

# TOWN CENTRE

## PRIVATE SCHOOLS™





| TCMPS SUMMER CAMP REGISTRATION FORM 2017   |                                   |         |                      |          |          |                |                            |         |
|--|-----------------------------------|---------|----------------------|----------|----------|----------------|----------------------------|---------|
| Student Name:  |                                   |         |                      |          |          |                |                            |         |
| Last   |                                   |         | First                |          |          | (Name Used)    |                            |         |
| Currently attends TC   |                                   | Grade:  |                      |          |          |                |                            |         |
| New Students: How  | ntre F                            | Private | Schoo                | ols?     |          |                |                            |         |
| ELEMENTARY SUMMER CAMP WEEKLY FEES   |                                   |         |                      |          |          |                |                            |         |
| Grades 1 and 2 Grades 3 to 6 Grades 7 and 8  |                                   |         |                      |          |          |                |                            |         |
| per week \$300 per w   |                                   |         |                      |          |          | per week \$350 |                            |         |
| *Note Week 6 has only 4 camp days due to a statutory holiday: Grades 1 and 2 = \$270, Gr                             |                                   |         |                      | 270, Gra | des 3 to | 6 = \$29       | 95, Grades 7 and 8 = \$315 |         |
| Summer Camp Weeks  |                                   |         | For Office Use Only: |          |          |                |                            |         |
| Please check the we  | Please check the weeks attending: |         | Т                    | W        | Th       | F              | Payment Method             | Initial |
| Week 1   | July 3 to July 7                  |         |                      |          |          |                |                            |         |
| Week 2   | July 10 to July 14                |         |                      |          |          |                |                            |         |
| Week 3   | July 17 to July 21                |         |                      |          |          |                |                            |         |
| Week 4   | July 24 to July 28                |         |                      |          |          |                |                            |         |
| Week 5   | July 31 to August 4               |         |                      |          |          |                |                            |         |
| Week 6   | August 8 to August 11 (*4 days)   |         |                      |          |          |                |                            |         |
| Week 7   | August 14 to August 18            |         |                      |          |          |                |                            |         |
| Week 8   | August 21 to August 25            |         |                      |          |          |                |                            |         |
| =Total Number of Weeks   |                                   |         |                      |          |          |                |                            |         |
| # wks: Total Amount:\$   |                                   |         |                      |          |          |                |                            |         |
|  |                                   |         |                      |          |          |                |                            |         |
|  |                                   |         |                      |          |          |                |                            |         |
| Method of Payment: ☐ Cash ☐ Cheque ☐ Credit Card ☐ Debit Card  |                                   |         |                      |          |          |                |                            |         |
| One of the following:   Birth Certificate   Passport One of the following:   Health Card   Proof of Health Insurance |                                   |         |                      | urance   |          |                |                            |         |
| Details or Outstanding Information:  |                                   |         |                      |          |          |                |                            |         |
|  |                                   |         |                      |          |          |                |                            |         |
|  |                                   |         |                      |          |          |                |                            |         |

155 Clayton Drive Markham, Ontario L3R 7P3 T: (905) 470-1200 F: (905) 470-0184 76 Amarillo Avenue Markham, Ontario L3R 0V3 T: (905) 474-3434 F: (905) 474-3113 Milliken Campus

