

GARDERIE

La Citadelle
International Academy of Arts & Science

**DAY
CARE**

July 2024 Summer DayCare



APPLY TODAY!

**WEEKLY REGISTRATION AVAILABLE
JULY 2ND - JULY 26TH, 2024**

AGES 2.5 - 4
8:30 A.M. - 4:30 P.M.

(416)-385-9685 EXT. 211
ADMISSIONS@LACITADELLEACADEMY.COM

SUMMER DAYCARE DATES

START-UP WEEK: JULY 2 - JULY 5, 2024

WEEK 2: JULY 8 - JULY 12, 2024

WEEK 3: JULY 15 - JULY 19, 2024

WEEK 4: JULY 22 - JULY 26, 2024

RATES (MEAL PLAN INCLUDED)

	MORNINGS ONLY	FULL DAY
WEEKLY RATES	\$335.00	\$450.00

ADDITIONAL FEES

EARLY DROP-OFF (8:30 A.M. - 9:00 A.M.)

LATE PICK-UP (4:00 P.M. - 4:30 P.M.)



PLANNER'S PROGRAM - SAVE \$30.00/WK
REGISTER BEFORE JANUARY 31, 2024 TO TAKE ADVANTAGE OF THESE SAVINGS

WINTER REGISTRATION - SAVE \$15.00/WK
REGISTER BETWEEN FEBRUARY 1, 2024 AND MARCH 15, 2024 TO SAVE

NOTE: ALL SUMMER DAYCARE STUDENTS REGISTERED IN THE PROGRAM MUST BE FULLY TOILET TRAINED

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Summer DayCare

2024 REGISTRATION FORM

Applicant Name: _____

Date of Birth: _____

SUMMER DAYCARE REGISTRATION FORM MUST BE SUBMITTED ALONG WITH THE FOLLOWING DOCUMENTS TO SECURE ENROLMENT:

- PROOF OF AGE DOCUMENT (PASSPORT OR BIRTH CERTIFICATE)
- COPY OF IMMUNIZATION RECORD
- COPY OF HEALTH CARD
- SUMMER DAYCARE HEALTH FORM

COMPLETED REGISTRATION PACKAGES CAN BE SUBMITTED:

- VIA EMAIL TO: ADMISSIONS@LACITADELLEACADEMY.COM
- BY MAIL TO:

LA CITADELLE
ATT: SUMMER CAMP ADMISSIONS DEPARTMENT – SUMMER DAYCARE
36 SCARSDALE ROAD
NORTH YORK, ON M3B 2R7

Enrolment will be based on a first-come, first-served admission protocol. New families joining our Summer DayCare program, who wish to apply for our School Year DayCare or our Junior Kindergarten, for the upcoming academic year, will be given registration priority based on space availability, along with a \$1,000.00 discount on the one-time registration fee.



Summer DayCare

2024 Registration Form

A) DayCare Student Information:

Surname/Family Name: _____ Given Name(s): _____

Date of Birth: / / Age: Male Female
MM DD YYYY

Daycare presently attending (if applicable): _____

Home or Permanent Address: _____
Street City

Province Postal Code Phone Number: () _____

B) Parents' and/or Legal Guardians' Information:

Mother/Guardian:

Name: _____

Email: _____

Phone Number: _____

Father/Guardian:

Name: _____

Email: _____

Phone Number: _____

C) Alternate Emergency Contact & Pick-Up Authorization:

Alternate Emergency Contact:

Name: _____

Relationship to Student: _____

Email: _____

Phone Number: _____

Additional Person Authorized to Pick Up Student:

Name: _____

Relationship to Student: _____

Email: _____

Phone Number: _____

D) Medical/Special Needs Information:

A Medical / Special Needs form will be sent to you, as part of your confirmation package, in June.

I certify that the information provided in this registration form is, to my knowledge, true and complete.



Summer DayCare 2024 Registration Form

Summer DayCare Fees					
	Morning Only		Full day		
Start-Up Week (4 days only) <i>Tuesday, July 2nd – Friday, July 5th, 2024</i>	<input type="checkbox"/>	\$268.00	<input type="checkbox"/>	\$360.00	= \$
Week 2 <i>Monday, July 8th – Friday, July 12th, 2024</i>	<input type="checkbox"/>	\$335.00	<input type="checkbox"/>	\$450.00	= \$
Week 3 <i>Monday, July 15th – Friday, July 19th, 2024</i>	<input type="checkbox"/>	\$335.00	<input type="checkbox"/>	\$450.00	= \$
Week 4 <i>Monday, July 22nd – Friday, July 26th, 2024</i>	<input type="checkbox"/>	\$335.00	<input type="checkbox"/>	\$450.00	= \$

TOTAL Fees (A) \$

Discounts

Planner's Program (\$30.00 off weekly fees)

*(Planner's Program Discount is **only** available to registrations received prior to January 31st, 2024)*

Number of weeks registered x \$30.00 = \$

Winter Registration Discount (\$15.00 off weekly fees)

*(Winter Registration Discount is **only** available to registrations received between February 1st, 2024 and March 15th, 2024)*

Number of weeks registered x \$15.00 = \$

TOTAL Discounts and Deductions (B) \$

Additional Services

Early Drop-Off

(Available from 8:30 a.m. – 9:00 a.m.)

