

REGISTRATION FORM
(ACADEMIC YEAR 2023-2024)

Grade in September:

STUDENT INFORMATION				
First Name:	Surname:	Date of Birth: (MM / DD /YYYY)	Gender:	
Address:	Unit#:	Postal Code:	City:	Province:
Best phone number to reach the guardian: ()			Primary language spoken:	
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian (Please provide the office with a copy of any relevant custody papers)				
Born in Canada: <input type="checkbox"/> Yes <input type="checkbox"/> No Status in Canada:				
MOTHER/ GUARDIAN INFORMATION				
First Name:	Surname:	Cell Phone: ()		
Address:	Unit#:	Postal Code:	City:	Province:
E-mail Address:				
Occupation:	Employer:	Work Tel. ()		
FATHER/ GUARDIAN INFORMATION				
First Name:	Surname:	Cell Phone: ()		
Address:	Unit#:	Postal Code:	City:	Province:
E-mail Address:				
Occupation:	Employer:	Work Tel. ()		
EMERGENCY CONTACTS (<i>Other than Parents</i>)				
First Name:	Surname:	Relationship:		
Home Phone: ()	Cell Phone: ()	Work Phone: ()		
EDUCATION HISTORY				
Name of present school:			Present Grade:	
Address of present school:			Postal Code:	
Email of present school:				
Special Needs (list if any):				
Has your child ever been on an Individual Education Program (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate grade level(s) and subject(s):				
Has your child ever been suspended or expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate grade level(s), school, and reason:				
ACKNOWLEDGEMENT				
Registration is not complete until all forms, required documents and applicable registration fee are submitted. Parents will be formally notified of their child's admission following successful completion of the admission assessment procedures.				
Parent/Guardian Signature: _____			Date: _____	

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: Personal information on this form is collected under the legal authority of the Education Act, R.S.O. 1980, c.129 and Health Card Numbers 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. MAC Rose City School holds the right to open, merge, and/or close classes based on the number of students registered in the class.

PARENTAL AGREEMENT

In consideration for the enrollment of my child(ren) at MAC School: Rose City Elementary School;

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 MAC Rose City Elementary School 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, post-dated cheques or one immediate, complete payment).
3. I understand that if my child is refused admission by the school, resource fees may be refunded but registration fees are non-refundable under ALL circumstances.
4. I understand that once admitted, the resource fee is non-refundable and includes the cost of workbooks and the rental of the textbooks.
5. I understand that MAC Rose City Elementary School reserves the right to NOT accept any child based on academic and/or behavioural standards.
6. I understand that students are placed in grades according to their age (year of the birth up to Dec 31st).
7. I understand that all new students will be automatically put on a three month probation period.
8. I understand that if my child is accepted under conditional acceptance then he/she must join Rose City Elementary School's after school Homework Club. There is an extra cost for this club.
9. I understand that in the case of absence (due to illness or travel) or removal from the school or any of its services, I am still obliged to pay all applicable fees as explained in the financial contract.
10. In the case of withdrawal, I agree to email a written notification to admin@rosecityelementaryschool.ca before the first of the month. I understand if I notify the school before the first 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 first of the month, then I will pay the current tuition.
11. I further understand that:
 - a) If the tuition fee is outstanding, the student will not be eligible to resume classes until the outstanding amount has been cleared.
 - b) In the event that any school related fees (e.g. tuition or after school care fees), textbooks, library books or any other material belonging to MAC Rose City Elementary School are outstanding, report cards will not be issued until such time as the outstanding account has been cleared.
12. I understand and agree that all library books and textbooks are school property and have to be returned to the school at the end of the academic year in good condition (as determined by the school). Otherwise, a fine will be applied per item.
13. I understand that each homeroom teacher will be providing a supply list to their students. I agree that it is my responsibility to purchase them.
14. I understand that if my child is not well enough to spend his/her recess outdoors, then my child will be kept at home as the school is not equipped to monitor sick children during recess. The school does not administer medication to students as well.
15. I grant permission for my child to use all of the play equipment and to participate in all school activities.
16. I grant permission for my child to leave school premises under the supervision of staff for neighbourhood walks or visiting nearby parks.
17. 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.
18. I grant permission for my child to be included in academic assessments and competitions that the school chooses to participate in.
19. I grant permission for my child to use the Internet for academic purposes.
20. I grant permission for my child to be included in any pictures and/or video connected with the school program and school promotion.
21. I understand that MAC Rose City Elementary School does not have the resources or facilities to accommodate special needs students, gifted children and children with learning and physical disabilities. All will be considered on a case by case basis.
22. I understand and agree that the school will not be responsible for anything that may happen as a result of false information given or information withheld at the time of enrollment and any such false information may lead to my child's dismissal from the school.
23. I acknowledge that I have read and understood the description of MAC Rose City Elementary School and have had all of my questions answered to my satisfaction and that I am aware of the programs which my child will be participating in as a student of MAC Rose City Elementary School.
24. I have read, understood and agree to comply and follow the policies and procedures of MAC Rose City Elementary School.
25. I agree to assume all costs, responsibilities, liabilities and risks in connection with my child's enrollment as a student of MAC Rose City Elementary School including, without limitation, my child's use of play and sports equipment and participation in school activities.
26. I further release, remise and discharge the Muslim Association of Canada and MAC Rose City Elementary School, its administrators, directors, officers and teachers and their respective heirs, 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 MAC Rose City Elementary 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 reason of the child's participation in the activities and programs of MAC Rose City Elementary School.

Parent/Guardian Name: _____ **Signature:** _____ **Date:** _____

MM / DD /YYYY

MEDICAL FORM

STUDENT MEDICAL INFORMATION

First Name:	Surname:	Gender:	D.O.B. (MM / DD / YYYY)
Health Card #:			
Student's Physician:		Doctor's Phone Number: ()	

MEDICAL HISTORY

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

Please indicate whether your child has any allergies (including insect bites, medication, food, animals, plants, dust, etc):

Briefly explain your child's reaction to any of these allergies.

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

Is your child on a restrictive diet? If so, what?

Does your child have asthma?
 If Yes, is it severe?

Is your child receiving any 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)?

[If so, please indicate what and how it is treated]

Please provide the school with a copy of an updated immunization record.

MEDICAL EMERGENCIES

- If a student becomes ill while at school, parents must pick the child up or arrange for transportation.
- In the event there is an emergency involving my child and the school is unable to contact me or the emergency contact persons whom I have advised you in writing, I hereby grant Rose City Elementary School or any member of their staff the permission to call another physician, call an ambulance or have the child taken to an emergency hospital in the care of a staff member, as you deem appropriate at the time. I understand and agree that any expenses incurred under the above circumstances, will be the responsibility of the child's family.
- If your child must take prescription medication at school, we require a permission form signed by the parent. Staff can only administer routine prescribed medication when a written permission is submitted to the school by the parent.

Parent/Guardian Signature: _____ **Date:** _____

PHOTO RELEASE

Student Name	Grade in upcoming school year

In consideration for the enrollment of my child(ren) at MAC- Rose City Elementary School; I grant permission for my child(ren) to be included in any pictures and/or video connected with the school program and school promotion. The photographs can be used for school photo library and online materials (posters, brochures, newsletter, website, slideshow, facebook, Instagram or youtube) which will be distributed internally and externally for school promotion.

Parents Name: -----

Signature: -----

Date: -----

AUTHORIZATION FOR PRE-AUTHORIZED DEBIT PLAN

Payor Information	
Bank Branch No	
Bank Account No	
Transit No	

OR

Please bring **“VOID CHEQUE”** for banking information.