3 Clayton Drive Markham, Ontario L3R 8N3 T: (905) 470-8178 F: (905) 470-0570



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## PRIVATE SCHOOLS™





| SUMMER CAMP ELEMENTARY ENROLMENT FORM PLEASE COMPLETE IF YOU ARE A NEW STUDENT   |                 |                   |               |  |  |
|--|-----------------|-------------------|---------------|--|--|
|  |                 | TCMPS® Student    | □New Student  |  |  |
| l <u>–</u>   | _               | Summer Camp       |               |  |  |
| Campus: Main Campus (Grades 1 to 8)  |                 |                   |               |  |  |
| Student's Name:  |                 |                   |               |  |  |
| Surname  | First Name      | Middle Na         | ame Name Used |  |  |
| Date of Birth (D/M/Y):// Age:  |                 | □Fema             | le            |  |  |
| Address:   |                 | City:             |               |  |  |
| Postal Code: Hom   | e Telephone #:  |                   |               |  |  |
| Citizenship (Proof of Citizenship Required)  | ☐Landed Immigr  | ant               | dent          |  |  |
| FAN  | ILY INFORMATION | ON                |               |  |  |
| Father's Information   |                 | Telephone Numbers |               |  |  |
| Name: (Mr./Dr.)  | Home:           |                   |               |  |  |
| Last Fir Occupation:   | st Work:        |                   |               |  |  |
| Place of Employment:   | Cell:           |                   |               |  |  |
| Employer's Address:  | Email A         | Email Address:    |               |  |  |
| Mother's Information   |                 | Telephone Numbers |               |  |  |
| Name: (Mrs./Ms./Dr.)   | Home:           |                   |               |  |  |
| Last Fir Occupation:   | st Work:        |                   |               |  |  |
| Place of Employment:   | Cell:           |                   |               |  |  |
| Employer's Address:  | Email A         | Email Address:    |               |  |  |
| Custodian's Information  |                 | Telep             | hone Numbers  |  |  |
| Name: (Mr./Mrs./Ms./Dr.)   | Home:           |                   |               |  |  |
| Last Fir Occupation:   | st Work:        |                   |               |  |  |
| Place of Employment:   | Cell:           |                   |               |  |  |
| Employer's Address:  | Email A         | ddress:           |               |  |  |
| Home Address:  | City:           |                   | Postal Code:  |  |  |
| Does the student live with: Parent(s) Guardian(s) Parents' Marital Status: Married Divorced Separated Single Widowed  If divorced or separated, who is the custodial parent? Mother Father Both (Joint Custody)  If joint custody has not been awarded, the School requires a copy of the Court Order granting custody.  International Students must provide Legal Proof of Guardianship and MUST live with their Custodian.  Names, ages, and dates of attendance of any brothers or sisters who are attending or have attended TCMPS or TCPHS: |                 |                   |               |  |  |
|  |                 |                   |               |  |  |



| STUDENT MEDICAL INFORMATION  |                    |                     |      |            |                 |  |  |
|--|--------------------|---------------------|------|------------|-----------------|--|--|
| Student's Name:  |                    |                     |      |            |                 |  |  |
|  | Surname            | First Name          |      | Date of B  | irth (DD/MM/YY) |  |  |
| Ontario Health Card # (include letters): Expiry Date (YYYY/MM/DD):   |                    |                     |      |            | D):             |  |  |
| Other Insurance: List the  | Company and Policy | Number.             |      |            |                 |  |  |
| Student's Doctor: Doctor's Telephone #:  |                    |                     |      |            |                 |  |  |
| Dietary Restrictions: List all foods the student should not eat for religious or dietary reasons.  |                    |                     |      |            |                 |  |  |
| Has the student been tested for allergies?   |                    |                     |      | YES 🗆 NO 🗆 | YES 🗆 NO 🗆      |  |  |
| Has the student been diagnosed with allergies? If yes, please describe:  |                    |                     |      |            |                 |  |  |
| Does the student require an EPI-PEN?  (It is the responsibility of the Parent/Guardian to ensure that the student has 2 current dated EPI-PENS at school.)   |                    |                     |      |            |                 |  |  |
| If <b>yes</b> , you will be required   |                    |                     |      |            |                 |  |  |
| attendance at the School.  |                    |                     |      |            |                 |  |  |
| PLEASE NOTE THAT TCMPS AND TCPHS ARE NOT ALLERGEN FREE ENVIRONMENTS  |                    |                     |      |            |                 |  |  |
| Has the student been diagnosed with asthma?  |                    |                     |      |            |                 |  |  |
| Does the student require an inhaler for asthma?  (It is the responsibility of the Parent/Guardian to ensure that the student has 2 current dated inhalers at school.)  |                    |                     |      |            |                 |  |  |
| Does the student take any medication regularly?  |                    |                     |      |            |                 |  |  |
| If yes, then please provide name of medication:  |                    |                     |      |            |                 |  |  |
| Reason and Dosage:   |                    |                     |      |            |                 |  |  |
| Please specify any medical, social, or emotional problems the School should be aware of:   |                    |                     |      |            |                 |  |  |
| EMERGENCY CONTACT AND RELEASE AUTHORIZATION:   |                    |                     |      |            |                 |  |  |
| The School is authorized to release the student to the individuals listed below. Those individuals can also be contacted in case of emergency should the School not be able to contact the parent(s)/guardian(s)/custodian(s). |                    |                     |      |            |                 |  |  |
| EMERGENCY  |                    | CONTACT INFORMATION |      |            |                 |  |  |
| CONTACT  | RELATIONSHIP       | HOME                | WORK | CELL       | EMAIL ADDRESS   |  |  |
|  |                    |                     |      |            |                 |  |  |
|  |                    |                     |      |            |                 |  |  |
|  |                    |                     |      |            |                 |  |  |
|  |                    |                     |      |            |                 |  |  |
|  |                    |                     |      |            |                 |  |  |
|  |                    |                     |      |            |                 |  |  |



