

RETURNING STUDENT REGISTRATION

(one form per family)



OUR LADY OF THE
WAYSIDE
CATHOLIC SCHOOL

CHECKLIST

Please fill out this form in its entirety and enclose the following documents with your registration form:

- any recent (within the past year) documentation regarding allergies or health conditions
- any recent (within the past year) assessments and/or IEPs
- post-dated tuition cheques payable to "Our Lady of the Wayside Catholic School"

Kindly submit registration and payment marked "Student Registration" to
Our Lady of the Wayside Catholic School, 575 Centre Line, Peterborough, ON, Canada, K9J 6X5

2019 - 2020 TUITION FEES

GRADES ONE THROUGH TWELVE:

One Child:	\$6,450
Two Children:	\$9,400
Three Children:	\$10,850
Four Children:	\$12,100
Five Children:	\$13,350
Six Children:	\$13,600

KINDERGARTEN:

	<i>(2 days per week)</i>
1 st child:	\$2,500.
2 nd child:	\$1,250.

PAYMENT TERMS

Choose one of the following payment plans and fill out Payment Plan Form at the end of this document and return this form on or before Friday, July 19, 2019, or Friday, August 16 if you require financial assistance :

- 1) Pay tuition in full on September 3, 2019. **OR**
- 2) Pay tuition twice annually, 50% due September 3, 2019 and the remaining 50% due January 1, 2020.
If desired, the second installment may be submitted through a series of post-dated cheques given on our before January 2, 2020 for the following dates:
 - 10% October 1, 2019
 - 10% November 1, 2019
 - 10% January 1, 2020
 - 10% February 1, 2020
 - 10% March 1, 2020
- 3) Pay monthly on the 1st of each month, through a series of post-dated cheques given on or before September 3, 2019.

Note: Outstanding tuition balances from a previous year need to be addressed before proceeding for a new school year.

Limited bursaries are available based on financial need. Tuition Assistance application deadline is July 5, 2019. Bursary awards for 2019-2020 will be made known on August 9, 2019, or sooner. Please see "Registration and Tuition Assistance Timeline 2019-2020" for further details. A separate application is required. Families waiting upon bursary award notifications in order to register for 2019-2020 are asked to finish their registration before August 16, 2019.

PARENT/GUARDIAN/EMERGENCY CONTACT

MAILING ADDRESS (for school communications):

Parent/Guardian Names: _____

Address: _____

City: _____ Province: _____ Postal Code: _____ Country: _____

PRESENT PARISH (for Sacramental liaison purposes):

Parish Name, City: _____ Pastor: _____

PARENT CONTACT INFORMATION

1) Parent/Guardian Name: _____

Relationship to candidate: Parent Guardian Stepparent Has legal custody of applicant

Contact for Emergency: Primary Secondary **Primary Contact for School Closures:** Yes No

Address (if different from mailing address): _____

City: _____ Province: _____ Country: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Home/Personal Email: _____ consent for school emails

Work Email: _____

2) Parent/Guardian Name: _____

Relationship to candidate: Parent Guardian Stepparent Has legal custody of applicant

Contact For Emergency: Primary Secondary **Primary Contact For School Closures:** Yes No

Address (if different from mailing address): _____

City: _____ Province: _____ Country: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Home/Personal Email: _____ consent for school emails

Work Email: _____

ADDITIONAL EMERGENCY CONTACT INFORMATION

Emergency Contact #1: _____

Relationship to candidate: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Home/Personal Email: _____ Work Email: _____

Emergency Contact #2: _____

Relationship to candidate: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Home/Personal Email: _____ Work Email: _____

PHOTO/VIDEO RELEASE FORM

I give my permission for my child to be photographed or videotaped. I understand that the image may be displayed in the school publications, school buildings or website. I understand that as a precaution my child's name will not be published or linked with photographs.

Signature of parent / guardian

date

**PLEASE SIGN ONLY 1 of the 2 FOLLOWING CONTRACTS.
PLEASE SELECT THE CONTRACT THAT APPLIES TO YOU.**

CONTRACT A - TUITION CONTRACT AND PROMISE TO PAY

PAYING REGULAR TUITION

I/We the undersigned understand the minimum tuition for my/our children is \$ _____ for the 2019-2020 school year.

