarding medical conditions.
- Although the school will call the parents when a student is absent, it is first and foremost the parent's responsibility to inform the school of their child's absence. Please call the school or email your child's branch supervisor.

I confirm that all of the information provided in this agreement is accurate and complete.

Parent/Guardian Signature _____ **Date** _____

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PARENTAL AGREEMENT

IN CONSIDERATION FOR THE ENROLLMENT OF MY CHILD(REN) AT MIS

No.	Student Names
1	
2	

PARENT INITIALS

1. I understand that the registration of my child(ren) is considered incomplete until ALL required forms and documents are completely filled out and submitted. Otherwise a spot at CM will not be guaranteed for my child(ren) even if I have paid the registration fee.	
2. I understand that registration will not be considered final until full fees are paid (via void cheque/direct deposit form, or one immediate, complete payment) and the CUM File request form is signed.	
3. I understand that Creative Minds Preschool reserves the right to NOT accept any child based on academic and/or behavioural standards.	
4. I understand that students are placed in grades according to their age (number of years up to Dec. 31st).	
5. I understand all new students will be automatically put on a 2 week probation period starting from the first day of school.	
6. I accept that it is my responsibility to drop off and pick up my child in a timely fashion.	
7. I understand that it is my responsibility to inform the preschool if my child will be absent.	
8. I understand that in the case of absence (due to illness or travel) or removal from the preschool or any of its services, I am still obliged to pay all applicable fees as explained in the financial contract.	
9. In the case of withdrawal, I agree to email notification to admin@macislamicschool.com with one month' notice on the 1st of the month. I understand that if I notify the school on the 1st of the month then I will not be charged for the following month. However, I agree that if I postpone the withdrawal notice to after the 1st of the month, then I will pay the current as well as the following month's tuition.	
10. I understand that Creative Minds Preschool will be providing a supply list to their students. I agree that it is my responsibility to purchase these school supplies for my children.	
11. I understand that if my child is not well enough to engage in school activities then my child must be kept at home.	
12. I grant permission for my child to use all of the play equipment and participate in school activities. I will provide a written note if I object to this requirement.	
13. I grant permission for my child to leave school premises under the supervision of Creative Minds staff for neighborhood walks.	

14. I grant permission for my child to ride a school bus and leave school premises under the supervision of staff to participate in school trips.	
15. I grant permission for my child to be included in academic assessments and competitions that the school chooses to participate in.	
16. I grant permission for my child to use the Internet for academic purposes.	
17. I grant permission for my child to be included in any pictures and/or videos connected with preschool programs, activities as well as school promotions.	
18. I accept that Creative Minds (MIS) does not have the resources or facilities to accommodate gifted or special needs students as well as students with learning and physical disabilities. Enrollment will be considered on a case by case basis.	
19. I have read and understood the mission of Creative Minds Pre-school and have had all my questions answered to my satisfaction. I am aware of the programs which my child is participating in as a student of Creative Minds Pre-school.	
20. I have read, understood, and agree to comply and follow the policies and procedures of Creative Minds Pre-school.	
21. I agree to assume all costs, responsibilities, liabilities and risks in connection with my child's enrollments as a student of Creative Minds Preschool including, without limitation, my child's use of play equipment and participation in school activities.	
22. I further release, remise and discharge the Muslim Association of Canada and Creative Minds Pre-school, its administrators, directors, officers and teachers and their respective heir, executors, successors and assigns, of and from all claims, demands, damages, actions or causes of action arising or to arise by reason of the child's participation in the activities and programs of Creative Minds Pre-school as aforesaid, and from all claims and demands whatsoever in law or in equity which I, my heirs, executors, administrators, successors or assigns can or shall or may have for or by any reason of the child's participation in the activities and programs of Creative Minds Pre-school.	

I confirm that all of the information provided in this agreement is accurate and complete.

Parent/Guardian Signature _____ **Date** _____

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PARENT CONSENT FOR SPEECH, LANGUAGE, OCCUPATIONAL AND PHYSICAL THERAPY SERVICES

Student's First Name:		Student's Last Name:	
Date of Birth:	DD/MM/YYYY	Gender:	☐ Male ☐ Female
Home Phone Number:		Preferred Email Address:	
Mother Name:		Cell Phone:	
Father Name:		Cell Phone:	

PLEASE ANSWER THE FOLLOWING QUESTIONS

- 1) Was your child born in Canada? ☐ Yes ☐ No in _____
- 2) What language does your child speak the most at home? _____
- 3) Do they speak another language at home as well? _____
- 4) What language does your child understand best? ☐ English ☐ Other _____
- 5) When you speak to your child in your native language, do they answer in English? ☐ Yes ☐ No
- 6) Has your child participated in any community activities like swimming or soccer? ☐ Yes ☐ No
- 7) Does your child have older brothers and sisters? ☐ Yes ☐ No
- 8) Do brothers and sisters speak to him in ☐ English ☐ Other Language ☐ Both
- 9) When playing with friends/family, what language is your child speaking? ☐ English ☐ Other ☐ Both
- 10) Does your child watch TV in ☐ English ☐ Other Language ☐ Both
- 11) Do you read to your child in ☐ English ☐ Other Language ☐ Both
- 12) Did your child attend preschool? ☐ Yes ☐ No How many years? _____ Where? _____
- 13) Did your child attend day care? ☐ Yes ☐ No How many years? _____
- 14) Has your child been assessed by any specialist such as a speech language pathologist or occupational therapist? Who did they see? ☐ Yes ☐ No

- 15) At what age did your child say their first words? _____ In what language? ☐ English ☐ Other _____ (Specify).

I give permission for my child to receive services from the speech language pathologist, occupational therapist and/or physical therapist contracted by the school. This will include being screened by the speech language pathologist, occupational therapist and/or physical therapist and receiving follow up assessments and treatment, if necessary. I give my permission for the speech language pathologist, occupational therapist and/or physical therapist to request reports and information from my child's previous school, if needed. In addition, the speech language pathologist, occupational therapist and/or physical therapist may access information from my child's current school records and obtain information from other professional agencies, when required.

I confirm that all of the information provided in this agreement is accurate and complete.

Signature of Parent or Guardian _____ **Date (MM/DD/YYYY)** _____

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CUM FILE REQUEST FORM

Date:

Last preschool attended:

To Whom It May Concern,

The following student(s) has/have recently transferred from your pre-school to Creative Minds Pre-school – Edmonton. Please forward Cumulative Records, Progress Reports (Report Cards), PUF/OT/SLP Assessments & Records, Behavioural Therapist Records, Physical Therapist Records, Confidential Records, Guidance Records, Health card(s), LAC files, Psychological Test Results and any other pertinent information concerning:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

I confirm that all of the information provided in this agreement is accurate and complete.

Parent/Guardian Signature

Date (MM/DD/YYYY)