



EDGES
ACADEMY

**NEW REGISTRATION PACKAGE
GRADE 1 TO GRADE 8
2024-2025**



GRADE 1 TO GRADE 8 CHECKLIST

Please complete, sign and provide the following documents:

- Application Package
- New Registration Agreement
- Health History Form
- Copy of Immunization Record
- Request For An OSR Form
- Copy of Report Card from most recent School (If applicable)
- Pick-Up Permission Form
- Photo/Video Permission Form
- Tuition Fee Schedule Form
- Application Fee (one-time per family)
- Payment Methods Form
- Payor's Authorization Form (if applicable)
- Proof of Age (i.e. Birth Certificate, Passport, etc.)

EDGES Academy Application Package



**EDGES
ACADEMY**

This form should be completed by
Parent/Guardian and emailed to:

info@edgesacademy.com

In accordance with PIPEDA, your personal information will be used solely for communication purposes regarding Edges Academy.

Student's Name:		Child's Address:	
Birthdate: DD / MM / YY	Commonly Used Name:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Date of Admission:	Current Grade:		

Guardian 1:			Home Phone:
Address:	City:	Postal Code:	Cell:
Occupation:	Bus. Title		Email:
Business Name:			Bus. Phone:
Bus. Address :			Bus. Cell:
City:	Postal Code:	Bus. Email:	

Guardian 2:			Home Phone:
Address :	City :	Postal Code:	Cell:
Occupation:	Bus. Title		Email:
Business Name:			Bus. Phone:
Bus. Address :			Bus. Cell Phone: Bus.
City:	Postal Code:	Email:	

Please indicate with whom child is living: Father Mother Other : _____

Present School:		Grade:
School Address:	City :	Postal Code:
Telephone:		

Signed (Guardian 1)	Signed (Guardian 2)	Date:
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*Please enclose copies of your child's previous report card(s), completed Health Information Sheet, Anaphylaxis Emergency Plan (if applicable), Registration Agreement, and Immunization Card. These documents must be received prior to your child beginning the program.

EDGES Academy 843 Palmerston
Ave. Toronto, Ontario M6G 2R8 (P)
437 808 6076



NEW REGISTRATION AGREEMENT 2024-2025

Upon acceptance by EDGES Academy of

Name of Student

as a

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 and other fees will be refunded or cancelled in the event of unforeseen circumstances, 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) EDGES Academy reserves the right to accept or deny the student after the completion of the review process of the registration package.

(b) As a one-time special offer, any student successfully enrolled at EDGES Academy by Tuesday September 2, 2024 and has paid in full by December 31st, 2024, will have a guaranteed tuition rate for the remainder of their enrolment at EDGES Academy.

(c) As an added incentive, any student who pays their full tuition by September 2, 2024 will receive a free meal package for the rest of the calendar year. (Ending December 20, 2024)

(d) The application fee of \$500.00 is due upon the submission of the Registration Package. This is a one-time, non-refundable fee per family. Please refer to the Fee Schedule for payment structures.

(e) A 2.9% credit card fee will apply to all credit card transactions.

(f) NSF cheques will be subjected to a \$50 service charge

(g) This document is considered a binding contract upon receipt of your initial payment.

(h) EDGES Academy reserves the right to remove a student from the program that is exhibiting social, emotional, or academic needs that are greater than our school's program capabilities. In these circumstances, I understand that EDGES Academy will make reasonable efforts to assist in securing suitable alternative educational arrangements.

(i) Upon student removal, tuition fees may be partially refunded.

(ii) The EDGES Academy recognizes that special circumstances may occur where it may be reasonable for EDGES 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 EDGES 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:

EDGES Academy
HEALTH HISTORY FORM
2024-2025



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.

Child's Health Card Number _____

Expiry Date: _____

Assessments dated within 6 months of school are requested

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

Birthdate: _____ Height: _____ Weight: _____ Grade: _____

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 often experience: Colds Tonsillitis Stomach Aches High Fevers Anaphylaxis

List any known allergies the child has:

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:

SOMEONE OTHER THAN THE
PARENT(S)/GUARDIAN(S) IS
REQUIRED

EMERGENCY INFORMATION Name: _____

Relationship: _____

Emergency Phone Numbers: _____

Physician Telephone: _____

Physician Address: _____

Thank you for answering these questions. We hope this will better enable us to meet your child's needs.

