



Carlyle School
109 Carlyle Street
Town of Mont-Royal, QC
H3R 1S8

PARENT INFORMATION PACKAGE 2010 – 2011

CHILD'S NAME: _____ ROOM: _____

Documents to be Filled in and Returned as a Package

Please return the following documents as a package stapled together. If some of the forms do not apply to you, please put a line through them.

In order to process the documentation quickly, we would ask that you return these forms by **Tuesday, September 7, 2010.**

- School Information Sheet and Emergency School Closure Form
- Health record
- Community Outings Permission Form
- Consent to record student's image and work
- Volunteer form

Please remove the **3 last sheets** of this package and return them with your cheques or cash with the name and room number of your child clearly printed on the front of the envelope.

- School Fees
- Lunch supervision Fees
- Activity Fee

Please note: When payment is made **separate cheques** must be written for **School fees, Lunch Supervision fees and Activity fees.**

*Official receipts will be issued for Income Tax claims.

Additional Information

(Fill only if your child has health problems that might require immediate intervention at school)

Has your child's state of health changed since last year?: Yes No

Does your child suffer from:

SEVERE ALLERGY	YES	NO
To Food		
To Insect Bites		
Other		

If yes, please specify:

Emergency Medication: Yes Epipen: Yes No

No Other: _____

DIABETES: Yes No

Emergency Medication: Yes No Please specify: _____

Emergency cares required, in case of hypoglycaemia, specify:

OTHERS: Does your child suffer from any other problems that **might require immediate assistance** at school? Yes No

If so, please specify: _____

Medical recommendation in case of emergency: Yes No

If so, please specify: _____

I authorize the CLSC nurse to communicate the above information to the school staff that might be required to assist my child in case of emergency.

Signature of parent, tutor or youth of 14 years or more

Date: ____/____/____
Year Month Day



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COMMUNITY OUTINGS

During the course of the year, teachers may take the class on short visits to the T.M.R. Library behind the school, to the park or on a walk in the community related to a specific project.

Your permission now, will avoid numerous letters later.

FOR ALL TRIPS REQUIRING BUS TRANSPORTATION, INDIVIDUAL PERMISSION LETTERS WILL BE SENT HOME.

PERMISSION FORM 2010 – 2011

I give permission for my child to go with the class on short walks in the community during the school year.

CHILD'S NAME

DATE

PARENT'S NAME

DATE



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CARLYLE VOLUNTEER FORM 2010 – 2011

VOLUNTEER'S NAME: _____ **TEL #:** _____
CHILD'S NAME: _____ **HOMEROOM:** _____

Many of our extra activities are run by parents. We depend on volunteers to offer Breakfast Program, Pizza Days, Soup Days and fundraisers much as the Chocolate Drive and the Door Prize Raffles.

WITHOUT VOLUNTEERS, THESE ACTIVITIES WILL BE CANCELLED.

Please help us keep our "extras" alive for your children by giving us some of your time. The more volunteers we have, the less time we need from each volunteer.

I have checked off the area that would interest me:

- Helping with Lunch Program
- Helping with Pizza Day
- Helping with Library
- Helping with fundraisers – Chocolate Drive
- Helping on field trips
- Helping with Sports activity
- Helping prepare materials for teachers
- Helping in the office
- Helping with Special School Events (Carnival Week, Field Day, Concerts)
- Other: _____

I would like to speak to another parent volunteer about helping at the School, please let us know. Someone will call you.



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1. SCHOOL FEES

2010 – 2011

Pre-kindergarten and Kindergarten	\$60.00
Grades 1 – 3	\$70.00
Grades 4 – 6	\$75.00

1. Make **cheques** payable to **Carlyle School** and write your child's name and room number on the front of the cheque and on the envelope.
2. **Cash** should be enclosed in an envelope with your child's name and room number marked **SCHOOL FEES**. Please send exact money.
3. Return the completed form and the correct amount by **Tuesday, September 7, 2010**.
4. Official receipts will be issued for Income Tax claims.
5. Bank charges levied for insufficient funds will be billed to the parents.

SCHOOL FEE(S)

Please return this sheet with payment

PLEASE PRINT:

Family Name: _____

I am paying by cheque/cash a total of \$ _____ for:

Children's Name(s): 1. _____ Room : _____
 2. _____ Room : _____
 3. _____ Room : _____
 4. _____ Room : _____

 Parent's Signature

 Date

****N.B. PLEASE MAKE A SEPERATE CHEQUE FOR SCHOOL FEES.**



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2. LUNCH SUPERVISION FEES

2010 – 2011

METHOD OF PAYMENT

1. The lunch hour supervision fee for students from Kindergarten to Grade 6 is \$185.00 per child.
2. Parents may pay in full amount now or in two (2) equal instalments, the first to be received by Tuesday, September 7, 2010 and the second by Friday, November 5, 2010.
3. Cash or cheques should be enclosed in an envelope with your child's name and room number clearly printed marked **LUNCH FEES** on the cheque and on the envelope.
4. Return this completed form and the correct amount by Tuesday, September 7, 2010.
5. Official receipts will be issued for Income Tax claims.
6. Bank charges levied for insufficient funds will be charged to the parents.
7. Provide a Social Insurance number and name of parent who will receive the Tax Receipt.

 Social Insurance Number

 Father Mother

LUNCH HOUR SUPERVISION FEE(S)

Please PRINT and return entire sheet with payment

FAMILY NAME: _____

CHILDREN'S NAME:

- | | | | |
|----|-------|------------|----------|
| 1. | _____ | Room _____ | \$185.00 |
| 2. | _____ | Room _____ | \$185.00 |
| 3. | _____ | Room _____ | \$185.00 |

TOTAL PAID: \$ _____

I am paying the full amount of \$ _____ by cheque/cash.

I prefer to pay in two instalments. I am paying \$ _____ by cheque/cash.

 Parent's signature

 Date

****N.B. PLEASE MAKE A SEPERATE CHEQUE FOR LUNCH FEES.**



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3. ACTIVITY FEE

2010 – 2011

Due to lack of parent volunteers, Carlyle school will not organize our many fundraising activities throughout the year. The PPO will only conduct two (2) major fundraisers, (1 in the Fall and 1 in the Spring) to help supplement our student activities.

Based on the survey that went out in May, parents are in agreement to pay \$40.00 for a student activity **fee per year per child**. This will cover all **student activities** and no other monies will be requested of parents when students attend **field trips** or **school activities** throughout the school year. However, students will still be involved with fundraising for outside charities.

Parents will be issued an official receipt for Income Tax claims.

ACTIVITY FEE(S)

Please PRINT and return entire sheet with payment

FAMILY NAME: _____

CHILDREN'S NAME:

- | | | | |
|----|-------|------------|---------|
| 1. | _____ | Room _____ | \$40.00 |
| 2. | _____ | Room _____ | \$40.00 |
| 3. | _____ | Room _____ | \$40.00 |

TOTAL PAID: \$ _____

I am paying the full amount of \$ _____ by cheque/cash.

 Parent's signature

 Date

****N.B. PLEASE MAKE A SEPERATE CHEQUE FOR ACTIVITY FEES****