



# TOWN CENTRE MONTESSORI PRIVATE SCHOOLS®

An International Baccalaureate® (IB) Candidate School

## PRE-SCHOOL

### New Student Enrolment Checklist

### Returning Student Re-Enrolment Checklist

***Make sure that you provide the following:***

- **Proof of Citizenship**  
(one of the following:)
  - Birth Certificate
  - Passport
  - Citizenship Card
  - Permanent Resident Card
  - Landing Papers
  - Study Permit
- **Immunization Document**
- **Health Card**
- **Last 2 Years Report Cards**
- **Payment**  
(Visa, MasterCard, Debit or Cheque)
  - Annually
  - Monthly (All postdated payments are due at registration.)

***Make sure that you provide the following:***

- **Change of Citizenship**  
(if applicable)
  - Birth Certificate
  - Passport
  - Citizenship Card
  - Permanent Resident Card
  - Landing Papers
  - Study Permit
- **Payment**  
(Visa, MasterCard, Debit or Cheque)
  - Annually
  - Monthly (All postdated payments are due at registration.)





# TOWN CENTRE MONTESSORI PRIVATE SCHOOLS®

An International Baccalaureate®(IB) Candidate School

Registered Business Name of Town Centre Group Inc.

## PRE-SCHOOL ENROLMENT FORM FOR THE SCHOOL YEAR AND/OR SUMMER CAMP STUDENT INFORMATION

Start Date: ____/____/____ DD MM YY	<input type="checkbox"/> TCMPS Student Room #: _____ <input type="checkbox"/> New Student <b>Campus:</b> <input type="checkbox"/> Amarillo <input type="checkbox"/> Milliken	Enrolling for: <input type="checkbox"/> School Year <input type="checkbox"/> Summer Camp <input type="checkbox"/> School Year and Summer Camp
<b>Office Use Only</b> End Date: ____/____/____ DD MM YY	Does your child require diapers or pull ups? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you want your child to nap in the afternoon? <input type="checkbox"/> Yes <input type="checkbox"/> No
Attendance: <input type="checkbox"/> Full Day <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Number of Days per Week: <input type="checkbox"/> 3 Days <input type="checkbox"/> 4 Days <input type="checkbox"/> 5 Days	Days Attending: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday

### STUDENT INFORMATION

Student's Name: \_\_\_\_\_

Surname	First Name	Middle Name	Name Used
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Date of Birth D/M/Y: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male Female

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

**Citizenship** (Proof of Citizenship Required) Canadian Landed Immigrant International Student Visitor

### FAMILY INFORMATION

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.

### MOTHER'S INFORMATION

Name: (Ms./Mrs. Dr.) \_\_\_\_\_

Last	First
------	-------

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone Numbers Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Employer Address: \_\_\_\_\_

### FATHER'S INFORMATION

Name: (Mr/Dr.) \_\_\_\_\_

Last	First
------	-------

Address: \_\_\_\_\_ City: \_\_\_\_\_

Telephone Numbers Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Names, ages, and dates of attendance of any brothers or sisters who are attending or have attended TCMPS or TCPHS:



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### FAMILY INFORMATION CONTINUED

#### Custodian's Information

1) Name:

Last First

Address: City

Postal Code: Email Address:

Telephone Numbers Home: Work: Cell:

Place of Employment: Employer Address: :

#### 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).**

2) Name:

Last First Relationship to Student

Address: City

Postal Code: Email Address:

Telephone Numbers Home: Work: Cell:

Name:

Last First Relationship to Student

Address: City

Postal Code: Email Address:

Telephone Numbers Home: Cell: Work:

3) Name:

Last First Relationship to Student

Address: City

Postal Code: Email Address:

Telephone Numbers Home: Work: Cell:

Name:

Last First Relationship to Student

Address: City

Postal Code: Email Address:

Telephone Numbers Home: Cell: Work:



### STUDENT MEDICAL INFORMATION

Student's Name:

Surname

First Name

Date of Birth (DD/MM/YY)

**Ontario Health Card # (include letters):**

**Expiry Date (YYYY/MM/DD):**

Other Insurance: List Company and Policy Number.

Student's Doctor:

Doctor's Telephone #:

Doctor's Address:

**Dietary Restrictions:** Does the student have any religious or dietary food restrictions? YES  NO

If yes, please specify.