Signature of Parent/Guardian _____ Date: _____

PLEASE NOTE:

The Immunization of School Pupils Act requires that students have up-to-date immunizations for Tetanus, Diphtheria, Polio, Measles, Mumps, Rubella (German measles), Meningococcal disease (Meningitis), Pertussis (Whooping cough), and Varicella (Chickenpox).

In order to attend school in Toronto, you must provide one of the following:

1. A complete history of your child's immunizations to Public Health (Medical Officer of Health)
2. A signed medical exemption form from your physician or nurse practitioner
3. A statement of conscience or religious belief affidavit signed by a commissioner of oaths and a Vaccine Education Certificate (issued by your local Public Health unit).

It is the responsibility of the parent/guardian to maintain up to date immunization records for their child(ren). When additional immunizations are given please report them to Toronto Public Health by calling 416 338 7600 Select option 2. If you are unable to complete this form or cannot locate your child's immunization record, please contact your health care provider or Public Health for further assistance.

IMMUNIZATION EXEMPTION REQUEST Is there any reason your child is not immunized?

YES

NO

If you answered "YES" an exemption immunization package will be mailed to you. Please complete the form(s) as instructed and return to Public Health as soon as possible. These forms can also be found on our website at www.toronto.ca/city-government/accountability-operations-customer-service/ Please note: if your child is not immunized due to religious/conscience beliefs you are also required to complete a Vaccine Education Course at your local Public Health Office.

The information on this form is collected under the authority of the Health Protection and Promotion Act in accordance with the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. This information will be used for the delivery of public health programs and services; the administration of the agency; and the maintenance of healthcare databases, registries and related research, in compliance with legal and regulatory requirements. Any questions about the collection of this information should be addressed to Toronto Public Health at 416 338 7600



REQUEST FOR AN OSR BY A PRIVATE
FEDERAL OR FIRST NATION SCHOOL IN
ONTARIO

Please forward the Ontario Student Record(s) for:

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

Date of birth: _____
(mm/dd/yyyy)

Enrolled in Grade _____ at EDGES Academy 843 Palmerston Ave Toronto, Ontario M6G 2R8
(BSID _____)

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 school: _____

Address of most recent school: _____

to send the OSR of the above mentioned student to EDGES Academy

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____



PICK-UP PERMISSION FORM

I hereby give permission for my child: _____
Last Name First Name Grade

to leave EDGES Academy with the people named below.

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

1. Name:

Address:

Telephone:

Relationship:

2. Name:

Address:

Telephone:

Relationship:

3. Name:

Address:

Telephone:

Relationship:

4. Name:

Address:

Telephone:

Relationship:

5. Name:

Address:

Telephone:

Relationship:

Parent/Guardian Name (Please Print):

Parent/Guardian Signature

Date:



PHOTO/VIDEO PERMISSION FORM 2024-2025

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

EDGES Academy (EDGES) students will be photographed/videotaped for school year-book (if applicable), EDGES productions and school activities (Including hockey games and skill sessions, etc.) that will be distributed or shown within the internal Edges community.

In addition, there will be opportunities to showcase our students' success to a wider audience for EDGES Academy. These include the following that require your consent:

I give permission for my child,

Full Name

to appear in the following:

YES	NO	School Publications/Internet Including, but not limited to, student publications, EDGES Academy newsletters, classroom blogs, website, and social media. Students may be identified by first name and last name initial.
YES	NO	Outside Publications Including, but not limited to, the Toronto Sun, Toronto Star, blogTO, etc. Students may be identified by first and last name.