# TOWN CENTRE PRIVATE SCHOOLS\*\*

Montessori Pre-School • Elementary • High School



#### **Summer Camp Terms of Enrolment for Elementary Students**

#### **General Terms**

- 1. The terms of this contract apply for the Town Centre Montessori Private Schools (the "School") Summer Camp held from July to August. The Summer Camp begins on Monday, July 3, 2017 and ends on Friday, August 25, 2017. The School observes the Canada Day holiday in July and the Civic Holiday in August and therefore there will be no camp on those days.
- 2. Applications will not be processed unless the forms have been completed and signed. Payment, OHIP number or proof of health insurance must accompany the enrolment form. New students must provide a copy of their birth certificate. A student is registered with the camp only upon a confirmation form being issued by the camp.
- 3. Transportation to and from the camp is the responsibility of the parents or guardians.
- 4. The camp reserves the right to accept or reject this application and also to expel a student at any time if it is in the best interests of the camp.
- 5. The camp reserves the right to make such rules and regulations in the operation of the camp as it deems appropriate and it is a condition of acceptance that these rules and regulations will be complied with.
- 6. Changes often occur from the time of enrolment until camp begins, as well as throughout the student's stay at camp. It is the responsibility of the parents or guardians to notify the Office of any changes in regard to their child's physical or emotional health, parents' marital status, change of address or any phone numbers or emergency contact changes.
- 7. Parents or guardians are responsible for providing the camp with any Court Orders or other legal documents that sets out parental access, other restrictions or limits rights of the other parent. In asking the camp to rely on any such documentation, the requesting parent is thereby agreeing to release, indemnify and hold harmless the camp from any claims by the other parent as a result of the camp acting upon such directives.

#### Fees and Withdrawal Procedures

- 1. **Summer Camp fees are due upon registration.** Payment can be made by Visa, Mastercard, cheque or cash. Student will not be allowed to attend unless payment has been made. The camp reserves the right to expel a student immediately and take whatever action it deems necessary to collect such overdue accounts.
- 2. Summer Camp fees are non-transferable and non-refundable. Once paid, there will be no refund of camp fees whatsoever, including but not limited to a student's withdrawal from the program for any reason. Summer Camp classes and programs offered are subject to change and or cancellation at any time, and are offered subject to sufficient enrolment, as determined by the camp. Should the camp decide to cancel a program due to low enrolment, all fees paid to date shall be fully refunded without interest or penalty.
- 3. There are no refunds for withdrawals, and no refunds for holidays, sick days or days missed for any reason, throughout the Summer Camp.
- 4. **Withdrawal Procedure:** The camp requires written notice of a student's withdrawal; however, there will be no refund or transfer of the Summer Camp fees.
- 5. If paying by cheque, the student's full name, grade and the name of the campus he/she will be attending must be written on the back of each and every cheque.
- 6. A charge of \$50.00 will be levied against all declined credit card payments, N.S.F. cheque or cheques returned for any reason.
- 7. There is a late pick up charge which is applied at the rate of \$1.00 per minute after 6:30 p.m. or at any time that camp staff has to remain beyond established hours to care for a student due to a late pick up. Charges will be levied against parents who are late for 12:00 noon pick up.
- 8. The camp reserves the right to change fees at any time.

#### **Expulsion**

- Students and parents must read the Code of Conduct found within the Student and Parent Handbook. Students face expulsion from the camp for serious or repeated breaches from the stated behavioural expectations or breaches of the camp rules.
- 2. Students who are expelled from Town Centre Montessori Private Schools cannot re-register with the School or the Summer Camp.