Has the student been tested for allergies? YES  NO

Has the student been diagnosed with allergies? If yes, please describe: YES  NO

Does the student require epinephrine auto injector (EPI-PEN)? YES  NO

It is the responsibility of the Parent/Guardian to ensure that the student has 2 current dated epinephrine auto injectors (EPI-PENS) at the School.

**PLEASE NOTE THAT TCMPs AND TcPHs ARE NOT ALLERGEN FREE ENVIRONMENTS**

If **yes**, you will be required to complete the "Administration of Prescription Medication for Anaphylaxis" form once the student is in attendance at the School. Please provide a medical note from the student's doctor describing the nature of the allergy.

Has the student been diagnosed with asthma? YES  NO

Does the student require an inhaler for asthma? YES  NO

It is the responsibility of the Parent/Custodian to ensure that the student has a current dated inhaler at school.

If **yes**, you will be required to complete the "Administration of Prescription Medication for Asthma" form once the student is in attendance at the School. Please provide a medical note from the student's doctor describing the nature of the allergy.

Does the student take any medication regularly? YES  NO

If yes, then please provide name of medication:

Reason and Dosage:

Does the student have any medical, social, or emotional problems the school should be aware of: YES  NO

If yes, please specify:

Has your child had any of the following communicable illnesses?  Chicken Pox  Measles  Meningitis  Mumps  Rubella  
 Other (please indicate)  No



FOR NEW STUDENTS ONLY

HOW DID YOU HEAR ABOUT TOWN CENTRE MONTESSORI PRIVATE SCHOOLS?

<input type="checkbox"/> Sibling / Family in School	<b>Websites</b>	<b>Guides</b>	<b>Local Papers</b>
<input type="checkbox"/> Referral by Friend	<input type="checkbox"/> www.tcmps.com	<input type="checkbox"/> Markham Life Magazine	<input type="checkbox"/> Markham Economist & Sun
<input type="checkbox"/> Former Student	<input type="checkbox"/> www.tcphs.com	<input type="checkbox"/> Our Kids Go To School	<input type="checkbox"/> Scarborough Mirror
<input type="checkbox"/> Live/Work in Area	<input type="checkbox"/> Other Site; _____	<input type="checkbox"/> Voice (Markham Board of Trade)	<input type="checkbox"/> Sing Tao Newspaper
<input type="checkbox"/> School Flyer	<b>Signs</b>		<input type="checkbox"/> Ming Pao Daily Newspaper
	<input type="checkbox"/> Location: _____		<input type="checkbox"/> Durham Parent
<input type="checkbox"/> Other, please list: _____			<input type="checkbox"/> Sri Lanka Reporter
			<input type="checkbox"/> The Weekly Voice
			<input type="checkbox"/> Markham Review

ACADEMIC HISTORY

Name of current school:

Address: City: Postal Code:

Telephone: ( ) Fax: ( )

Name of last teacher: Name of Principal:

Please list names and addresses of any other previous schools:

1.

2.

Does the student have any special learning, behavioural or physical difficulties? YES  NO  (We ask this in order to better know and care for your child.)

Please describe:

Has the student ever been suspended or expelled from any school? NO  YES  (If yes, please explain)

PLEASE SIGN BELOW TO CONFIRM THAT THE INFORMATION ON THE ENROMENT FORM IS COMPLETE AND CORRECT

Parent's or Guardian's Signature: Date:



# TOWN CENTRE MONTESSORI PRIVATE SCHOOLS®

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*Registered Business Name of Town Centre Group Inc.*

