



UMCA RICH TREE ACADEMY ELEMENTARY SCHOOL PARENTS' CONTRACT 2019– 2020

1. PARENT-SCHOOL CONDUCT

UMCA aims to provide a safe, family-like environment. All parents are expected to respect the educational philosophy of the school, as well as the professional decisions made by the school teachers. Should any parent treat a school staff member disrespectfully (i.e. verbal attacks, threats, or harmful accusations), the school reserves the right to terminate the family's school contract, should this be deemed necessary by the school administration.

Upon termination of the contract, it is expected that parents abide by the following expectations:

1. It is inadvisable to speak about UMCA Rich Tree Academy in a defamatory manner. This includes statements that are hurtful, untrue, and ones that tend to discredit the reputation of our school.
2. Parents are not allowed to contact teachers outside of the school environment. This includes soliciting teachers as a way to gather information or obtain tutoring support.

Please Sign: _____

2. SCHOOL WEBSITE

Our website www.umca.ca is the primary way the school communicates with parents. Please do not forget to check our website weekly.

3. IMPORTANT INFORMATION

- 3.1. Before the Registration, it is mandatory for new students to attend school for two days at a rate of \$80 per day.
- 3.2. The school requires two months' notice for contract termination. Please note, there will be no refund for the payments of June (the non-refundable deposit).

Please Sign: _____

4. HOLIDAYS

The first day of term one is September 3, 2019.

The school will be closed on all Statutory and Civic Holidays as required by law.

In addition, the school will be closed on Wednesday, October 9th, 2019.

Winter break: December 23rd - January 3rd.

The School will be open during March Break from March 16 until March 20, 2020. (8:00-6:00.)

When scheduling family vacations, please remember:

May/June is an exam month for all students.



5. GENERAL FEES

- 5.1. \$1,580.00 – The general fee for a single month.
- 5.2. \$300.00 - Registration Fee for each new enrolled student (is payable by the registration date).
- 5.3. \$600.00 - This fee will be used to purchase books, school and art supplies for the entire school year. The supplies fee must be paid by **May 1st, 2019**.
- 5.4. \$300.00 - Winter Celebration Fee of \$100, organized tours to Theaters and Educational Centers \$100, Historical Tourism Activities Fee of \$100 is payable **November 1st, 2019**.
- 5.5. \$300.00 A. Educational mandatory excursions fee \$216 (8 trips at \$27 per trip)
B. Sport uniform: U.M.C.A. T-shirt \$7 for each term. (\$14)
C. Graduation fee: includes yearbook (\$30) and hoodies (\$40).
This fee must be paid by **September 1st, 2019**.

****End of year **optional** overnight trip (includes: bus transportation, 24 hour teacher supervision and night chaperon, educational activities, 7 meals and 2 night stay). A **\$300** trip fee payable by **June 1st, 2020**

6. SIBLINGS DISCOUNT/ CUSTOMER APPRIETICTIONS

- 6.1. \$1200.00 - The Siblings Discount is only applied to the Supplies fee and is not applied to any other fee covered under this agreement
- 6.2. **3 Complimentary weekend classes** in Term 1 and **3 complimentary weekend classes** in Term 2. Value \$150.00. (Complimentary classes are not transferable).
1 complimentary day in the Summer Program (July-August). Value \$80.00
- 6.3. If your family has **3 children** and the two students have attended U.M.C.A. from J.K. without interruption, your third child is entitled to a bursary.
This discount only applies while the 2 students are paying the full tuition. This also applies to older siblings in high school who are full time students. This will not apply to part time students.
This offer starts with student's age 3.9 years old.
The Siblings Discount is only applied to the General Education Fee and does not apply to any other fees covered under this agreement.
If you receive a bursary for the third child, all three students must pay the supplies fee.

