

Student Information Form 2023/2024

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: _____

2023/2024 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 1st.

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. 1st 2022
ending May 1st 2023
email payments to
accountspayable@adelfiha.ca

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

I have read the 2022-2023
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: _____