

School Year 2017-2018 Information & engagement

Dear Parents,

In order to organize the school year 2017-2018, we ask you to fill in the **six rubrics** in the following form and send it, by e-mail or hard paper, **before April 28th** at the latest:

1. Family's Information

Family name →				
Tutors	Father		Mother	
Work Phone				
Cellphone				
Work Email				

Street		City		Province	
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Postal Code		Home Phone	
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2. OPTIONAL ADDITIONAL SERVICES. Please check the box corresponding to your choice

Day care services before and after school and supervised study, and hot meal													
	Time	A.M. 7:30→8:00					P.M. 15:45→ 17:30					Hot meal	
	Student name ↓	Mo	Tue	Wed	Thu	Fri	Mo	Tue	Wed	Thu	Fri	Monday- Thursday	Friday
1													
2													
3													
4													

Activity/Time	Extracurricular activities : 1 time a week p.m. (Fridays)				
Student name ↓	Piano From JK Mond-Thurs	Folkloric Dance From JK	Gymnastic From JK	Choir From Gr.1	Ping-Pong From Gr.3
1					
2					
3					
4					

Activity/Time	Extracurricular activities : 1 time a week p.m. (Time & schedule will be set)				
Student name ↓	Violin From SK	Flûte à bec (Recorder) From Gr.1	Classical Dance From JK	Lego & Robotic From Gr.1	Spanish From Gr.3
1					
2					
3					
4					

3. Person to call in case of emergency

	Name and Last Name	Relationship (to the child)	Phone	Cell
Priority 1				
Priority 2				

4. Autorisation

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 : _____

5. 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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[CLICK HERE to SUBMIT FORM](#)