I/We promise to pay tuition of \$ _____ for the 2019-2020 school year. *Our Lady of the Wayside Catholic School's tuition fees are significantly lower than the cost per student. We will undertake best efforts to raise funds to cover the shortfall between total tuition and costs. I/We further understand that our assistance in raising these funds and supporting Our Lady of the Wayside Catholic School is equally important to my/our tuition obligations, and we will participate actively to assist in different capacities.*

Signature of parent / guardian

Date

Our Lady of the Wayside Catholic School

Date

CONTRACT B - FINANCIAL ASSISTANCE CONTRACT AND PROMISE TO PAY

PAYING AN ADJUSTED TUITION (ACCEPTED AND APPROVED)

I/We the undersigned understand the unreduced tuition for my/our children would be \$ _____ for the 2019-2020 school year.

I/We promise to pay tuition of \$ _____ for the 2019-2020 school year. *Our Lady of the Wayside Catholic School's tuition fees are significantly lower than the cost per student. We will undertake best efforts to raise funds to cover the shortfall between total tuition and costs. I/We further understand that our assistance in raising these funds and supporting Our Lady of the Wayside Catholic School is equally important to my/our tuition obligations, and we will participate actively to assist in different capacities.*

Signature of parent / guardian

Date

Our Lady of the Wayside Catholic School

Date

FAMILY NAME: _____ **DATE:** _____

CHILD #1 INFORMATION

Name: _____ Surname: _____ Male Female

OHIP Number: _____ Date of Birth (Yr/Mo/Day): _____ Grade in Sept: _____

Does the student have any allergies? Yes No If yes, please elaborate: _____

Explain treatment and medication if applicable: _____

Does the student have any health condition, learning disability or other condition that may affect his/her school life and learning? Yes No If yes, please elaborate: _____

Explain treatment/medication/accommodations if applicable: _____

Please include any IEPS (if not already included with application) and necessary medical information with this form.

Family Physician: _____ phone: _____ Office Address: _____

SACRAMENTAL RECORD (only fill in the pertinent area if your child received a Sacrament within the past year)

Baptism Yes No Date: _____ Church: _____ City: _____

Reconciliation Yes No Date: _____ Church: _____ City: _____

1st Communion Yes No Date: _____ Church: _____ City: _____

Confirmation Yes No Date: _____ Church: _____ City: _____

CHILD #2 INFORMATION

Name: _____ Surname: _____ Male Female

OHIP Number: _____ Date of Birth (Yr/Mo/Day): _____ Grade in Sept: _____

Does the student have any allergies? Yes No If yes, please elaborate: _____

Explain treatment and medication if applicable: _____

Does the student have any health condition, learning disability or other condition that may affect his/her school life and learning? Yes No If yes, please elaborate: _____

Explain treatment/medication/accommodations if applicable: _____

Please include any IEPS (if not already included with application) and necessary medical information with this form.

Family Physician: _____ phone: _____ Office Address: _____

SACRAMENTAL RECORD (only fill in the pertinent area if your child received a Sacrament within the past year)

Baptism Yes No Date: _____ Church: _____ City: _____

Reconciliation Yes No Date: _____ Church: _____ City: _____

1st Communion Yes No Date: _____ Church: _____ City: _____

Confirmation Yes No Date: _____ Church: _____ City: _____

CHILD #3 INFORMATION

Name: _____ Surname: _____ Male Female

OHIP Number: _____ Date of Birth (Yr/Mo/Day): _____ Grade in Sept: _____

Does the student have any allergies? Yes No If yes, please elaborate: _____

Explain treatment and medication if applicable: _____

Does the student have any health condition, learning disability or other condition that may affect his/her school life and learning? Yes No If yes, please elaborate: _____

Explain treatment/medication/accommodations if applicable: _____

Please include any IEPS (if not already included with application) and necessary medical information with this form.

Family Physician: _____ phone: _____ Office Address: _____

SACRAMENTAL RECORD (only fill in the pertinent area if your child received a Sacrament within the past year)

Baptism Yes No Date: _____ Church: _____ City: _____

Reconciliation Yes No Date: _____ Church: _____ City: _____

1st Communion Yes No Date: _____ Church: _____ City: _____

Confirmation Yes No Date: _____ Church: _____ City: _____

CHILD #4 INFORMATION

Name: _____ Surname: _____ Male Female

OHIP Number: _____ Date of Birth (Yr/Mo/Day): _____ Grade in Sept: _____

Does the student have any allergies? Yes No If yes, please elaborate: _____

Explain treatment and medication if applicable: _____

Does the student have any health condition, learning disability or other condition that may affect his/her school life and learning? Yes No If yes, please elaborate: _____

Explain treatment/medication/accommodations if applicable: _____

Please include any IEPS (if not already included with application) and necessary medical information with this form.

