# B.E.N. Application Package 2021-2022

Thank you for applying to the Balanced Education Network (B.E.N.) School-House. To arrange a personal tour, please contact Ilaria at <a href="mailto:benget@rogers.com">benget@rogers.com</a>. You can also see our website for more information about the B.E.N. <a href="https://www.benschoolhouse.com">www.benschoolhouse.com</a>

In this package you will find:

- 1. general school calendar
- 2. application form
- 3. tuition fees
- 4. Registration documents

Please send your complete application package by email to: <a href="mailto:benget@rogers.com">benget@rogers.com</a> or

Via Mail to: BEN School-House 394 Harvie Ave. Toronto, Ont. M6E 4L8

If you need assistance, please contact Ilaria Sheikh at benget@rogers.com or 647-237-2648



## B.E.N. School Year Calendar 2021 / 2022

First Day of School: Tuesday September 7

**Last day of School:** Wednesday June 22 (JK – Gr. 6)

**Summer Camp:** Monday July 4 to Fri. July 29

Holidays

Labour Day: Monday September 6
Thanksgiving: Monday October 11

Christmas Break: December 20 to December 31, inclusive (last day of classes is

December 17; classes resume January 3)

Family Day: Monday Feb. 21
Mid-Winter Break: March 14 to 25
Good Friday: Friday April 15
Easter Monday: Monday April 18
Victoria Day: Monday May 23

#### **Professional Development Days**

Professional Activity Day:
Professional Activity Day:
Professional Activity Day:
Friday November 12 (no classes)
Friday February 18 (no classes)
Friday May 20 (no classes)

#### Parent-Teacher Communications

Parent- teacher conferences: Thurs. Dec. 2 evening only and Fri. Dec. 3 day

(no classes on Friday)

Parent-teacher conferences: Thurs. March 3 evening only and Fri. March 4 day

(no classes Friday)

#### Please note:

Events, trips and special activities will be communicated in August.

Schedule subject to change



Student's Name		Surname		
Gender:				
Date of Birth				
Academic year applying	g for:	Current grade:		
Parents' or Guardian(s)	'Name(	s)		
Address				
Province, City				
Country, Postal code				
Address #2 (if applica	ble)			
Province, City				
Country, Postal code				
Email #1		Email #2		
Cell#1		Cell#2		
Present School (if appl	icable):			
Address				
Telephone				
Does the student have any allergies, sensitivities or medical/health issues that the BEN School should				
be aware of?				
Yes	No	(If yes, please provide additional information on a separate sheet)		
Are there any psychological evaluations or educational plans?				
Yes	No	(if yes, please provide additional information on a separate sheet)		
Has the student experienced any issues or discipline related to behaviour or self-regulation in school?				
Yes	No	(if yes, please provide additional information on a separate sheet)		
Parent/Guardian Signature		Date		
Parent/Guardian Signature		Date		



#### School Fees 2020-2021

All fees listed are in Canadian dollars.

# Tuition fee

The JK/SK and Grade School Programs run from 9am - 3pm, Monday - Friday.

There is an optional Before-School Program that runs from 8am - 9am
There is an optional After-School Program that runs from 3pm - 5:25pm

#### Fees

JK - Grade 6: \$1,295 monthly Before-School Program: \$250 monthly After-School Program: \$315 monthly

We offer partial week before or after-school program upon request.

# Payment Schedule:

- Tuition is paid monthly.
- All post-dated cheques for the full school year are due on or before June 1st.
- Monthly cheques are dated for the first of each month starting with July 1st and running until April 1st (this covers the full school year Sept June)

# <u>Fee Details</u>

Tuition Fee covers the daily school programs running 9 - 3pm. The before school and after-school programs are optional.

A 10% discount is offered for each additional student within the same family.

Thank you for applying to the B.E.N. School-House. We look forward to getting to know you and your family.

Sincerely, Ilaria Sheikh Principal

#### PERSONAL INFORMATION

Welcome Parents and Children!

The following information is designed to help us get to know your family before we begin our journey together at The B.E.N. School-House. All information given here will be kept strictly confidential.

- Name, gender and age of siblings
- Do you have any pets? If so, please list (include names please)
- Is there any particular event, positive or negative, that you feel has had a strong impact on your child?
- Please give an overview as to your child's personality, temperament and character, including any aspects that you feel we should know.
- Please feel free to make known your views, ideals and practices with regards to parenting and childcare. Some suggested areas of interest might be:

Religion/Spiritualism practiced in home Chosen form of discipline and its effectiveness Influence of things such as television, radio, community gatherings, etc.