Parent/Guardian Name (Please Print):

Parent/Guardian Signature:

Date:

Administrative
Use Grade:



TUITION FEE SCHEDULE 2024 - 2025
Payment Options

PAYMENT OPTION 1 - Full Payment			Initial
Tuition Fee	\$17,878.00	Sibling \$17 000	

PAYMENT OPTION 2 - Four Payments			Initial
4 post-dated cheques			
April 1, July 1, October 1, December 1	\$4469.50	Sibling \$4250	

NOTE:

1. A VOID cheque is required for payment plans upon registration.
2. Registration WILL NOT be processed without payment.
3. Interest on unpaid amount accrues at 1.5% per month. There is a \$50.00 fee for each NSF cheque.
4. Your child's 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 unforeseen circumstances. Initial:
5. In order to receive report cards in February, all accounts must be paid in full by December 1st, 2024.
6. In order to receive free meal plan until end of December, available with PAYMENT OPTION 1, deposit of \$4469.50 must be made within 1 week of acceptance and balance of \$13 408.50 must be received by September 1st.

Student's Name: _____

This student is the (check one, oldest is first)

1st / 2nd / 3rd / 4th

child from the same family.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



PAYOR'S AUTHORIZATION FORM

We acknowledge that this authorization form is provided for the benefit of the Payee (identified hereinafter) and our financial institution as is provided in consideration of our financial institution agreeing to process debits against our account in accordance with the Rules of the Canadian Payments Association.

Payee's name: EDGES Academy
Street: 843 Palmerston Ave
City: Toronto
Postal Code: M6G 2R8
Phone Number: 437 808 6076

We warrant and guarantee that all persons whose signatures are required to sign on this account have signed the agreement below.

We hereby authorize the Payee identified above to draw on our account number with our financial institution, for the following purpose:

Type of Service: Business

School Tuition Fees for 2024/2025 School Year

We acknowledge that provision and delivery of this authorization to the Payee constitutes delivery by us to our financial institution. Any delivery of this authorization to you constitutes delivery by us. We acknowledge that this authorization concerns only "School Tuition Fees for 2024/2025 School Year" pre-authorized debits in accordance with Rule H1 of the Canadian Payments Association. In the case of "School Tuition Fees for 2024/2025 School Year" pre-authorized debits, we understand and agree with the Payee's payment schedule, with respect to the debiting of monthly tuition payments.

The account that the Payee is authorized to draw upon is indicated below. A specimen cheque, if available for this account, has been marked "VOID" and attached to this authorization. We undertake to inform the Payee, in writing, of any change in the account information provided in this authorization prior to the next payment due date.

IDENTIFICATION OF PAYOR/AUTHORIZATION TO DEBIT SPECIFIC ACCOUNT (Please print)

Title: Last Name: First Name:

Company Name:

Street:

City:

Postal Code: Account Number:

Transit No. of Institution:

We acknowledge that our financial institution is not required to verify that the pre-authorized debit was issued in accordance with the particulars of the Payor's Authorization, but not limited to, the amount. We acknowledge that our financial institution is not required to verify that any purpose of payment for which the payment was issued has been fulfilled by the Payee as a condition to honouring the pre-authorized debit issued or caused to be issued by the Payor on our account. This authority is to remain in effect until EDGES Academy has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca Revocation of this authorization does not terminate any contract for goods and services that exists between ourselves and the Payee. The Payor's Authorization applies only to the payment method and does not otherwise have any bearing on the contract for goods or services exchanged. We may dispute a pre-authorized debit under the following conditions:

(i)the payment was not drawn in accordance with the Payor's Authorization; or (ii)the authorization was revoked. We acknowledge that in order to be reimbursed a declaration to the effect that (i) or (ii) took place must be completed and presented to the branch of our financial institution, either up to and including 90 calendar days, in the case of a "School Tuition Fee for 2024/2024 School Year" pre-authorized debit, after the date on which the payment in dispute was posted to our account. We acknowledge that a claim on the basis that the Payor's Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and ourselves when disputing any pre-authorized debit after 90 calendar days in the case of a "School Tuition Fee for 2023/2024 School Year" pre-authorized debit. We understand and accept this pre-authorized debit plan and wish to enrol therein. Furthermore, we agree that any personal information that might be contained in this Payor's Authorization may be disclosed to the Payee's financial institution, to the extent that such disclosure is directly related to and necessary for the proper application of Rule H1 of the Canadian Payments Association. You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cndpay.ca

Signature:

Date:

Payor's Authorization - Page 2 of 2

Signature:

Date: