



2019-2020

**MCA INTERNATIONAL
APPLICATION PACKAGE**





ENROLMENT GUIDE/CHECKLIST

- 1. **Complete and submit** the MCA International Application Package.
- 2. **Submit** the following documents by fax, email or in person for each child:
 - Copy of Birth Certificate
 - Copy of Passport with picture
 - Copy of Immunization Records (English is preferred)
 - Copy of most recent Report cards (in English)
- 3. **Registration** Fee of \$100.00 CAD (Wire Transfer)
- 4. **Tuition** Fee of \$17,850.00 CAD (Wire Transfer)
- 5. **Provide** proof of Health Insurance.
(Health Insurance is available through MCA for a Fee of \$650.00 CAD)

ALL DOCUMENTATION CAN BE SUBMITTED BY EMAIL, FAX, OR IN PERSON.

Please note the following steps:

1. **Mississauga Christian Academy** reviews all documentation submitted and a decision for admissions is communicated as soon as possible. If successful, a letter of acceptance will be sent via email.

Study Permit. If you have additional questions, please visit Canadian Immigration online, or contact us by email at: info@mississaugachristianacademy.com or by phone at: 905-826-4114.

2. **To study in Canada**, students must obtain a valid Study Permit from the Canadian Government. Applicants should contact their nearest Canadian Consulate or Embassy for more information on how to obtain a valid

3. Once **your Study Permit is approved**, please submit a copy to the main office and we will communicate next steps to completing enrolment at Mississauga Christian Academy.

We require a minimum of 24-48 hours processing time from the day your enrolment documentation is submitted. Enrolment is subject to the availability of classroom space and at the sole discretion of Mississauga Christian Academy.



ENROLMENT GUIDE/CHECKLIST

Junior Kindergarten to Grade Eight

(Please attach a copy of the student's birth certificate or passport with this form)

Student's Name: _____
(Surname) (Given Names)

Primary Address: _____ Phone: () _____
(Street) (Unit)

(City) (Province) (Postal Code) (Country-if outside of Canada)

Date of Birth: ____/____/____ Male Female
(Year) / (Month) / (Day) (Grade in which student is applying for)

CONTACT INFO	Father <small>(Full Name)</small>	Mother <small>(Full Name)</small>	Legal Guardian <small>(Full Name)</small> Applicable if student is staying in Canada without Father and/or Mother
NAME			
EMPLOYER			
WORK PHONE NUMBER	Ext.	Ext.	
CELL NUMBER			
PRIMARY EMAIL <small>(monitored daily)</small>			
BUSINESS EMAIL			

Legal Custody: Father Mother Both Other

Communication:

General Information (Newsletters, events, etc.): Both Mother Only Father Only Legal Guardian(s)
 Accounting Information (Receipts/Statements): Both Mother Only Father Only Legal Guardian(s)

Name and address of PREVIOUS SCHOOL ATTENDED: 	Email & Phone Number of previous school attended: Email _____ Phone _____
HOW DID YOU HEAR ABOUT OUR SCHOOL? _____ Referral _____ MCA website _____ Other, please specify: _____	REASON FOR APPLYING AT OUR SCHOOL:



EMERGENCY & MEDICAL INFORMATION

Student's Name: _____
(Surname) (Given Names)

Date of Birth: ____/____/____
(Year) / (Month) / (Day)

Responsible adults to whom this child may be released in the event of an emergency **when parent(s)/legal guardian(s) cannot be reached:**

(1) Legal Name: _____ Relationship to child: _____
Home #: _____ Work #: _____ Cell #: _____
Address: _____
(Street) (Unit) (City) (Province) (Postal Code)

(2) Legal Name: _____ Relationship to child: _____
Home #: _____ Work #: _____ Cell #: _____
Address: _____
(Street) (Unit) (City) (Province) (Postal Code)

Medical Allergies:

Allergy:	Allergic Reaction:	Plan of Action:

***NOTE:** Any Allergies that can cause **ANAPHYLACTIC SHOCK** must be accompanied by **FORM B** (Allergy Alert Emergency Plan) along with your child's photo, EpiPen or Allerject and **FORM A** (Administration of Prescribed Medication) before your child can start!

MEDICAL CONDITIONS None OR As follows:

Plan of Action: _____

(All medication to be administered by staff must be accompanied by **FORM A** (Administration of Prescribed Medication). Doctor's notes are required for all medication except fever reducers (i.e. Tylenol). **ASTHMA** medication, must be accompanied by **FORM C** (Student Asthma Management Plan). **FORMS A, B, and C** will be provided by the main office, upon review of the application form.

History of communicable diseases & date i.e. chicken pox, 2010 No Yes (give details) _____

Food restrictions No Yes (give details – restriction, reason, response) _____

Additional responsible adults to whom child may be released - non-emergency (LEGAL NAMES PLEASE): optional

I hereby verify that the information provided is accurate to the best of my knowledge. I understand that it is my responsibility to update Mississauga Christian Academy of any changes *in writing* as they occur.

Date

Signature of Parent/Legal Guardian



POLICIES

Please **INITIAL** in each box next to each Policy

- MISSION:** The Mississauga Christian Academy is a Christian School, and is a part of the total Christian education and service ministries to the community of the Meadowvale Bible Baptist Church, Mississauga, Ontario. Teachers and workers, as part of the total staff of the Church ministries, have various talents and abilities. This includes a combination of assets such as training, experience, genuine love for children, and a commitment to Christian values.
- MORAL VALUES:** The board and staff of Mississauga Christian Academy (*hereinafter called "MCA"*) believe that the Bible is the inerrant Word of God and that it provides the behavioural and moral standards for our lives. Therefore, based upon our understanding of Biblical principles, we will teach our students:
 1. that the promotion of hatred of any individual or group is completely unacceptable,
 2. that human life begins at conception,
 3. that premarital sexual activity either heterosexual or homosexual (including but not limited to intercourse) is wrong, and
 4. that marriage is an exclusively heterosexual institution.
- PRIVACY:** MCA respects an individual's right to privacy. Personal information collected will be used for internal purposes only, with the exception of the requirement to share information as required by the laws of the Region of Peel, the Province of Ontario and the Government of Canada. Personal information will not be sold, rented, or lent to any person or other organization for commercial purposes.
- SUSPENSION, TERMINATION OF SERVICES:** It is understood, by both parents and students, that attendance at the Mississauga Christian Academy is not a right but a privilege. The school retains the right to enforce withdrawal of a student at any time, who, in the opinion of the school, should no longer attend for behavioural or if the account is not up to date. The school also retains the right to enforce withdrawal of a student, at any time, if the parent(s)/legal guardian(s) becomes abusive to another parent, child or staff member. The school has a 'zero' tolerance policy when it comes to bullying and abusive behaviour. The school retains the right to suspend any student whose tuition fees are not paid by the next tuition due date or if any monies are owed.
- FEES:** Payment for the application and tuition fees are due with the application form. Payment is to be made by wire transfer.
- FINANCIAL INTEGRITY:** I verify that my family does not have any outstanding balances at any other private school(s) and I give MCA permission to verify such information. MCA reserves the right to reject application based on adverse financial information received from a previous school. The application fee is not refundable under those circumstances.
- REFUND:** A full tuition fee refund, less an administration fee of CAD \$500.00, will be granted for two reasons **ONLY**. Firstly, a refund will be offered if Citizenship and Immigration Canada does not issue a Study Permit. Secondly, if there is death in the student's immediate family (parents/siblings), a refund will be offered.

To obtain a tuition refund, the student must either provide a copy of the "Letter of Rejection" from Citizenship and Immigration Canada and a written refund request from the student's parents including name(s), home address, signature(s), and full name of the student withdrawing. In the case of a family death, the student must provide proof of the family member's passing as well as a written refund request from the student's parents with a signature including name(s), address, and full name of the student withdrawing.

There will be no refund of the tuition fee in the following circumstances:

1. If the student chooses to withdraw for any reasons other than the Study Permit being denied by Citizenship and Immigration Canada or there is a death of an immediate family member.
2. If the student is found in violation of school regulations and withdrawal is enforced by MCA.

Tuition fees are to be paid in full at the time of application. In some cases, MCA will allow for families to pay by term. In these cases and when the "Letter of Acceptance" stipulates that the length of study is one full year (three terms), the same refund policy applies. That is, the student is required to pay for all terms and remain a student at MCA for the course of study indicated in the "Letter of Acceptance". Again, the only two exceptions for a refund are noted above.

Failure to meet financial obligations will result in possible legal action, holding of the student's MCA transcript and notification of this breach to Citizenship and Immigration Canada.

I have carefully read the above policies and thus enrol my child with my full recognition and acceptance of such policies. I understand that upon signing, I accept sole responsibility for payment of all tuition fees and other fees associated with my child's education at the Mississauga Christian Academy.

Date

Parent/Legal Guardian's Name

Signature of Parent/Legal Guardian



CONSENT AND STATEMENT OF CO-OPERATION

AMBULANCE

I hereby give permission for an ambulance to be called in case of an emergency, understanding that I must meet the ambulance at the hospital in order for treatment to proceed.

_____ Date

_____ Signature of Parent/Legal Guardian

AREA WALKS & FIELD TRIPS

I hereby give permission to have my child taken out of the school from time to time for reasons such as field trips in the walking vicinity, for walks through the Meadowvale community neighbourhood, and group times that may be conducive to themes or the education of the child. Any trip that requires a different mode of transportation will be made known to me by way of a special permission slip. This consent form is primarily for walks and visits in the immediate area.

_____ Date

_____ Signature of Parent/Legal Guardian

PHOTOGRAPHY

- I hereby give permission to have my child’s photo taken for educational, decorative or promotional purposes by Mississauga Christian Academy (*hereinafter called “MCA”*). This may include: *classrooms, year books, hallways, school events, the MCA website, the MCA Facebook Page, brochures/pamphlets, email blasts, other social media, etc...*
- I do not give permission to have my child’s photo taken, except as required for his/her student records.

_____ Date

_____ Signature of Parent/Legal Guardian

SWIMMING (Grade 1 to 5) AND SKATING (JK to Grade 8)

I hereby give consent for my child to leave the school property to attend skating and swimming classes as part of his/her physical education program. I understand that swimming and skating are compulsory unless medical documentation is submitted to the school.

_____ Date

_____ Signature of Parent/Legal Guardian

STATEMENT OF CO-OPERATION

As a parent/legal guardian, I will fully co-operate with MCA by supporting the school’s policies and endeavor to teach, model and maintain high Christian standards consistent with the school’s mission and vision as determined by the board. By submitting this application form for an elementary grade, it is my desire to have my child attend MCA and I take full responsibility for payment of all related costs.

I further agree to uphold all safety policies of MCA including entering and exiting the building through the main entrance doors only. I understand the fire route is for emergency vehicles only and I will park my vehicle in the designated areas for parking when I drop off or pick up my child(ren). I understand my cooperation in these areas will allow MCA to keep costs in line by not having to hire additional staff to supervise exit doors and parking lot areas. I will also inform the office *in writing* of any changes to my address and any other information as it occurs.

_____ Date

_____ Signature of Parent/Legal Guardian



MCA INTERNATIONAL WIRE TRANSFER

MISSISSAUGA CHRISTIAN ACADEMY BANKING INFORMATION: INTERNATIONAL WIRE TRANSFER BANKING INSTITUTION:

RBC Royal Bank of Canada
Meadowvale Branch
6880 Financial Drive
Mississauga, ON L5N 7Y5
CANADA
Tel: (905) 286-7100

Account Information:
SWIFT Code: ROYCCAT2
Transit number: 03212
Institution Number: 003
Account number: 1026707

REFERENCE:

Mississauga Christian Academy, student name, and student date of birth

STUDENT FEES:

Registration Fee:	\$100.00 CAD
Tuition Fee:	\$17,850.00 CAD
Health Insurance Fee:	\$650.00 CAD
Homestay Program Fee:	\$1,000/month CAD
Uniforms: are mandatory during the school year and are available for purchase from McCarthy Uniforms	Please visit: www.mccarthyuniforms.ca.

BEFORE/AFTER CARE	TIMING	1 st Child	2 Children	3 + Children
Before School – Monthly	7:00 am to 8:30 am	\$111	\$194	\$250
After School – Monthly	4:00 pm to 6:00 pm	\$167	\$291	\$374
As Needed	7:00 am to 8:30 am 4:00 pm to 6:00 pm	\$3.50 per ½ hour Billed to the closest ½ hour		
After Hour Charges	Beginning at 6:01 pm	\$20.00, plus \$10.00 for every additional 15 minutes period after 6:15 pm.		