

## Enrollment for After-School or Sat. Morning Program

I/We, the parent(s) or legal guardian(s) of: \_\_\_\_\_  
(Name of student)

wish to enroll him/her in the Mastery Learning Centre at the following times:

**Mondays:** ☐ 3:00 - 3:55 p.m. ☐ 4:00 - 4:55 p.m. ☐ 5:00 - 5:55 p.m. ☐ 6:00 - 6:55 p.m.  
**Tuesdays:** ☐ 3:00 - 3:55 p.m. ☐ 4:00 - 4:55 p.m. ☐ 5:00 - 5:55 p.m. ☐ 6:00 - 6:55 p.m.  
**Wednesdays:** ☐ 3:00 - 3:55 p.m. ☐ 4:00 - 4:55 p.m. ☐ 5:00 - 5:55 p.m.  
**Thursdays:** ☐ 3:00 - 3:55 p.m. ☐ 4:00 - 4:55 p.m. ☐ 5:00 - 5:55 p.m. ☐ 6:00 - 6:55 p.m.  
**Fridays:** ☐ 3:00 - 3:55 p.m. ☐ 4:00 - 4:55 p.m. ☐ 5:00 - 5:55 p.m. ☐ 6:00 - 6:55 p.m.  
**Saturdays:** ☐ 10:00 - 10:55 a.m. ☐ 11:00 - 11:55 a.m. ☐ 12:00 - 12:55 p.m.

### Tuition Fees

|                      |                        |                        |                       |                                 |
|----------------------|------------------------|------------------------|-----------------------|---------------------------------|
| <b>Grades 1 - 8:</b> | 1 hr./wk - \$19.00/hr. | 2 hrs./wk - \$18.00/hr | 3 hrs. / wk - \$17.00 | 4 or more hrs./wk - \$16.00/hr. |
| <b>High School:</b>  | 1 hr./wk - \$26.00/hr. | 2 hrs./wk - \$25.00/hr | 3 hrs. / wk - \$24.00 | 4 or more hrs./wk - \$23.00/hr. |

**Note:** Notification for missed classes or withdrawal from the program must be given a minimum of two weeks in advance.  
There will be a 10% reduction in tuition fees if more than one child is enrolled from a family.

### Method of Payment: (please choose one of the following)

- ☐ I/we would like to have the Fees transferred directly from my/our Bank Account by means of Electronic Funds Transfer. (Please attach a voided cheque.)
- ☐ I/we will pay the Tuition Fees by Cheque or Cash, on or by the first day of class of each month.
- ☐ I/we would like to pay by Visa: Acct. No. \_\_\_\_\_ Ex p. \_\_\_\_\_

Student's date of birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ OHIP No. \_\_\_\_\_

Grade level in School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Allergies, special health or behavioural concerns (please specify): \_\_\_\_\_

For students in grades 1 - 8: I/we authorize the following adults to have permission to pick up my child(ren) at the end of class:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

I/we will not hold the Mastery Learning Centre, or any of its staff or representatives, or the Meadowvale Community Church or any of its staff or representatives liable or in any way responsible for any accident, mishap or other occurrence on the way to or from class, or during the class time. I/we hereby authorize the staff to take whatever action they deem in the best interest of the child in any emergency requiring medical attention.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Name of parent(s) or Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Tel: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

(List additional student[s] from same family on reverse)

## Enrollment for After-School or Sat. Morning Program - Page 2

Child number two (from same family listed on reverse): \_\_\_\_\_  
(Name of student)

to be enrolled in the Mastery Learning Centre in the following programs at the following times:

**Mondays:**    ☐ 3:00 - 3:55 p.m.    ☐ 4:00 - 4:55 p.m.    ☐ 5:00 - 5:55 p.m.    ☐ 6:00 - 6:55 p.m.

**Tuesdays:**    ☐ 3:00 - 3:55 p.m.    ☐ 4:00 - 4:55 p.m.    ☐ 5:00 - 5:55 p.m.    ☐ 6:00 - 6:55 p.m.

**Wednesdays:**    ☐ 3:00 - 3:55 p.m.    ☐ 4:00 - 4:55 p.m.    ☐ 5:00 - 5:55 p.m.

**Thursdays:**    ☐ 3:00 - 3:55 p.m.    ☐ 4:00 - 4:55 p.m.    ☐ 5:00 - 5:55 p.m.    ☐ 6:00 - 6:55 p.m.

**Fridays:**    ☐ 3:00 - 3:55 p.m.    ☐ 4:00 - 4:55 p.m.    ☐ 5:00 - 5:55 p.m.    ☐ 6:00 - 6:55 p.m.

**Saturdays:**    ☐ 10:00 - 10:55 a.m.    ☐ 11:00 - 11:55 a.m.    ☐ 12:00 - 12:55 p.m.

Student's date of birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_    OHIP No. \_\_\_\_\_

Grade level in School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Allergies, special health or behavioural concerns (please specify): \_\_\_\_\_

Child number three (from same family listed on reverse): \_\_\_\_\_  
(Name of student)

to be enrolled in the Mastery Learning Centre in the following programs at the following times:

**Mondays:**    ☐ 3:00 - 3:55 p.m.    ☐ 4:00 - 4:55 p.m.    ☐ 5:00 - 5:55 p.m.    ☐ 6:00 - 6:55 p.m.

**Tuesdays:**    ☐ 3:00 - 3:55 p.m.    ☐ 4:00 - 4:55 p.m.    ☐ 5:00 - 5:55 p.m.    ☐ 6:00 - 6:55 p.m.

**Wednesdays:**    ☐ 3:00 - 3:55 p.m.    ☐ 4:00 - 4:55 p.m.    ☐ 5:00 - 5:55 p.m.

**Thursdays:**    ☐ 3:00 - 3:55 p.m.    ☐ 4:00 - 4:55 p.m.    ☐ 5:00 - 5:55 p.m.    ☐ 6:00 - 6:55 p.m.

**Fridays:**    ☐ 3:00 - 3:55 p.m.    ☐ 4:00 - 4:55 p.m.    ☐ 5:00 - 5:55 p.m.    ☐ 6:00 - 6:55 p.m.

**Saturdays:**    ☐ 10:00 - 10:55 a.m.    ☐ 11:00 - 11:55 a.m.    ☐ 12:00 - 12:55 p.m.

Student's date of birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_    OHIP No. \_\_\_\_\_

Grade level in School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Allergies, special health or behavioural concerns (please specify): \_\_\_\_\_