## SCHOOL YEAR AND/OR SUMMER CAMP TERMS OF CONTRACT FOR PRE-SCHOOL STUDENTS

### General Terms

1. The terms of this contract apply for the school year in which the student is enrolled at Town Centre Montessori Private Schools (the "School") and the subsequent Summer Camp program should the student enrol.
2. All pre-school students must be at least 18 months old. Supplies for diaper changes must be provided. Teachers will notify parents if supplies are inadequate. If there are no supplies for a student, they will not be able to attend until their supplies have been replenished.
3. Any student who becomes toilet trained during the school year will remain with their current class. Mid-year transfers will not be allowed. Students who are enrolling for Preparatory or Senior Preparatory classes must be toilet trained.
4. Should a student who is enrolled in the school year enrol in the School's summer camp held in the months of July and August, immediately following the current school year, then the student information, terms of contract, waivers, and code of conduct will be carried over for summer camp only. Should a student who enrolls for the summer camp enrol for the subsequent school year, then all the student information, terms of contract, waivers, and code of conduct will pertain to the subsequent school year only.
5. A student will not be accepted into the School unless the new enrolment form has been completed in full and signed. All required tuition and fees as outlined in the current school year's payment schedule including the prepaid tuition for June, OHIP number or proof of health insurance, must accompany the enrolment form. New students must provide a copy of their birth certificate, proof of citizenship status and immunization documentation, as well as, the above referenced requirements. A student is considered accepted into the School only upon a confirmation form being issued by the School.
6. It is the responsibility of parents/guardians to ensure that their child's immunization record is up to date. In the event that the York Region Health Services Department issues an order of suspension, in which your child is suspended, the School is required to comply with such an order. Where the York Region Health Services Department issues such an order, **there will be no refunds whatsoever with respect to fees for a student who has been suspended.** In addition, where there is an order or directive issued by a government authority or agency that results in students not being able to participate in the School program, there will be no refunds whatsoever with respect to fees for such students.
7. **Parents/Guardians hereby acknowledge that the School is not free of allergens. I/We understand that my child may inadvertently come into contact with a substance 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 school setting.**
8. 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 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.
9. The School reserves the right to accept or reject this application and also to expel a student at any time.
10. The School reserves the right to request that a student undergo physical and or psychological examinations if such a request by the School is deemed to be in the best interest of the student.
11. The School reserves the right to make such rules and regulations in its operation as it deems appropriate and it is a condition of acceptance that these rules and regulations be observed.
12. Students who are expelled from Town Centre Montessori Private Schools or Town Centre Private High School cannot re-register with the School and cannot register for the Summer Camp program.
13. The School reserves the right to change fees at anytime.
14. With all methods of payment, the June fee is due at the time of registration or re-enrolment. There are no refunds on the June pre-paid fee for any reason, nor is the June fee deductible from any other fee.
15. All new applicants must pay a one time \$200.00 registration fee per family which is not refundable for any reason.
16. **There are no refunds for mid-month withdrawals, and no refunds for holidays, sick days, or days missed for any reason, throughout the school year.**
17. All payments will be processed the first of each month without exception. No payments will be held over until a future date for any reason whatsoever. A \$25.00 late fee will automatically be charged for any monthly payments received after the first of any month.
18. The student's full name and grade he or she will be attending must be written on the back of each and every cheque.
19. A charge of \$50.00 will be levied against all N.S.F. payments or payments returned for any reason.
20. Should fees remain outstanding five (5) days after the due date, i.e. the first (1st) day of the month, the School reserves the right to suspend or expel a student immediately and take whatever action it deems necessary to collect such overdue accounts.



21. **Withdrawal Procedure:** Written notice of a student's withdrawal from the School must be received one (1) month prior to the intended date of withdrawal. There will be no refund or transfer of the registration fee and or the June prepaid fee; however, the balance of the fees will be refunded from either (i) one (1) month after written notice of a student's withdrawal from the School has been received; or (ii) the date of the student's withdrawal, whichever is later, to the end of the school year (calculated on the basis of the number of full months remaining in the school year).
22. **International Students:** International students who are successfully admitted to the School must choose either Option A (one (1) yearly payment) or Option B (two (2) instalments) for their fee payment (see "Methods of Payment" below). Option C (monthly instalments) is not available. Should an International student who has enrolled for the upcoming school year wish to withdraw from the School, they must inform the School in writing. The date of withdrawal will be defined as either the last day of attendance of the student in the School, or the date that written notice of the student's withdrawal is received by the School, whichever is later. Any prepaid fee will be refunded as follows based upon the date of withdrawal; before June 30<sup>th</sup> (preceding the start of the school year) all prepaid fees less the last month's deposit and registration fee will be refunded. Between July 1<sup>st</sup> and September 30<sup>th</sup>, up to one half of the yearly fee will be refunded if already prepaid (i.e. for Option A (one (1) yearly payment) 50% would be refunded, or for Option B (two (2) instalments) the 2<sup>nd</sup> payment would be returned). After September 30<sup>th</sup> of the current school year, no fees will be refunded for any reason whatsoever.
23. **Summer Camp**
- (a) The Summer Camp programs are held during the months of July and August. Specific dates for the programs are contained on the Summer Camp Registration Forms. The School observes the Canada Day holiday in July and the Civic Holiday in August and therefore there will be no programs on those days. Specifically, there will be no refunds or changes in fees for those weeks.
  - (b) The Summer Camp program fees are due upon registration. These fees are non-transferable and non-refundable for any program. Once paid, there will be no refund of the Summer Camp program fees whatsoever, including but not limited to a student's withdrawal from the program for any reason. All Summer Camp classes offered are subject to change and or cancellation at any time, and are offered subject to sufficient enrolment, as determined by the School. Should the School decide to cancel a program due to low enrolment, all fees paid to date shall be fully refunded without interest or penalty.
24. **Method of Payment:**
- Option A.** One (1) payment per year, due at registration, with a 4% discount.
  - Option B. (International Students Only)** Two (2) equal payments per year, one due at registration and one postdated to October 1st, with a 2% discount.
  - Option C.** Ten (10) equal monthly payments per year, one June deposit payment due at registration and 9 postdated payments due at the first of each month, September 1st through to May 1st. The total number of payments will be pro-rated for students who register after the start of the school year.