Thank you

# All information provided will remain confidential

Child's Name	Gender
Date of Birth	
Home Address	
Parents/Guardians Names	
Cell#s	
Parents/ Guardian employment	
Work Number(s)	
Child's OHIP #	
Doctor's name and phone number	

# Who to Contact in case of emergency

MEDICAL HISTORY & CONTACT INFORMATION

1st Name and Telephone Relationship to child

2<sup>nd</sup> Name and Telephone

Relationship to child

3<sup>rd</sup> Name and Telephone

Relationship to child

# Health History of the Child

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Child's blood type if known
Has your child been diagnosed with any medical condition either short term, long term or permanent that the BEN School should be aware of? If so, are there any symptoms we should be watchful of or any specific procedures that should be carried out?
Is your child currently taking medication? If so, what kind and how often?
Does your child have any allergies? If so, please specify what it is they are allergic to, how it manifests, if it is anaphylactic and requires an epipen?
Is your child on a specific diet? If so, please explain_
Is your child immunized?
Please provide photocopy of immunization record or a legal letter of exception.
This is a requirement by the Ministry of Health.
Please provide any additional information you feel would be useful for us to have.
In case of a life threatening situation, our protocol is to call 911 first, after which the parents or emergency contacts will be called immediately.
Name of Parent/Guardian
Signature Date

## Terms of Registration and Enrollment for

# The B.E.N. School-House Owned and Operated by Balanced Education Network, Inc.

Parents, please read this document then sign and return it to The B.E.N. School-House.

Child's Name

Date of Birth

I understand that post-dated monthly tuition payments for the first of each month are due on June 1st by cheque or money order made out to "Balanced Education Network" or "The B.E.N." with the first cheque being dated for July  $1^{st}$ .

\*I understand that there will be a \$40 late fee for tuition payments received after the 1<sup>st</sup> of each month. If my cheque is NSF, I will pay a \$40 fee.

I understand that tuition is calculated on an annual basis and that there are no fee reductions for holidays, illness, vacations, or emergency closings of the school, including snow days. If I withdraw my child from any B.E.N. School-House Educational Program before the school year ends, I must notify the teacher 90 days prior to the date of withdrawal. If I fail to notify the school, I will be responsible for three month's tuition.

I understand that registration forms are required before my child starts school.

I hereby grant parental consent for minor medical (first aid) treatment during my child's enrollment at The B.E.N. School-House. Should I be unavailable during an emergency, I grant permission for the staff to secure emergency medical treatment for my child. The staff will always attempt to contact the parents or pediatrician first.

I hereby give permission for my child's photograph and/or artwork to be used in The School-House and the B.E.N. publications.

The B.E.N. cannot be responsible for any item that is lost, stolen or damaged. We recommend that your child does not bring valuables to school.

The child and parents agree to abide by the rules and regulations set by the school for the safety, health and welfare of the students and the staff.

The School-House reserves the right to dismiss a child whose contact, influence, physical needs, or condition, is deemed disruptive or potentially harmful to him/herself, the staff, or students. We reserve the right to determine if your child's best interests are being served at our facility. If not, The B.E.N. will provide a pro-rated refund.

I understand that The B.E.N. School-House staff is mandated to report any suspected child abuse.

Pick Up Authorization: In addition to parents or guardian the following person is authorized to pick up my child:

Name:

Address:

Phone:

Relationship to child:

I understand that The B.E.N. School-House Staff will not release my child to anyone other than parents/guardian or the person named above. I will notify the school in advance should someone else be picking up my child. That person will need to show two forms of identification.

GENERAL RELEASE: I/We, the undersigned, are the parent(s) of the above named child/children and we agree, in taking advantage of this school and child care service, to release and hold harmless The B.E.N., its officers, trustees, agents, and employees, from any and all claims, demands, suits, costs and charges, in connection with or arising out of the school and child care service, including, but not limited to, bodily harm or injury to our children, except only for loss, harms or injury occasioned by gross negligence or intentional misconduct by The B.E.N., its officers, trustees, agents, and employees and further authorize The B.E.N. to administer, or cause to be administered, at my/our sole cost and expense, medical treatment and/or medication to the above named child/children in the event of any emergency.

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize The B.E.N. School-House Director or person in charge to take my child to any hospital/doctor, and I give my consent for any and all treatment for my child when the child is in this individual's care.

I HAVE READ AND UNDERSTOOD THESE TERMS. I AGREE TO THE TERMS OF ENROLLMENT AS STATED. I WILL BE RESPONSIBLE FOR PAYMENT OF ALL FEES DUE TO THE B.E.N.

Name of Parents or Guardian

Signature Date

#### Leave Premises Permission Form

Dear Parent(s),

Community life is an important part of The School-House program. There are frequent informal opportunities for the children to explore the community life and parks near to The B.E.N. School-House

This permission form gives The B.E.N. teachers permission to take your child off the premises to walk about the neighbourhood, go to the library or to play in a park. St. Clair Ave./Oakwood Ave. and Eglinton./Caledonia Rd bound this area. This is valid for the duration of time he/she is enrolled in a B.E.N. School-House.

If formal trips are planned, a separate notice will be sent home to you specifying the purpose of the trip, date, method of transportation, cost and any other relevant information.

Please complete the bottom section of this form.

If you have any questions about this please do not hesitate to contact Ilaria at <a href="mailto:benget@rogers.com">benget@rogers.com</a> or 647-237-2648

Ilaria Sheikh

I give permission for (name of child) to leave the premises of The B.E.N. (394 Harvie Ave.) in order to explore the neighbourhood and to visit the local parks bounded by St. Clair Ave./Oakwood Ave. and Eglinton Ave./Caledonia Rd. This permission is granted for the duration of the child's enrolment at the BEN.

Parents Names:

Sincerely,

(Signatures) (Date)

I agree that typing my name in the signature(s) fields above represents my e-signature.