Weeks x \$30.00 = \$

Late Pick-Up

(Available from 4:00 p.m. – 4:30 p.m.)

Weeks x \$30.00 = \$

TOTAL Additional Services (C) \$

TOTAL Fees (A) – (B) + (C) \$

La Citadelle Summer DayCare fees are due upon registration. *Planner's Program* registrations must be received, along with all required payments, no later than January 31st, 2024 to receive the \$30.00 weekly discount. *Winter Registration Discount* registrations must be received, along with the full payment, no later than March 15th, 2024 to receive the \$15.00 weekly discount. Please make cheques payable to **La Citadelle** and submit this Registration Form, along with the applicable payments, to: **36 Scarsdale Road, North York, Ontario, M3B 2R7.**

No refunds for cancellations from 2 business days prior to Summer DayCare start date.

All cancellations and modifications are subject to a \$50 fee per registered week. No refunds will be given for absences. Missed days cannot be made up. A refund due to medical reasons may be considered if a written request is received within a week of the student's start date and is accompanied by a doctor's note.

All Summer DayCare students registered in the program must be **fully toilet-trained**. No refunds will be provided due to absences or start date delays owing to incomplete toilet training, as spaces will be reserved and allocated upon registration.

Mother / Father / Guardian's signature

Date (MM/DD/YYYY)

G A R D E R I E

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International Academy of Arts & Science



Summer DayCare

36 Scarsdale Road
North York, Ontario M3B 2R7

Telephone: 416-385-9685 ext. 211
admissions@lacidelleacademy.com
www.lacidelledaycare.com
www.lacidelleacademy.com

G A R D E R I E



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HEALTH FORM

Student Name: _____

Date of Birth: _____
MM DD YYYY

OHIP Number: _____

Male

Female

36 Scarsdale Road
North York, Ontario M3B 2R7

Telephone: 416-385-9685 ext. 211
admissions@lacidelleacademy.com
www.lacidelleacademy.com

HEALTH FORM

Name of Physician: _____ Telephone Number: _____
Area Code & Telephone # _____

Address of Physician: _____

Alternate Emergency Contact: _____ Telephone Number: _____
Area Code & Telephone # _____

Address of Emergency Contact: _____

Relationship to Student: _____ Immunization Record Submitted: Yes No

Specify any allergies, asthma or special needs the student has that we should be made aware of, what reaction(s)/symptom(s) the student will have and what treatment must be used.

Specify any serious health issue for which the student may need accommodation or assistance, including the details of such accommodation, emergency medical contact information, etc.

If the student is seeking accommodation for a disability or special circumstances requiring an IEP, please provide any information that you think would be helpful to the school in providing that accommodation including reports and recommendations from speech therapists, psychologists, eye specialists, social workers, physiotherapists, or other health care workers, as applicable.

Please provide full details of the basis upon which any accommodation is sought for the student, or of any special medical needs that the school should be aware of in order to provide appropriate accommodation and supervision to the student.

Can your child fully participate in regular Physical Education and sports activities? If answering no, please explain any limitations or required accommodations.

Specify any special diet and rest requirements for the student.

Provide a full history of your child's communicable disease(s), if applicable.

Please read and complete each of the following:

1. To the best of my/our knowledge, my/our child is in good health. I/we hereby agree to inform the school immediately of any infectious disease to which my/our child has been exposed or of any changes to his/her medical condition.
2. In the event of injury and/or emergency at school or during any school activity, I/we grant permission to the Headmaster or any person acting on his behalf to administer first-aid, and to obtain and/or authorize the necessary medical treatment for my/our child.
3. In case of serious injury or emergency at school or during any school activity, I/we understand that the Headmaster or any person acting on his behalf will make the necessary arrangement to have my/our child transported by ambulance if hospitalization is required. I/we would prefer that our child be transported to the following hospital, if possible: _____
4. In case of minor health problems such as headaches, stomachaches, earaches, fever, etc., I/we authorize the school to give our child the following medication:
Acetaminophen () Ibuprofen () Other: _____
5. In case prescribed medication is required to be administered to our child during school hours, we agree to submit a written note to the school stating all pertinent information related to such medication, including specifics concerning dosage, frequency, storage, etc.

I/we understand that in case of any emergency, the school will make every effort to contact one of the parents or the emergency contact person named above. If no contact can be made, I/we grant permission to the Headmaster or any person acting on his behalf to authorize the necessary medical treatment for my/our child. We also understand that in the event of a medical emergency, a medical practitioner and/or the Headmaster or any person acting on his behalf can authorize medical care. It is understood that this consent and the information given above shall remain in effect until such time as we indicate any modification of it in writing.

Date: _____ & _____
Father's/Guardian's signature Mother's/Guardian's signature