

Colin Macdonald Community School

1570 Main Street West, Hamilton Ontario L8S 1E8 905 525 6336

Fee Schedule 2010 – 2011 school year

Tuition is set at a fixed amount for the full school year. For the 2010/2011 academic year, tuition for the CASA aged children has been set at \$8,100.00 for a full time attendance and \$4,950 for mornings only. For the ELEMENTARY programme it is \$8,500.00. Pay for service resource is available. A non-refundable deposit of one month's tuition is required at the time you register your child/children.

If you choose to make monthly payments, we will require post-dated cheques made out to C.M.C.S. for the first of each month from September to May. ** If you choose not to give us post-dated cheques you will be billed \$840.00 per month of which \$40.00 will cover administration costs.

Annual Fees: Casa Full Day Program \$8,100.00 Casa Half Day (morning only) \$4,950.00

Breakdown monthly:

| | |
|-------------|--|
| 5 Full days | \$810.00 |
| 4 Full days | \$700.00 (calculated from the 5 day full days program) |
| 3 Full days | \$565.00 (calculated from the 5 day full days program) |
| 5 half days | \$495.00 |

Annual Fees: Elementary Program \$8,500.00

Breakdown monthly:

| | |
|-------------|----------|
| 5 Full days | \$850.00 |
|-------------|----------|

Withdrawal:

- If a child registered for the upcoming school year is withdrawn after June 1st, 2010, the deposit will not be refunded.
- If a child is withdrawn during the school year, the deposit will not be refunded.
- If the child is removed during a month, the parent will be responsible for the entire tuition of the month the child is removed, as well as payment of the non-refundable deposit.

Late Payment/NSF Cheques:

A charge of 1% per month (12% per year) will be applied to payments not received within 30 days of the due date. A fee of \$30.00 will be charged for each returned cheque.

Payment of Trips and Material Fee:

Due on September 1st, either in full or one-half of the fee by cheque dated September 1st, 2010 and the balance by post-dated cheque for January 1st, 2011.

| | |
|----------------------|-------------------|
| Casa Programme | \$150.00 per year |
| Elementary Programme | \$300.00 per year |

Family rate:

Applicable when more than one child per family is registered. There is a 10% reduction in tuition for the second child and for each additional child.

Before/after School Care:

The cost of care is \$5.00 per hour and billing is invoiced on a monthly basis. Morning care is from 8:00 to 8:40 am and afterschool care is from 3:30 to 6:00 pm.

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REGISTRATION FORM (1 of 2)

DATE: _____

STUDENT INFORMATION: (All information is considered confidential.)

SURNAME _____ GIVEN NAMES _____

DATE OF BIRTH _____ GENDER _____

ADDRESS _____

POSTAL CODE _____ TELEPHONE # _____

PROGRAM: PLEASE CHOOSE ONE & PROVIDE SPECIFIC PART TIME DAYS/HOURS

FIVE FULL DAYS _____ FIVE HALF DAYS – MORNINGS _____

FOUR FULL DAYS _____ **WHICH DAYS OF THE WEEK _____

THREE FULL DAYS _____ **WHICH DAYS OF THE WEEK _____

PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN NAME _____

HOME ADDRESS _____

HOME PHONE _____ BUS. PHONE _____ CELL _____

BUSINESS NAME & ADDRESS _____

OCCUPATION _____ EMAIL ADDRESS _____

PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN NAME _____

HOME ADDRESS _____

HOME PHONE _____ BUS. PHONE _____ CELL _____

BUSINESS NAME & ADDRESS _____

OCCUPATION _____ EMAIL ADDRESS _____

IN CASE OF EMERGENCY:

CHILD'S DOCTOR _____ PHONE _____

ONTARIO HEALTH CARE NUMBER _____

EMERGENCY CONTACT:

NAME _____ RELATIONSHIP _____

HOME PHONE _____ BUS. PHONE _____ CELL _____

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REGISTRATION FORM (2 of 2)

MEDICAL INFORMATION:

Does your child have any known learning difficulties? Yes _____ No _____

If yes, please provide details and/or relevant reports: _____

Is the child physically able to participate in sports and other related activities? Yes _____ No _____

If not, please provide details:

If your child has any allergies, please give details: _____

If the child takes any medication on a regular basis, please give details: _____

Do you have any concerns about your child's vision? _____

Hearing? _____

FAMILY INFORMATION:

Does your child have brother(s)? Age(s) _____ Sister(s)? Age(s) _____

Is there anything we should be aware of within the family? (Optional) _____

EXTRA-CURRICULAR:

What are your child's hobbies, talents or interests? _____

PICK-UP PERMISSION:

The school will not release your child to anyone whose name does not appear below unless prior consent is received.