4% DISCOUNTS ARE OFFERED FOR EACH ADDITIONAL CHILD OF THE SAME FAMILY. THE ADDITIONAL CHILD (CHILDREN) MUST BE OF THE SAME PARENTS. THE DISCOUNT WILL BE APPLIED TO THE LESSOR OF THE STUDENT FEES PAID. MULTIPLE DISCOUNTS ARE NOT OFFERED UNDER ANY CIRCUMSTANCES.

***JUNE'S FEES ARE NOT REFUNDABLE OR DEDUCTIBLE.***

**I have read and understood the terms of contract, the methods of payment, and the policies of the School as outlined in the *Student and Parent Handbook* and the *Student Code of Conduct* and I hereby agree to all the terms and conditions stated therein.**

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal, Vice-Principal, Administrator





# TOWN CENTRE MONTESSORI PRIVATE SCHOOLS®

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Registered Business Name of Town Centre Group Inc.

## CONSENT OF PARENT(S)/GUARDIAN(S)

I / We hereby warrant and acknowledge, that the above information for \_\_\_\_\_  
(Please Print Student's Full Name)

is complete and accurate to the best of my/our knowledge. I/We also agree to provide to the School, in a timely manner, any changes regarding my/our child's information.

I/We understand and agree that, in the event of a medical emergency, a medical practitioner and/or a teacher, Principal or other Town Centre Montessori Private Schools' (the "School") employee can authorize emergency medical care for the above named student. In the case of a medical emergency, I/We authorize the School to provide any medical personnel with the basic health information contained in the enrolment form.

I/We authorize the School to provide the above named student with routine first aid, including parental/guardian authorized medication including, but not limited to, the administration of epinephrine (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 school year and the Summer Camp program, should my child enrol in that program.

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 school activities.

**I/We, hereby acknowledge that the School is not free of allergens. I/We understand that my child may inadvertently come into contact with a substance 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 school setting.**

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Parent's or Guardian's Printed Name

\_\_\_\_\_  
Date

## PERMISSION TO GO ON OUTINGS

I/We give permission for the above named student to participate and travel to and from, all sports related activities and in or out of school events during the school year.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Parent's or Guardian's Printed Name

\_\_\_\_\_  
Date



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## PROMOTIONAL WAIVER

**Student's Name:** \_\_\_\_\_

During the school year and or Summer Camp program, numerous photographs are taken to document daily classroom activities, trips, events and special activities. Some of these photographs are used for internal school purposes, such as bulletin board displays, yearbooks and TCMPs® newsletters.

By enrolling my child in the School and permitting them to participate in school activities and events, I acknowledge that the School may use my child's name and photographs taken of my child for internal school purposes, promotional, advertising and public relations purposes.

Town Centre Montessori Private Schools also reserves the right to use my child's name, photograph 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 Town Centre Montessori Private Schools' brochures, posters, Web site and newspaper, magazine and television advertisements. Town Centre Montessori Private Schools 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 Town Centre Montessori Private Schools' 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 Town Centre Montessori Private Schools' Web site or in other promotional, advertising or public relations materials.

\_\_\_\_\_  
**Parent's or Guardian's Signature**

\_\_\_\_\_  
**Parent's or Guardian's Printed Name**

\_\_\_\_\_  
**Date**



## IMMUNIZATION PROGRAM – QUESTIONNAIRE

\* Please review both sides of this questionnaire before taking any action. \*

Parent/Guardian: \_\_\_\_\_

Phone–Home: \_\_\_\_\_ Work: \_\_\_\_\_

To the Parent/Guardian of:

Ontario Health Card Number: \_\_\_\_\_

Name of Student \_\_\_\_\_ Class \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_  
 (Year/Month/Day)

Address \_\_\_\_\_

School: \_\_\_\_\_

City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

No: \_\_\_\_\_ Student No: \_\_\_\_\_

Dear

All name and address information is provided to York Region Community and Health Services by your child's school. If the above information is incorrect, **please contact your child's school** to have the information corrected on the School Board's computer system.

