



<b>School Year</b> <b>2019 / 2020</b>	<b>STUDENT'S FILE</b> <b>REGISTRATION</b>	<b>Recent</b> <b>Photo</b> <b>of a student</b>
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Please fill in this form online or on the computer, and drop it in the Admission Office of the Providence Academy with all the documents mentioned in page 4 of this same file. After March 31, 2019 registration will be accepted on availability.

### Student's Information

<b>Family name</b>		<b>First name</b>		<b>Sex</b>	<b>F</b> <input type="checkbox"/>	<b>M</b> <input type="checkbox"/>
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<b>Date of birth</b> day/month/year		<b>Place of Birth</b> (City / Country)	
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<b>Country of Origin</b>		<b>Nationality</b>		<b>Confession</b>	
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<b>Languages spoken at home</b>	French <input type="checkbox"/>	English <input type="checkbox"/>	Other :
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### Previously Attended Day Care or School

School	Complete address	Phone	School year	Level
			20__ /20__	
			20__ /20__	
			20__ /20__	

<b>Level required for the school year 2019-2020</b>	MS 4 years <input type="checkbox"/> GS 5 years <input type="checkbox"/> CP-1e <input type="checkbox"/> ; CE1- 2e <input type="checkbox"/> ; CE2-3e <input type="checkbox"/> ; CM1- 4e <input type="checkbox"/> ; CM2 – 5e <input type="checkbox"/> ; 6e <input type="checkbox"/> ; 7e <input type="checkbox"/> ; 8e <input type="checkbox"/>
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**Note: As of September 2016, the TPS and PS (2:30 and 3 years old) will be admitted to the Providence Educational Center (Building Annex to the Providence Academy). Registration for 2019-2020 will begin on January 6th on a first-come first-serve basis.**

For more information, please contact us at 613-744-0010, or refer to the site web of the Centre Éducatif Providence Sœurs Antonines: [www.ceprovidence.ca](http://www.ceprovidence.ca)

**Parents' information**

	Father	Mother
Family name		
First Name		
Nationality		
Confession (Religion)		
Profession (Work)		
Employer		
Work Phone		
Cellphone		
Email		
Language spoken	<input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other : _____	<input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other : _____

<b>Siblings</b>				
First Name	Sex	Date of Birth (Day/Month/Year)	School attended	Level

**Address**

<b>Street</b>		<b>City</b>		<b>Province</b>	
<b>Postal Code</b>		<b>Home Phone</b>			

<b>How did you know about the Providence Academy ?</b>	<input type="checkbox"/> Internet	<input type="checkbox"/> Friends
	<input type="checkbox"/> Facebook	<input type="checkbox"/> Other :

**Providence Academy Antonine Sisters**  
 998 Frances Street, Ottawa, Ontario K1K 3L5 Tél : (613) 744 8489 / Fax : (613) 744 6762  
[www.academieprovidence.ca](http://www.academieprovidence.ca) / E-mail: [admin@academieprovidence.ca](mailto:admin@academieprovidence.ca)

**Choice of a third language (Arabic or Spanish or Mandarin) starting CE2 (grade 3)**

The curriculum is trilingual: French and English are taught as a first language, International language as a second language: Arabic should start in MS, Spanish or Mandarin starting in CE2 (grade 3) for the non-speaking Arabic students.

For the students whose first language is not Arabic, please check the box corresponding to your choice:  
 Arabic language  ; Spanish language  ; Mandarin

**ANNUAL OPTIONAL ADDITIONAL SERVICES**  
 Please check the box corresponding to your choice

**Daycare before and after school, supervised studies and Hot Meal**

Time	A.M. (7:30-8:00)					P.M. (15:30-17:30)					Hot Meal	
	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	(Mond→Thu)	(Fridays)
<b>Daycare and supervised studies</b>												
5 days per week												
4 days per week												
3 days per week												
2 days per week												
1 day per week												

**Extracurricular activities : 1 time a week p.m. (Fridays) ; Annual fees**

Piano From JK	Folkloric Dance From JK	Guitar From Gr.1	Visual Arts From Gr.1	Ping-Pong From Gr. 2	Lego & Robotic From Gr.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Extracurricular activities : 1 time a week p.m. (Time & schedule will be set) ; Annual fees**

Violin From SK	Choir From Gr.1	Gymnastic JK & SK	Classical Dance From JK	Karate From Gr.1	Spanish From Gr.3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## Medical information about the student

Health insurance number : →					
Is your child allergic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, precise :			
Does your child have medical problem ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, precise :			
Name of the Family Doctor		Phone		Cell Phone	

## Person to call in case of emergency

	Name and Last Name	Relationship (to the child)	Phone	Cell Phone
<b>Priority 1</b>				
<b>Priority 2</b>				
<b>Priority 3</b>				

## Documents to submit with the registration file

1	<input type="checkbox"/>	Photocopy of the Birth Certificate.
2	<input type="checkbox"/>	Photocopy of the Health Insurance Card for Canadian student
3	<input type="checkbox"/>	Vaccination proof for foreign student.
4	<input type="checkbox"/>	Photocopy of the Report Card of the last two Academic years.
5	<input type="checkbox"/>	Amount : 1000 cad (cf. Financier information, Table I), colonne de droite**
6	<input type="checkbox"/>	Amount : 1000 cad non-refundable for foreign student.
		** The amount of \$1000, non-refundable, covers the registration fee and the cost of the entrance exam if required.

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## Authorization

I approve \_\_\_\_\_  Mother       Father       Guardian

<input type="checkbox"/> authorize <input type="checkbox"/> Don't authorize	Display of my Child's photos taken during school activities on the Internet of the school.
<input type="checkbox"/> authorize <input type="checkbox"/> Don't authorize	Display of my Child's photos taken during school activities on Facebook of the school.
<input type="checkbox"/> authorize <input type="checkbox"/> Don't authorize	Display of my Child's photos taken during school activities on the bulletin board of the school or any publication
<input type="checkbox"/> authorize <input type="checkbox"/> Don't authorize	Share my phone number with the Parents' Committee of the Providence Academy.
<input type="checkbox"/> authorize <input type="checkbox"/> Don't authorize	Share my phone number with the parents of my child's classmates' parents.
<input type="checkbox"/> authorize <input type="checkbox"/> Don't authorize	My child can participate in the school educational and cultural field trips during the school year by the transportation provided by the school
<input type="checkbox"/> authorize <input type="checkbox"/> Don't authorize	In case of emergency and in case it is unable to obtain my consent, a school representative can call my family doctor or call the emergency, if necessary, to transport my child to the hospital or another medical center.

Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Family Name : \_\_\_\_\_ First Name : \_\_\_\_\_ Signature : \_\_\_\_\_

## Engagement

I approve \_\_\_\_\_  Mother       Father       Gardian

during the school year, I will respect :

- |  |
|--|
| - the rules, codes of conduct and the school calendar of the Academie Providence as well as the rules and codes of conduct issued during the school year for my child's convenient         |
| - the school obligations, terms and deadlines of registration payment and tuition fees after signing the registration form of my child.  |
| - the requirements of the service of "Public Health – Ottawa" under the Act of Immunization of the Children, every child must have an immunization file updated in order to attend school. |

Signataire (Name & last name)	Signature	Date

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