7. DEPOSIT

- 7.1. Upon signing the contract, UMCA Rich Tree Academy will debit from your account \$_____ for a single month fee.
The non-refundable deposit will be applied towards the June 2020 monthly payment.
- 7.2. Upon signing the contract, UMCA Rich Tree Academy will debit from your account a \$300.00 non-refundable Registration Fee (for new students only).
- 7.3. Upon registration you must fill up a Pre-Authorized Debits form and bring a void check.
See Appendix A.



8. PAYMENTS

8.1. General Education fee is payable in nine (9) Pre-authorized debits \$ _____. ____ for each of the nine months (September through May, inclusive). The payment will be debit from your account on the first of each month. Cheque or Cash payments cannot be accepted.

8.2. Attention: there are no sick or vacation days in UMCA Rich Tree Academy. Monthly payments must be made regardless of whether a child is absent from school.

Please Sign: _____

9. LATE PICK-UP FEES

9.1. A late pick-up fee of \$1 a minute will be charged if a child is not picked up from UMCA Rich Tree Academy by 6:30 pm. This also applies to all part-time students.

Please Sign: _____

10. OPTIONAL PROGRAMS

10.1. **Extra curriculum program:** Please visit our website for more information.

10.2. **Extra help** covered by OHIP provided by Central CCAC School health support services. The following services are included: Speech Language Pathology; Occupation Therapy; Physiotherapy.

10.3. **ESL program.** Please visit our website for more information.

12. COMPLIMENTARY EXTRAS:

- Snack at 11:00 am (provided 5 times a week Monday-Friday)
- Lunch from Restaurant (provided 5 times a week Monday-Friday)
- Snack at 5:00 pm (provided 5 times a week Monday-Friday)

By signing this contract you confirm you have read it and agree to all its terms and conditions.

Date: _____

Parent's Signature: _____

Child's Name _____



Appendix A

**UMCA Rich Tree Academy
130 Racco Parkway, Thornhill, Ont. L4J8X9**

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize UMCA Rich Tree Academy, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our UMCA Rich Tree Academy. Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st day of each month.

UMCA Rich Tree Academy will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until UMCA Rich Tree Academy has received written notification from me/us of its change or termination. This notification must be received at least thirty (30) business days before the next debit is scheduled at the school office.

UMCA Rich Tree Academy may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or contact the office at UMCA Rich Tree Academy.

PLEASE COMPLETE THIS FORM AND PROVIDE VOID CHEQUE

DATE: _____

Parents name _____

Student name _____

Grade _____

Financial Institution (Bank) 3 digits (FI): _ _ _

FI Account Number: _ _ _ _ _

FI Transit (Branch Number 5 digits): _ _ _ _ _

Bank Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____



1 STUDENT INFORMATION

Student's Legal Name _____
Last First Middle

Date of birth: ____/____/____ Sex: Male Female
Year Month Day

Address: _____

City: _____ Postal Code: _____ Home Phone: _____

2 PARENTS AND/OR GUARDIANS

Father's Name: _____ Cell #: _____

Father's E-mail: _____

Mother's Name: _____ Cell #: _____

Mother's E-mail: _____

EMERGENCY CONTACT

In case of emergency or school closure, please provide us with names, addresses and phone numbers of contacts if the school cannot contact you.

Contacts:	Name:	Phone #: child	Relationship to child
Emergency #1			
Emergency #2			

MEDICAL/SAFETY INFORMATION:

OHIP number _____

Medical problem _____

Allergies _____

Family doctor _____

Do you give your permission to:

give Tylenol in case of high fever? YES NO

take pictures/video of your child? YES NO

transport your child to school activities by bus? YES NO

HEBREW CLASSES ATTENDANCE

YES NO

SIGNATURE REQUIRED:

I hereby declare that I have read and understood the information contained on this form and the information I have provided is correct. I have also read, understood and explained to my child all the school rules from the "Parents and Students Handbook". I will constantly remind the rules listed in the Handbook to my child.

Date: _____

Mother's Signature: _____

Father's Signature: _____