According to the *Immunization of School Pupils Act*, Public Health Departments are required to have proof of immunization for all students under 18 years of age attending Ontario schools against **diphtheria, tetanus, polio, measles, mumps and rubella**. Immunization against measles, mumps and rubella should be given after the 1st birthday.

The recorded immunizations with York Region Community and Health Services for this student are:

Vaccine ▶	Dates Given (yy/mm/dd)	Tdap	Tetanus, diphtheria, pertussis	HPV4	Human Papillomavirus	Men-C-ACYW	Meningococcal Conjugate, ACYW-135	HB	Hepatitis B	Tdap-IPV	Tetanus, Diphtheria, Pertussis, Polio	MMRV	Measles, Mumps, Rubella, Varicella	Var	Varicella	MMR	Measles, Mumps, Rubella, Varicella	Men-C-C	Meningococcal Conjugate C	Rot-1	Rotavirus	Pneu-C-13	Pneumococcal Conjugate 13	DTaP-IPV-Hib	Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenza type b	

### IMPORTANT

Attach a copy of your child's complete immunization record from birth (copy of the yellow immunization card) or update any vaccines received not shown in this chart.

**This record shows that we do not have dates for the following vaccines:**

Information on outstanding vaccines may be recorded below. If your child has not received these vaccinations, please make an appointment with your doctor and take this form and your child's immunization record with you to be updated.

VACCINE(S) GIVEN:	DATE GIVEN:	DOCTOR'S NAME AND TELEPHONE NUMBER:

Return this form to:

by:

**THIS STUDENT MAY BE SUSPENDED FROM SCHOOL IF YOU DO NOT COMPLETE AND RETURN THIS FORM** →

The information provided or attached to this form is being collected, and will be used by the local health unit for the purpose of the Medical Officer of Health, maintaining an immunization record on the above named student and to take appropriate action to prevent certain vaccine preventable diseases in the health unit. This information may be disclosed to the Ministry or other health units for the purpose of the prevention of vaccine preventable diseases. For further details about this collection, you can contact the Manager of Infectious Diseases Control Division by calling (905) 830-4444 ext. 3578; fax (905) 895-6066.

**Publicly Funded Immunization Schedule in Ontario for Students Under 18 Years of Age**

Age at vaccination: Completed months and years	Age at Vaccination: Completed Months and Years									
	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	4-6 Years	Grade 7	Grade 8 Females	14-16 Years
<b>DTaP-IPV-Hib</b> Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b	◆	◆	◆			◆				
<b>Pneu-C-13</b> Pneumococcal Conjugate 13	◆	◆		◆						
<b>Rot-1</b> Rotavirus	▲	▲								
<b>Men-C-C</b> Meningococcal Conjugate C				◆						
<b>MMR</b> Measles, Mumps, Rubella, Varicella				■						
<b>Var</b> Varicella					■					
<b>MMRV</b> Measles, Mumps, Rubella, Varicella							■			
<b>Tdap-IPV</b> Tetanus, Diphtheria, Pertussis, Polio							◆			
<b>HB</b> Hepatitis B								●		
<b>Men-C-ACYW</b> Meningococcal Conjugate, ACYW-135								●		
<b>HPV-4</b> Human Papillomavirus									●	
<b>Tdap</b> Tetanus, diphtheria, pertussis										◆
<b>Inf</b> Influenza	*Every year in the fall									

◆ = A single vaccine dose given in a syringe and needle by intramuscular injection  
 ■ = A single vaccine dose given in a syringe and needle by subcutaneous injection  
 ▲ = A single vaccine dose given in an oral applicator by mouth  
 ● = Provided through school-based immunization program. Men-C-ACYW is a single dose; HB is a 2 dose series, HPV-4 is a 2 dose series. Each vaccine dose is given in a syringe and needle by intramuscular injection.  
 ● = Children 6 months to 8 years of age who have not previously received a dose of influenza vaccine require 2 doses give at ≥4 weeks apart. Children who have previously received ≥1 dose of influenza vaccine should receive 1 dose per season thereafter.

