



# TOWN CENTRE PRIVATE SCHOOLS®\*

Montessori Pre-School • Elementary • High School



International  
Baccalaureate®  
World School

## ELEMENTARY ENROLMENT FORM

### New Student

### Returning Student

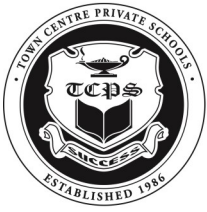
***Make sure that you provide the following:***

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

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

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





# TOWN CENTRE PRIVATE SCHOOLS®

Montessori Pre-School • Elementary • High School



International Baccalaureate® World School

## ELEMENTARY SCHOOL YEAR AND / OR SUMMER CAMP ENROLMENT FORM STUDENT INFORMATION

Grade Enrolling For: \_\_\_\_\_  TCPS™ Student  New Student  
 Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Program Enrolling for:  School Year  School Year and Summer Camp  Summer Camp  
 DD MM YY Campus Enrolling at:  Amarillo (Grade 1)  Main Campus (Grades 2 to 8)

Student's Name: \_\_\_\_\_  
 Surname First Name Middle Name (Name Used)  
 Date of Birth (D/M/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  Male  Female

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

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

Citizenship (Proof of Citizenship Required)  Canadian  Landed Immigrant  Visa Student  Visitor

### FAMILY INFORMATION

For purposes for school communication, emails, and inquiries—please indicate primary email address(es) (maximum 2)

Mother's Information		Telephone Numbers	
Name: (Mrs./Ms./Dr.)		Home:	
Occupation: Last	First	Work:	
Place of Employment:		Cell:	
Employer's Address:			
Father's Information		Telephone Numbers	
Name: (Mr./Dr.)		Home:	
Occupation: Last	First	Work:	
Place of Employment:		Cell:	
Employer's Address:			
Custodian's Information		Telephone Numbers	
Name: (Mr./Mrs./Ms./Dr.)		Home:	
Occupation: Last	First	Work:	
Place of Employment:		Cell:	
Employer's Address:			

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 Guardian.

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

Name of previous teacher or class at TCPS:



**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 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

Has the student been diagnosed with allergies? If yes, please describe:

YES  NO

Does the student require an EPI-PEN?

YES  NO

It is the responsibility of the Parent/Guardian to ensure that the student has 2 current dated EPI-PENS at school.

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.

[Redacted area]

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/Guardian to ensure that the student has a current dated inhaler at school.

Does the student take any medication regularly?

YES  NO

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) or guardian(s).

EMERGENCY CONTACT	RELATIONSHIP	CONTACT INFORMATION			EMAIL ADDRESS
		HOME	WORK	CELL	



## FOR NEW STUDENTS ONLY

### HOW DID YOU HEAR ABOUT TOWN CENTRE PRIVATE SCHOOLS?

<input type="checkbox"/> Sibling / Family in School	Web sites	Guides	Local Papers
<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"/> Voice (Markham Board of Trade)	<input type="checkbox"/> Sing Tao Newspaper
<input type="checkbox"/> School Flyer	<input type="checkbox"/> Other Site; _____		<input type="checkbox"/> Ming Pao Daily Newspaper
	Signs		<input type="checkbox"/> Durham Parent
	<input type="checkbox"/> Location: _____		<input type="checkbox"/> Sri Lanka Reporter
<input type="checkbox"/> Other, please list: _____			<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 (3 maximum):

1.

2.

3.

Has the student been enrolled in any special program, example: gifted, French immersion, special education? Please describe and provide dates:

Has the student ever been on an IEP (Individual Education Plan) YES  NO

Has the student been through an IPRC (Identification, Placement, and Review Committee) review? YES  NO   
If yes, please attach any recommendations.