Family Physician: _____ phone: _____ Office Address: _____

SACRAMENTAL RECORD (only fill in the pertinent area if your child received a Sacrament within the past year)

Baptism Yes No Date: _____ Church: _____ City: _____

Reconciliation Yes No Date: _____ Church: _____ City: _____

1st Communion Yes No Date: _____ Church: _____ City: _____

Confirmation Yes No Date: _____ Church: _____ City: _____

CHILD #5 INFORMATION

Name: _____ Surname: _____ Male Female

OHIP Number: _____ Date of Birth (Yr/Mo/Day): _____ Grade in Sept: _____

Does the student have any allergies? Yes No If yes, please elaborate: _____

Explain treatment and medication if applicable: _____

Does the student have any health condition, learning disability or other condition that may affect his/her school life and learning? Yes No If yes, please elaborate: _____

Explain treatment/medication/accommodations if applicable: _____

Please include any IEPS (if not already included with application) and necessary medical information with this form.

Family Physician: _____ phone: _____ Office Address: _____

SACRAMENTAL RECORD (only fill in the pertinent area if your child received a Sacrament within the past year)

Baptism Yes No Date: _____ Church: _____ City: _____

Reconciliation Yes No Date: _____ Church: _____ City: _____

1st Communion Yes No Date: _____ Church: _____ City: _____

Confirmation Yes No Date: _____ Church: _____ City: _____

CHILD #6 INFORMATION

Name: _____ Surname: _____ Male Female

OHIP Number: _____ Date of Birth (Yr/Mo/Day): _____ Grade in Sept: _____

Does the student have any allergies? Yes No If yes, please elaborate: _____

Explain treatment and medication if applicable: _____

Does the student have any health condition, learning disability or other condition that may affect his/her school life and learning? Yes No If yes, please elaborate: _____

Explain treatment/medication/accommodations if applicable: _____

Please include any IEPS (if not already included with application) and necessary medical information with this form.

Family Physician: _____ phone: _____ Office Address: _____

SACRAMENTAL RECORD (only fill in the pertinent area if your child received a Sacrament within the past year)

Baptism Yes No Date: _____ Church: _____ City: _____

Reconciliation Yes No Date: _____ Church: _____ City: _____

1st Communion Yes No Date: _____ Church: _____ City: _____

Confirmation Yes No Date: _____ Church: _____ City: _____

PAYMENT PLAN FORM

Type	Number of Students Registering	Amount	Total
Kindergarten			
Grades 1-12			

**** See front page for amount

**if applicable*

TUITION TOTAL _____

BURSARY TOTAL _____

NET TUITION _____

KINDERGARTEN (Two half days)

1st child: \$2,500

2nd child: \$1250

GRADES 1-12

One Child: \$6,450

Two Children: \$9,400

Three Children: \$10,850

Four Children: \$12,100

Five Children: \$13,350

Six Children: \$13,600

PAYMENT INSTALLATION OPTIONS

OPTION 1 – ONE INSTALLMENT

Sept 1, 2019(100%) \$ _____

OPTION 2 – TWO INSTALLMENTS

Sept 1, 2019 (50%) \$ _____

Jan 1, 2020 (50%) \$ _____

OPTION 3 – SIX INSTALLMENTS

Sept 1, 2019 (50%) \$ _____

Oct 1, 2019 (10%) \$ _____

Nov 1, 2019 (10%) \$ _____

Jan 1, 2020 (10%) \$ _____

Feb 1, 2020 (10%)\$ _____

Mar 1, 2020 (10%) \$ _____

OPTION 4 – MONTHLY INSTALLMENTS

Sept 1, 2019 (10%) \$ _____

Oct 1, 2019 (10%) \$ _____

Nov 1, 2019 (10%) \$ _____

Dec 1, 2019 (10%)\$ _____

Jan 1, 2020 (10%) \$ _____

Feb 1, 2020 (10%) \$ _____

Mar 1, 2020 (10%)\$ _____

Apr 1, 2020 (10%) \$ _____

May 1, 2020 (10%)\$ _____

June 1, 2020 (10%)\$ _____

PAYMENT KIND (please check one)

Post-dated cheques (included with registration form)

I wish to set up pre-authorized debit