

**School Year 2026-2027
Re-registration**

1. We thank the parents for their interest in Académie Providence as an educational institution and ask them to acknowledge the specific nature of this school by signing this enrollment application for their child/children.
2. The Providence Academy is part of the mission of the Gospel and inspired by the teaching of the Catholic Church in the educational activities. It works for the benefit of all and offers services for all. It welcomes students of all religious background and culture, offering an opened and tolerant environment respecting mutually the differences.
3. We invite them to complete this form, attach all the required documents and send the entire package to admin@academieprovidence.ca. After **December 15, 2025**, registrations will be accepted **based on available spaces**.

1. Name & First Name : _____

a)	Re-registration of my child /my children for the 2026-2027 school year : <input type="checkbox"/> Yes ; <input type="checkbox"/> No
	If yes, his First Name/their First Name :
1 st child	_____
2 ^d child	_____
3 th child	_____
4 th child	_____
b)	Registration a sister or a brother for my child/my children for the 2026-2027 school year
	His/Her First Name: _____ His/Her Birthday: _____

2. Optional Before School, After school Service & Hot Meal and Mandatory Hot Meal + Snack for PS								
	Services	BS-AM (7:30) (Mon-Fri)	AS-PM (3:30-5:30) (Mon-Thur)	AS-PM (1:00-5:30) (Fri)	HM KG1 - 8e (Mon-Thur)	HM KG1 – 8e (Fri)	HM & Snack PS (Mon-Thur)	HM PS (Fri)
	Name	1040	2100	1200	1250	320	1450	370
1 st child		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 ^d child		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd child		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 th child		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. A deposit of \$1000 per child on his 2026-2027 schooling will be charged to your FreshBooks account. Please, pay it before January 15, 2026 via Interac Transfer or Plastiq

4. After January 15, 2026, no deposit of \$1000 by child for 2026-2027 School Year will be cancelled.

Name & last name (Tutors)	Signature	Date
_____	_____	_____