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

Please describe:

Has the student ever been suspended or expelled from any school? YES  NO

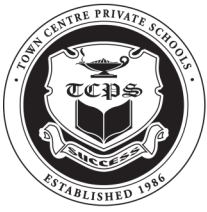
If yes, please explain

**PLEASE SIGN BELOW TO CONFIRM THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT**

Parent's or Guardian's Signature:

Date:





# TOWN CENTRE PRIVATE SCHOOLS®\*

Montessori Pre-School • Elementary • High School



International  
Baccalaureate®  
World School

## SCHOOL YEAR AND / OR SUMMER CAMP TERMS OF CONTRACT FOR STUDENTS GRADE 1 to 8

### General Terms

1. The terms of this contract apply for the school year in which the student is enrolled at Town Centre Private Schools (the "School") and the subsequent Summer Camp program should the student enrol.
2. Should a student who is enrolled in the school year enrol in the 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.
3. 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, all postdated payments, and 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.
4. It is the responsibility of parents or 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.
5. **Parents and 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 or 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.**
6. 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 TCPS™ staff has to remain beyond established hours to care for a student due to a late pick up.
7. The School reserves the right to accept or reject this application and also to expel a student at any time.
8. Students face expulsion from the School for using, possessing or trafficking drugs, alcohol or other controlled substances on the School premises, during excursions, when returning to school or when travelling from school to home. Students found trafficking any controlled substance may also face criminal prosecution.
9. The School reserves the right to request that a student undergo physical and/or psychological examinations if such request by the School is deemed to be in the best interest of the student.
10. The School reserves the right to make such rules and regulations for its operation as deemed appropriate and it is a condition of acceptance that these rules and regulations be observed.
11. Students who are expelled from any of the Schools' divisions cannot re-register with the School and cannot register for the Summer Camp programs.
12. The School reserves the right to change fees, discounts and / or method of payment at any time.
13. 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.
14. All new applicants must pay a one time \$200.00 registration fee per family which is not refundable for any reason.
15. **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.**
16. 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.
17. The student's full name, grade, and the name of the campus he or she will be attending must be written on the back of each and every cheque.
18. A charge of \$50.00 will be levied against all declined credit card payments, N.S.F. cheques or cheques returned for any reason.
19. Should fees remain outstanding five (5) days after the due date, i.e. the first 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.

*\*Reg. Business Name of Town Centre Group Inc.*



20. **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).

21. **International Students Application and Withdrawal Procedure:** International students who are successfully admitted must choose either Option A (one (1) yearly payment) or Option B (two (2) instalments) for their fee payment (see "Method of Payment" below). **Option C (monthly instalments) is not available for international students.**

There will be no refund of the tuition fee when:

- A Letter of Acceptance has been issued, if the student withdraws for any reason;
- If the student is found in violation of School regulations and asked to withdraw from the School;
- If the student changes immigration status during the school year;

**Note:** A full tuition fee refund, less one month's tuition, will only be issued if Citizenship and Immigration Canada does not issue the Study Permit. To obtain a refund, the student must provide: a) The **original** Letter of Rejection from Citizenship and Immigration Canada. b) The **original** letter of Acceptance issued from the School. c) a written refund request by the parent.

## 22. Summer Camp Programs

(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 or non-refundable for any program.** Once paid, there will be no refund of Summer Camp fees whatsoever, including but not limited to a student's withdrawal from the programs for any reason. All Summer Camp program 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.

## 23. Method of Payment:

**Option A.** One (1) payment per year, due at registration, with a 2% discount.

**Option B. (International Students Only)** Two (2) equal payments per year, one due at registration and one postdated to October 1st, with a 1% 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.

Payment may be made by cheque, debit or credit card. All postdated cheques or credit card authorizations must be received at registration.

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 LESSER TUITION 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 *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 PRIVATE SCHOOLS®\*

Montessori Pre-School • Elementary • High School



International Baccalaureate® World School

## 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 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 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 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

*\*Reg. Business Name of Town Centre Group Inc.*



# TOWN CENTRE

## PRIVATE SCHOOLS®\*

Montessori Pre-School • Elementary • High School



International  
Baccalaureate®  
World School

### 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 TCPS™ 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 the photographs taken of my child for internal school purposes, promotional, advertising and public relations purposes.

