

School Year 2020/ 2021	STUDENT'S FILE REGISTRATION	Recent Photo of a student
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Please fill in this form and drop it in the Admission Office of the Providence Academy with all the documents mentioned in page 4 of this same file. After January 31, 2020 registration will be accepted on availability.

Student's Information

Family name		First name		Sex	F <input type="checkbox"/>	M <input type="checkbox"/>
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Date of birth day/month/year		Place of Birth (City / Country)	
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Country of Origin		Nationality		Confession	
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Languages spoken at home	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__	

Level required for the school year 2020-2021	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"/>

Note: **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 2020-2021 will begin on January 2th 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**

Parents' information

	Father	Mother
Family name		
First Name		
Nationality		
Confession (Religion)		
Profession (Work)		
Employer		
Work Phone		
Cellphone		
E-mail		
Language spoken	__ French __ English __ Other : _____	__ French __ English __ Other : _____

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

Address

Street		City		Province	
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Postal Code		Home Phone	
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How did you know about the Providence Academy ?	<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 / E-mail: 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)
Daycare and supervised studies												
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. (Time & schedule will be set without FD & VA)

Piano From JK	Folkloric Dance (Friday) From JK	Guitar From Gr.1	Visual Arts (Friday) From Gr.1	Lego & Robotic From Gr.1 Including zone1 Ottawa Competition
<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)

Violin From SK	Choir From Gr.1	Gymnastic JK & SK	Classical Dance From JK	Karate From JK
<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	
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Person to call in case of emergency

	Name and Last Name	Relationship (to the child)	Phone	Cell Phone
Priority 1				
Priority 2				
Priority 3				

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.
	<input type="checkbox"/>	A deposit of \$ 1000 per child is due no later than January 31, 2020 and will be deducted from the annual 2020-2021 tuition fees. This non-refundable amount reserves a place at the Academy Providence.
5	<input type="checkbox"/>	A non-refundable amount of \$500 per new child is payable upon registration. This amount covers the file opening fee, the registration formalities and the entrance exam, if applicable.

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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 :

- | |
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| - 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