#### Consent of Parent(s)/Guardian(s)

- 1. I/We understand and agree that, in the event of a medical emergency, a medical practitioner, counsellor, a teacher, Principal or other Town Centre Montessori Schools' employee can authorize emergency medical care for the student applicant. In the case of a medical emergency, I/we authorize the camp to provide any medical personnel with the health information contained in the enrolment form.
- 2. I/We authorize the camp to provide the student with routine first aid, including parental/guardian authorized medication including, but not limited to, prescription medication, the administration of an epi-pen and/or asthma inhaler, and in the event of an emergency, to provide, administer, obtain and/or authorize the necessary medical treatment until such time as I/we can be reached to authorize such further care. It is understood that in the event of a serious medical problem or emergency, every effort will be made to contact the parent(s)/guardian(s). It is understood that this consent shall remain in effect for the current program that my child is enrolled in.
- 3. I/We also agree to release and indemnify the School, its Director, officers, agents and employees from any and all claims for damages arising from any illness, injury, or otherwise related actions to my child as a result of any accident, illness, injury or for any other reason arising from participation in any camp activities.
- 4. I/We hereby acknowledge that the camp is not free of allergens. I/We understand that my child may inadvertently come into contact with a substance that he/she may be allergic to and that such contact may cause an allergic reaction. I understand that there are certain risks of allergen contact that are inherent in a Summer Camp setting.

#### Field Trips, Excursions and Events

1. Throughout the Summer Camp program there are various field trips, excursions and events. I / We understand that participation in scheduled activities are considered mandatory and should I/we not wish our child to participate, I/we must make other arrangements for my child on that date. The camp is not required to provide a refund for missed trips, excursions or events, or for other activities that I/we do not wish our child to participate in. It is understood that particulars regarding details of the field trip, excursion or event, supervision, type of travel and expected duration will be provided and I/we must provide written consent or my child will not be allowed to participate in such trip, excursion or event.

#### **Promotional Waiver**

1. During the Summer Camp, numerous photographs are taken to document daily activities, trips, excursions, events and special activities. Some of these photographs are used for internal camp purposes such as bulletin board displays, yearbooks and TCMPS® newsletters. By enrolling my child in the camp and permitting them to participate in activities and events, I acknowledge that the camp will use the photographs taken of my child for internal school purposes, promotional, advertising, and public relations purposes.

The camp reserves the right to use my child's name, photograph and or videos containing my child's image for promotional, advertising and / or public relations purposes. Such photographs or name use may be included in the camp's brochures, posters, Web site and newspaper, magazine and television advertisements. The camp will incur the full costs of such photography or videotaping.

I acknowledge and confirm that all photographs, advertisements Web site materials and related records and documents used in, arising out of or related to the camp's promotional, advertising and/or public relations activities shall remain the exclusive property of Town Centre Montessori Private Schools who shall own all copyright.

I also waive any and all rights to any personality rights of my child to Town Centre Montessori Private Schools for use on the School's Web site, or in other promotional, advertising or public relations materials.

#### **Internet Usage**

1. The School's Student and Parent Handbook contains, under Student Code of Conduct, detailed rules governing computer and Internet usage. It is the position of the camp that the use of the Internet and lessons regarding Internet use, research and safety are paramount to student success. I/We grant my child access to networked computer services such as the Internet or Wifi. I/We understand that individuals may be held liable for violations of the Internet Usage Policy. I/We understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use, setting and conveying standards for him/her to follow when selecting, sharing or exploring information and media.

I/We hereby apply for registration for the herein named child for Summer Camp services indicated in this application. I/We have read and understood the Terms of Enrolment, including the General Terms, Fees and Withdrawal Procedures, Expulsion, Consent of Parent(s)/Guardian(s), Field Trips, Excursions and Events, Promotional Waiver, Internet Usage, the methods of payment, and the policies of the School as outlined in the Student and Parent Handbook and/or Student Code of Conduct and I hereby agree to all the terms and conditions stated therein. I/We agree that all statements and information provided in this application are correct and it is my/ our sole responsibility to provide updates to camp as they occur.

| Parent's or Guardian's Signature                      | Date                    |
|---|-------------------------|
|   |                         |
| Printed Name of Parent/Guardian                       | Printed Name of Student |
| Signature of Principal, Vice-Principal, Administrator |                         |