Town Centre Private Schools also 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 Town Centre Private Schools' brochures, posters, Web site and newspaper, magazine and television advertisements. Town Centre 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 Private Schools' promotional, advertising and/or public relations activities shall remain the exclusive property of Town Centre Private Schools who shall own all copyright.

I also waive any and all rights to any personality rights of my child to Town Centre Private Schools for use on the Town Centre 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**

*\*Registered Business Name of Town Centre Group Inc.*



# TOWN CENTRE PRIVATE SCHOOLS®\*

Montessori Pre-School • Elementary • High School



International  
Baccalaureate®  
World School

## CONSENT TO PARTICIPATE IN SPORTS

I, \_\_\_\_\_ being the parent or legal guardian of

\_\_\_\_\_, formally give my permission to participate in TCPS sports activities including, but not limited to, intramurals, varsity teams, competitions, or recreational activities before, during and/or after school hours during the school year at or off Town Centre Private Schools' property.

For students who will be participating in the Small Schools Athletic Federation ("SSAF") sports program, parents and guardians must be aware that Town Centre varsity athletic teams are members of a competitive league and the events are oriented towards developing student athletes and also aimed at achieving championship banners. Coaches will continue to strive towards consistent fair playing time for all athletes; however, due to the nature of SSAF competition this will not always be possible and will be left to the coaches discretion.

I understand that all members of the team will be required to attend all practices and tournaments. Failure to be present at all practices and games may result in their dismissal from the team. Students will be travelling by bus, on occasion, to tournaments and as a result, they may be leaving school as early as 7:00 a.m. and arriving back at school by approximately 6:30 p.m. Students will be responsible for completing any homework and or any missed work from their class teacher due to game participation.

I understand that the team uniform is mandatory. I understand that failure to make payment for the uniform and participation fees by the deadline may result in the student being suspended from the team. Payment deadlines are indicated on the team memo.

I, the undersigned, hereby acknowledge that certain risks of injury are inherent to participation in sports activities. These types of injuries may be minor or serious and may result from one's own action or actions or inactions of others, or a combination of the above. I hereby warrant that the student is physically fit to participate in the above activity and understand that the choice to participate brings with it the assumption of those risks and results which are part of the activity.

I hereby release, hold harmless and forever discharge the Town Centre Private Schools and any of their respective officers, employees, coaches or agents, from any and all actions, causes of action, claims, and demands for damages, indemnity, costs, interest, loss or injury or every nature and kind whatsoever and howsoever which I have had, may now have or may hereafter have, in any way arising from my child's participation in sports activities.

I declare having read and understood the above consent agreement in its entirety and hereby consent to participate, acknowledge and agree to all the foregoing.

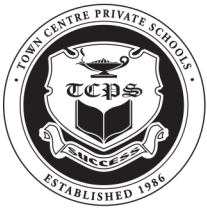
\_\_\_\_\_  
Parent's or Guardian's Signature:

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

\_\_\_\_\_  
Printed Name:

*\*Registered Business Name of Town Centre Group Inc.*





# TOWN CENTRE PRIVATE SCHOOLS®\*

Montessori Pre-School • Elementary • High School



International Baccalaureate®  
World School

## 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 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:

Surname	First Name	Date of Birth (DD/MM/YY)	Grade Enrolling In
to be transferred to: TOWN CENTRE PRIVATE SCHOOLS			
From (Name of School:)			
Address of Current School:			
Telephone Number:		Fax Number:	
School 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 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**

*\*Registered Business Name of Town Centre Group Inc.*





## FOR OFFICE USE ONLY

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

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

APPLYING FOR: PRE-SCHOOL  CLASS PLACEMENT \_\_\_\_\_  
ELEMENTARY   
HIGH SCHOOL  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   
Study Permit   
Custodian Declaration (2 pages)

### PAYMENT DETAILS:

Registration Fee <input type="checkbox"/>	SAF Fee <input type="checkbox"/>	Monthly <input type="checkbox"/>	Annually (Paid in Full) <input type="checkbox"/>
---	----------------------------------	----------------------------------	--

#### Details

NAME ON CHEQUES:

#### Outstanding Payment Details