



ST. JUDE'S ACADEMY
REGISTRATION PACKAGE
JUNIOR TO SENIOR KINDERGARTEN

2023-2024



ST. JUDE'S ACADEMY
JUNIOR – SENIOR KINDERGARTEN
Registration Checklist

Please complete, sign and provide the following documents:

- Admission Application
- Registration Agreement
- Health History Form
- Region of Peel Immunization Records Form
- Copy of Immunization Record
- Request for OSR Form
- Copy of 2 most recent Report Cards (if applicable)
- Pick-Up Permission Form
- Community Walk Permission Form
- Payment Plans
- Payment Options Form
- Proof of Age (i.e. Birth Certificate, Passport, etc.)
- Bussing Form/Payment (one per family, if applicable)
- Uniform Appointment: email alpa@multiformcanada.com

In accordance with PIPEDA, your personal information will be used solely for communication purposes regarding St. Jude's Academy.

This form should be completed by Parent/Guardian and sent to St. Jude's Academy



ST. JUDE'S ACADEMY

ADMISSION APPLICATION 2023-2024

Student's Last Name:		Student's First Name:		
Birthdate: (MMDDYYYY)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Application for Grade:		For the school year beginning September, _____		
If parents are separated or divorced, please indicate with whom child is living:				
<input type="checkbox"/> Parent/Guardian 1		<input type="checkbox"/> Parent/Guardian 2		
		<input type="checkbox"/> Other (specify)		
Parent/Guardian Information	Parent/Guardian 1		Parent/Guardian 2	
	Circle one: Father / Mother/ Guardian		Circle one: Father / Mother / Guardian	
Name	Last Name	First Name	Last Name	First Name
Telephone	Home		Home	
	Cell		Cell	
	Work		Work	
Email				
Home Address	Street		Street	
	City		City	
	Province	Postal Code	Province	Postal Code
Business Information	Occupation		Occupation	
	Employer		Employer	
	Business Address		Business Address	
Parent/Guardian 1 Signature		Parent/Guardian 2 Signature		
Date		Date		





ST. JUDE'S ACADEMY REGISTRATION AGREEMENT 2023-2024

In consideration of the acceptance by St. Jude's Academy of _____ as a
Name of Student

student, I agree to pay all tuition fees, dues, accounts and other indebtedness incurred by the student or on the student's behalf. I understand that the obligation to pay the fees for the full academic year is unconditional and that no portion of such fees so paid or outstanding, including but not limited to tuition, other fees, and bussing will be refunded or cancelled in the event of force majeure, absence, withdrawal, or dismissal of the above student from the school.

I have read the above and I understand. _____
Signature of Parent/Guardian Date

I further understand that:

- (a) St. Jude's Academy reserves the right to accept or deny the student after the completion of the review process of the Registration Package.
- (b) The Application Fee of \$600.00 is due upon the submission of the Registration Package. This is a one-time per family fee. Please refer to the Fee Schedule for payment structures.
- (c) Should any outstanding accounts exist, the first payment may, at the sole discretion of St. Jude's Academy, be applied towards any outstanding accounts.
- (d) This document is considered a binding contract upon signing the Registration Agreement.
- (e) St. Jude's Academy reserves the right to remove a student from the program that is exhibiting social, emotional, or academic needs that are greater than the school's program capabilities. In these circumstances, I understand that St. Jude's Academy will make reasonable efforts to assist in securing suitable alternative educational arrangements. I confirm that my child is properly toilet trained. The determination of what constitutes as properly toilet trained will be at the reasonable and sole discretion of St. Jude's Academy.
 - (i) Upon student removal, remaining tuition fees will be refunded.
 - (ii) St. Jude's Academy recognizes that special circumstances may occur where it may be reasonable for St. Jude's Academy to waive any of the terms of this agreement. I understand that any waiver of any of the terms of this agreement shall be made at the sole discretion of St. Jude's Academy taking all reasonable factors into consideration.

Parent(s) or Guardian(s) who is(are) financially responsible for the student:

Print Name: _____

Signature: _____ Date: _____

Address: _____ City: _____ Postal Code: _____

Print Name: _____

Signature: _____ Date: _____

Address: _____ City: _____ Postal Code: _____

IB World School
Primary Years Programme JK – Grade 6
Middle Years Programme Grades 7 – 10
Diploma Programme Grades 11 – 12



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Mississauga, Ontario L5N 2M6
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(P) 905-814-0202 (F) 905-814-0299

JKSK2021 AH

ST. JUDE'S ACADEMY
HEALTH HISTORY FORM
2023-2024

Assessments dated within 6 months
of school are requested



Immunization Card

A completed Immunization Card must be submitted prior to beginning the school year. Parents/Guardians are responsible for notifying the school of any changes.

First Name:	Middle Name:	Last Name:	
Birthdate:	Height:	Weight:	Grade: 2023-2024

Child's Health Card Number: _____ (VR) Expiry Date: _____

Please briefly comment on your child's overall health:

If your child is not able to participate in certain athletic and school activities, please outline:

Date of most recent eye examination by a vision specialist:

Most recent eye examination results:

Date of most recent hearing examination by a hearing specialist:

Results from most recent hearing exam:

Does the child experience frequent: Colds Tonsillitis Stomach Aches High Fevers

List any known allergies the child has: _____ Anaphylaxis

Briefly explain the child's reaction to these allergens and any medications being taken to control them:

Does the child have a diagnosed condition? If 'yes', explain.