**Note: A different schedule and/or additional doses may be needed for high risk individuals or if doses of a vaccine series are missed.**

**Questionnaire** – Each year, we review all students' immunization records. Your child will receive a questionnaire when information is required. The completed questionnaire should be returned directly to us by the due date at the bottom of the questionnaire.

**Suspension Order** – Will follow after due date, if no response or incomplete information is provided. A Suspension Order is mailed home to parents stating the date the student will be suspended from school.

**Suspension Date** – The child will not be permitted to attend class until all required information is on file with York Region Immunization Services.

York Region Community and Health Services is required by law to keep immunization information for every school-aged child. We recommend that you keep a copy of your child's immunization record for future reference.

It is the **parent/guardian's** sole responsibility to provide us with up-to-date immunization information for their child, including the **vaccines and the date given (year, month and day)**. Your doctor does not notify us when a vaccine is given nor do we collect information from the

**THIS STUDENT MAY BE SUSPENDED FROM SCHOOL IF YOU DO NOT COMPLETE AND RETURN THIS FORM**

school.

**If you have further questions, please contact Immunization Services at:  
 Telephone (905) 895-6212, Option 3 or 1-877-794-1880 and select Option 3, Fax (905) 895-6066**

**Email: immunizations3@york.ca, TTY:1-866-252-9933; or**



# TOWN CENTRE MONTESSORI PRIVATE SCHOOLS®

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## PARENTAL CONSENT FOR TRANSFER OF SCHOOL RECORDS

In accordance with the Ontario Student Record (OSR) Guidelines published by the Ministry of Education and the provisions of the Municipal Freedom of Information and Protection of Privacy Act, TOWN CENTRE MONTESSORI PRIVATE SCHOOLS requires consent from the parent or guardian to request student records. Please sign below.

I hereby consent to the transfer of student records and evaluations for:

Student's Full Name \_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_ Grade Enrolling In \_\_\_\_\_

to be transferred to: TOWN CENTRE MONTESSORI PRIVATE SCHOOLS

From (Name of School:) \_\_\_\_\_

Address of Current School: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent's or Guardian's Printed Name \_\_\_\_\_

Parent's or Guardian's Signature \_\_\_\_\_

Date: \_\_\_\_\_

## ONTARIO STUDENT RECORD REQUEST FORM

Dear Sir or Madam:

Please forward the O.S.R. and helpful medical information for the above referenced student:

The O.S.R. is to be sent to the following address: **Town Centre Montessori Private Schools  
155 Clayton Drive  
Markham, Ontario  
L3R 7P3**

We hereby agree to accept responsibility for the record and to use, maintain, transfer and dispose of the record in accordance with the guidelines for the Ontario Student Record System.

Mary Bonura, Registrar

**Main Campus** (Grades 2 to 12)  
155 Clayton Drive, Markham, Ontario L3R 7P3  
T: (905) 470-1200 F: (905) 470-0184

**Amarillo Campus** (Pre-School to Grade 1)  
76 Amarillo Avenue, Markham, Ontario L3R 0V3  
T: (905) 474-3434 F: (905) 474-3113

**Milliken Campus** (Pre-School)  
3 Clayton Drive, Markham, Ontario L3R 8N3  
T: (905) 470-8178 F: (905) 470-0570

**TCMPS.COM**





### FOR OFFICE USE ONLY

INTERVIEWER: \_\_\_\_\_ DATE OF INTERVIEW: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_ AGE: \_\_\_\_\_

APPLYING FOR: TODDLER  CLASS PLACEMENT \_\_\_\_\_  
 PRE-CASA   
 CASA   
 PREPERATORY   
 SENIOR PREPERATORY  TEACHER: \_\_\_\_\_

### CHECK LIST:

**Method of Payment**

Cash   
 Cheque (s)   
 Credit Card   
 Debit Card

**Required Signatures**

Waiver Page   
 Contract   
 No. of Cheques \_\_\_\_\_   
 OSR Transfer Request

**Student Documentation Requirements:**

Birth Certificate   
 Immunization   
 Health Card/Other Insurance   
 Landed Immigrant Papers   
 Visitor Visa/Study Permit

Registration Fee <input type="checkbox"/>	Monthly <input type="checkbox"/>	Annually (Paid in Full) <input type="checkbox"/>
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NAME ON CHEQUES:


### PAYMENT DETAILS:

