

# Student Information Form 2021/2022

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Telephone \_\_\_\_\_

Does the student have any special custody? Yes  No

Please specify (e.g. mother only, father only)

\_\_\_\_\_  
Student's Legal Guardian (e.g. relative, friend) \_\_\_\_\_

## PARENT /GUARDIAN INFORMATION

### FATHER/GUARDIAN

Name of Father/Guardian: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

Home Telephone (if different from above): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

### MOTHER/GUARDIAN

Name of Mother/Guardian: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

Home Telephone (if different from above): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

BABYSITTER Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**ALLERGIES or DIETARY RESRICTIONS:** \_\_\_\_\_

# 2021-2022 Tuition Tracker

## Adelfiha's Christian Academy & Childcare Centre Monthly Payment Plan Enrolment Form

The Tuition Tracker Plan offers you the opportunity to spread tuition payments interest-free, over ten (10) monthly instalments beginning August 1<sup>st</sup>.

### Part 1: Student & Bill Payer Information

Student Name: \_\_\_\_\_  
Student Name: \_\_\_\_\_  
Student Name: \_\_\_\_\_

Bill Payer Name: Mr./Ms./Mrs. \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_  
City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_  
Day Tel.#: \_\_\_\_\_ Evening Tel. #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part 2: Determine Your Plan Amount MUST BE COMPLETED TO ENROLL

#### Tuition Amount

1st Child \$ \_\_\_\_\_  
2nd Child \$ \_\_\_\_\_  
3rd Child \$ \_\_\_\_\_

#### Extended School Day Care

7:30am - 8:30am \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

DIVIDE TOTAL BY 10

Monthly Payment \$ \_\_\_\_\_

### Part 3: Payment Method Online E-transfer

Starting with Aug. 1<sup>st</sup> 2021  
ending May 1<sup>st</sup> 2022  
email payments to  
[accountspayable@adelfiha.ca](mailto:accountspayable@adelfiha.ca)

All payments are due on the  
1<sup>st</sup> of the month. There is a  
\$25.00 late fee.

I have read the 2021/2022  
Registration Information  
Letter and I agree to adhere  
to the school policies  
fee on my Tuition Tracker.

\_\_\_\_\_  
Parent Name/Signature



# Adelfiha's Childcare Centre

## Emergency Card

**Child's Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Last Month Day Year

Home Address \_\_\_\_\_  
Street City Province Postal Code Home Phone Number

Health Card Number (optional) \_\_\_\_\_ Expiry date \_\_\_\_\_

**Mother/Guardian Name** \_\_\_\_\_ Address \_\_\_\_\_ Marital Status \_\_\_\_\_

Employer/School \_\_\_\_\_  
Name Address

Home Phone \_\_\_\_\_ Business/School Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Father/Guardian Name** \_\_\_\_\_ Address \_\_\_\_\_ Marital Status \_\_\_\_\_

Employer/School \_\_\_\_\_  
Name Address

Home Phone \_\_\_\_\_ Business/School Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_



# Adelfiha's Childcare Centre

## Emergency Card

**Child's Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Last Month Day Year

Home Address \_\_\_\_\_  
Street City Province Postal Code Home Phone Number

Health Card Number (optional) \_\_\_\_\_ Expiry date \_\_\_\_\_

**Mother/Guardian Name** \_\_\_\_\_ Address \_\_\_\_\_ Marital Status \_\_\_\_\_

Employer/School \_\_\_\_\_  
Name Address

Home Phone \_\_\_\_\_ Business/School Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Father/Guardian Name** \_\_\_\_\_ Address \_\_\_\_\_ Marital Status \_\_\_\_\_

Employer/School \_\_\_\_\_  
Name Address

Home Phone \_\_\_\_\_ Business/School Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Child's Doctor** \_\_\_\_\_ Phone \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

**Emergency Contacts & Authorized Pickup Persons: (Must be over 18 yrs of age)**

**1st Contact/Pick Up**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Able to pick up all children in the family

**2nd Contact/Pick Up**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Able to pick up all children in the family

**Parental Consent**

In the event of an emergency or when prior arrangements have been made, I hereby consent the contacts listed above to pick up my child(ren) from Adelfiha's Childcare Centre.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Child's Doctor** \_\_\_\_\_ Phone \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

**Emergency Contacts & Authorized Pickup Persons: (Must be over 18 yrs of age)**

**1st Contact/Pick Up**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Able to pick up all children in the family

**2nd Contact/Pick Up**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Able to pick up all children in the family

**Parental Consent**

In the event of an emergency or when prior arrangements have been made, I hereby consent the contacts listed above to pick up my child(ren) from Adelfiha's Childcare Centre.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_