List any congenital problems/issues:

List any currently prescribed medications:

COVID-19 Vaccination Status: My child is fully vaccinated

EMERGENCY CONTACT INFORMATION: NOT A PARENT /OR GUARDIAN

Name: _____ Relationship: _____

Emergency Phone Numbers: _____

Name of Physician: _____ Telephone: _____

Physician Address: _____

Parent/Guardian Name (Please Print): _____

Signature of Parent/Guardian: _____ Date: _____





ST. JUDE'S ACADEMY
REQUEST FOR AN OSR BY A PRIVATE
FEDERAL OR FIRST NATION SCHOOL IN ONTARIO 2023-2024

Please forward the Ontario Student Record(s) for:

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth (mm/dd/yyyy) _____

Enrolled in Grade _____ at St. Jude's Academy (2150 Torquay Mews, Mississauga, Ontario L5N 2M6)

I hereby agree to accept responsibility for the record and to use, maintain transfer and dispose of the record in accordance with the Ontario Student Record (OSR): Guideline, 2000 (Revised 2020).

Principal: _____

Date: _____

Consent

I grant permission to the proper authorities at:

Name of most recent Ontario school: _____

Address of most recent Ontario school: _____

to send the OSR of the above-mentioned student to St. Jude's Academy.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____



ST. JUDE'S ACADEMY PICK-UP PERMISSION FORM

I hereby give permission for my child: _____

Last Name

First Name

to leave St. Jude's Academy with the people named below.

**Note: This form is valid for the duration that my child attends St. Jude's Academy.
It is the responsibility of the parent(s)/guardian(s) to notify the school in writing of any changes.**

1. Parent/Guardian 1: _____
Address: _____
Telephone: _____

2. Parent/Guardian 2: _____
Address: _____
Telephone: _____

3. Name: _____
Address: _____
Telephone: _____ Relationship: _____

4. Name: _____
Address: _____
Telephone: _____ Relationship: _____

5. Name: _____
Address: _____
Telephone: _____ Relationship: _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Administrative Use
Grade:



ST. JUDE'S ACADEMY COMMUNITY WALK PERMISSION FORM

Event: Community Walk

Date of Event: Periodically, from September to June

Note: This form is valid for the duration that my child attends St. Jude's Academy.

I understand It is the responsibility of the parent(s)/guardian(s) to notify the school in writing of any changes.

I give permission for my child to go for a walk off school property into the surrounding community under the direct supervision of school staff.

Student Name: _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Administrative Use
Grade:



PAYMENT PLANS FOR JK-SK 2023-2024

PAYMENT PLAN 1 – Full Payment			Initial
	1 st Child	Sibling(s) 20% discount	
Tuition Fee – Registration Date	\$ 10,449	\$8,359	
PAYMENT PLAN 2 – Four Payments			Initial
4 payments as follows:	1 st Child	Sibling(s) 20% discount	
Registration date	\$2,742.75	\$2,194.25	
Jun. 1, Sep 1, Dec. 1	\$2,742.75	\$2,194.25	
Total Tuition Fee	\$10,971	\$8,777	
PAYMENT PLAN 3 – Monthly Payments			Initial
	1 st Child	Sibling(s) 20% discount	
Registration Date – First and Last	\$2,236	\$1,788	
8 Payments July-February (due on the first of each month)	\$1,118	\$894	
Total Tuition Fee	\$11,180	\$8,940	
Additional Fees – Due at time of Registration			Initial
Application Fee (new registrants only – one time per family)		\$600	
Supply Fee		\$405	
IB Fee		\$405	
Payment Plan Option (Due dates same as monthly plan option)			
		\$84 per child/month	

I agree:

1. Registration is binding for a period of one academic year; therefore, parents/guardians are obligated to pay all fees **UNCONDITIONALLY** regardless of absence, transfer, withdrawal, dismissal or force majeure.
2. Interest on unpaid amount accrues at 1.5% per month. There is a \$50.00 fee for each NSF cheque.
3. In order to receive report cards in June, all accounts must be paid in full by February 1, 2024.

Student's Name: _____

This student is the (check one, oldest is first)
 1st / 2nd / 3rd / 4th child from the same family at St. Jude's this year.

Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____ Date: _____





ST. JUDE'S ACADEMY PAYMENT OPTIONS FORM

First Payment:

- Cash (By appointment only, please email admissions@stjudesacademy.com)
- Cheque or Money Order (Payable to St. Jude's Academy)
- E-transfer instructions:
1. Email: payments@stjudesacademy.com
 2. When submitting a payment, please include details in the note: Child(ren)'s Name(s), Grade(s), Tuition 2022--2023
 3. Email: admissions@stjudesacademy.com to confirm E-transfer payment
- Void Cheque/ Pre -Authorized Payment (please provide banking information below)

All Subsequent Payments:

Void Cheque/Pre-Authorized Payments (submitted at time of registration).

Step 1: Client Details

Parent/Guardian Full Name: _____

Student Name (s): _____

Step 2: Bank Information

___ A Void Cheque (or printout from my financial institution) is attached

___ I am providing my banking information

Transit # _____ **Institution #** _____ **Account #** _____

Typical Canadian Cheque Format (from MICR line at bottom of cheque)

||[®] 1 234 ||[®] 1: 1 2345 ||[®] 1 231: 1 234 ||[®] 567 ||[®]

Cheque number

Transit #

Institution #

Account number

Please debit my bank according to the tuition schedule. I may revoke my authorization at any time, subject to providing notice of 10 days by email or in writing. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit cdnpay.ca. Pre-authorized payments are scheduled for the first day of each scheduled month. The services I am ordering are for personal / business purposes.

By signing below, I agree to the selected payment option.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____