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TERMS OF ENROLMENT

We the undersigned applicants jointly and severally agree as follows:

1. That we will pay all tuition fees as set out in the academic Fee Schedule.
2. That we will abide by, comply with, and obey any and all rules and regulations of the Colin Macdonald Community School (the "school") as may be enforced.
3. That we understand that the school reserves the right to accept or reject candidates or withdraw services from them at its sole discretion for reasons which the owners of the school consider to be in its best interests and welfare.
4. That we acknowledge that openness and dialogue between us and the school is essential to ensuring that there is a good fit between our child and the school's philosophy and programs. We confirm that the school has asked us to provide it with all medical, physiological, social and psychological reports or information that we have that might be relevant to our child's ability to function in the classroom or interact with teachers and other students. We acknowledge that if we have not shared all relevant information with the school, the school reserves the right to require us to withdraw our child from the school.
5. That we hereby consent (in the event of an accident or emergency situation) to any X-ray examination, anaesthetics, medical, or surgical diagnosis or treatment and hospital service that may be required under the general or specific instructions of a licensed medical doctor, whether at the doctor's office or at a hospital licensed by the Province of Ontario. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given in order that said physician may have the opportunity to exercise his/her best judgement as to the action which may be required to protect the life and health of said minor child. (Please note that the school does everything possible to contact the parents or guardians first in the case of accident or illness.)
6. That a recent photograph of the student is enclosed.
7. That we have read and understand this agreement.

Signatures of parents or guardians.

If both signatures are not included, please give a brief explanation.

Date: _____

Enclosed: Registration Form
 Trip Permission Form
 Post dated Cheques
 Small recent photograph

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TRIPS PERMISSION FORM

I/we, _____, parent(s) or guardian(s) of _____ give permission to the staff of Colin Macdonald Community School to take our child (children) on such regular local (i.e. walking) school trips as the library, the arena, the park, the museum, etc., as they deem necessary or desirable. I also give permission to the staff to take my child on longer (i.e. bus or car) trips as long as they give adequate and detailed notice and the trip has my verbal approval.

Signed: _____
Parent(s) or Guardians

Date: _____

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AUTHORIZATION FOR ADMINISTRATION OF ORAL MEDICATION

PART ONE

MUST BE COMPLETED BY A PHYSICIAN

Re: _____ Date of Birth _____
(Student's name) (Year/month/day)

This is to advise that I have prescribed the administration of the following oral medication(s) listed below for those days when the above named student is in school:

Diagnosis Of Condition for which the medication is required: _____

Name of medication: _____

Method of administration: _____

Dosage: _____ Time(s): _____

How long is the child likely to need this medication(s) _____

Must the medication be taken during school hours? _____

Possible hazards or side effects of medication (please note if applicable) _____

Action to be taken should a reaction develops _____

Allergies that should be noted (please note if applicable) _____

Additional Instructions (please note if applicable) _____

Physician's Name _____ Telephone _____

Physician's Signature _____ Date _____

PART TWO

NOTE: TO BE COMPLETED BY PARENT/GUARDIAN

This is to authorize the administration of the medication(s) prescribed as mentioned by the attending Physician for: _____
(Student's name)

Signature of Parent/Guardian _____ Date _____

Parents are requested to place medication in its original containers, and properly labelled. The medication will be delivered according to an agreed schedule to the director or designated person for safekeeping. A record of distribution of the said medication will be kept for parents. It is not CMCS responsibility to advise when medication is finished.

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PERMISSION TO VIDEO OR PHOTOGRAPH YOUR CHILD

This is a blanket permission form for pictures or videos shots to be taken of your child/children. You may give permission or you may not. This will be kept on file for the remainder of the school year in the event that we would shoot video or take photos of your child. Please return as soon as possible.

_____ Yes I, _____, give permission for the school year
Parent/Guardian's name

for 2010/11 or any photos or video to be taken of my child/children _____.
Child/children's names

OR

_____ No I, _____, do not want any photos or video to be
Parent/Guardian's name

taken of my child/children, _____.
Child/children's names

Parent/Guardian's signature

Date