



**KINDERGARTEN REGISTRATION FORM:2020-2021 SCHOOL YEAR**

**1. Student Information**

**Legal Name:** \_\_\_\_\_  
 First Name Middle Name Last Name

**Gender:**  Male  Female **Canadian Status:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Current Age:** \_\_\_\_\_ **Grade in Sept. 2020:** \_\_\_\_\_  
 DD MM YYYY

**Place of Birth:** \_\_\_\_\_ **Arrival in Canada (if country of birth is not Canada)** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 DD MM YYYY

**Mother Tongue:** \_\_\_\_\_ **Language spoken at Home:** \_\_\_\_\_

**Health Card Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 DD MM YYYY

**Is your child potty trained?**  Yes  No

**Does your child have any health conditions (ex. Allergies, Asthma, etc.):**  Yes  No

**2. Parent/Legal Guardian Information**

**Father's Name:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Marital Status:**  Married  Divorced  Separated  Widowed  Single

**Child lives with:**  Both parents  Father  Mother  Legal guardian

**Child custody is with:**  Both Parents  Father  Mother  Legal guardian

*\*If there are legal custody arrangements please provide the office with a copy of relevant legal documents (i.e. custody papers)*

**Home Address:** \_\_\_\_\_  
 Apt. # Street No. and Name City Postal Code

**Home Phone:** \_\_\_\_\_ **Primary Email:** \_\_\_\_\_

**The best way to reach me is via:**  Phone  Email



**3. Emergency Contact Information (Different from parents/guardian)**

Contact 1

Name: \_\_\_\_\_  
Last Name First Name Relationship to student

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Contact 2

Name: \_\_\_\_\_  
Last Name First Name Relationship to student

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**4. Previous School Information**

*\*Please list the last 2 most recent schools attended by your child.*

School 1

Private School Board       Public School Board       Homeschooling       Other

Previous School Attended: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street No. and Name City Province Country

Last Date attended: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
DD MM YYYY

School 2       NA (Child has only attended 1 school to date)

Private School Board       Public School Board       Homeschooling       Other

Previous School Attended: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street No. and Name City Province Country

Last Date attended: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
DD MM YYYY

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date



**2665 LAWRENCE AVE. EAST. SCARBOROUGH, ON. M1P 2S2**  
**TEL: (416) 750-1616**  
**EMAIL: INFO@ABUBAKRACADEMY.CA**

**Documentation Required: THE FOLLOWING DOCUMENTS ARE REQUIRED FOR REGISTRATION**

	Proof of birth (birth certificate / passport / landing documents / citizenship card)
	Updated immunization record and copy of valid health card
	Two recent passport size photo
	Two recent report cards
	VOID Cheque

**School Tuition Fees Agreement**

<b>Tuition Fee Payment Options (Please read carefully and make payment (s) accordingly)</b>	<b>1 Student</b>	<b>2 Students</b>	<b>3 Students</b>	<b>4 Students</b>	<b>5 Students</b>
Full Payment at time of registration(Please pay by cheque)	\$2,750.00	\$5,300.00	\$7,700.00	\$10,100.00	\$12,500.00
Monthly Pre-Authorized payments over 10 months. (Please provide a VOID cheque)	\$275.00	\$530.00	\$770.00	\$1010.00	\$1250.00

**Please select one of the fee payment options below: (Please Note: Monthly cash payments are not acceptable)**

Monthly Pre-Authorized Fee Payment Plan (Please attach a void cheque)      **OR**       Full Payment of fees

I, \_\_\_\_\_ hereby authorize Scarborough Muslim Association to withdraw a tuition fee of \$\_\_\_\_\_ from my account on the 5<sup>th</sup> of every month. This agreement will be terminated upon the student's cancellation from the school via withdrawal form available in the office. I am solely responsible for ensuring the correct amount of fees is available on the 5<sup>th</sup> of the month. If for any reason funds are not received from your account on the 5<sup>th</sup> of every month an additional \$10 charge per transaction will apply for the subsequent month. I understand that it is my responsibility to inform SMA of any bank changes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**STUDENT FID NUMBER:** \_\_\_\_\_ **PARENT FID NUMBER:** \_\_\_\_\_

Supporting Documents       Registration Fees       Supply Fees       VOID Cheque

<b>ADMINISTRATION FEES (Non-Refundable)</b>	<b>Amount</b>	<b>Paid</b>	
Books and Supplies (Gr. 1-8)- Annually paid once per school year	\$325	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque
Registration Fee	\$25	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque