

TOWN CENTRE

PRIVATE SCHOOLS®

Montessori Pre-School • Elementary • High 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)
- Activity 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.)
- Activity Fee (Non-Refundable)

January 2020



Name of previous teacher or class at TCPS:

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ELEMENTARY SCHOOL YEAR AND / OR SUMMER CAMP ENROLMENT FORM STUDENT INFORMATION TCPS® Student New Student Grade Enrolling For: School Year ☐ School Year and Summer Camp ☐ Summer Camp Program Enrolling for: Start Date: / / Amarillo (Grade 1) Main Campus (Grades 2 to 8) Campus Enrolling at: Student's Name: First Name Middle Name (Name Used) Male Female Address: Unit #: City: Postal Code: Home Telephone #: Canadian ☐ Visitor Citizenship (Proof of Citizenship Required) ☐Landed Immigrant ☐Visa Student **FAMILY INFORMATION** For purposes for school communication, emails, and inquiries—please indicate primary email address(es) (maximum 2) Email: Email: Mother's Information **Telephone Numbers** Name: (Mrs./Ms./Dr.) Home: Last First Occupation: Work: Place of Employment: Cell: Employer's Address: **Father's Information Telephone Numbers** Name: (Mr./Dr.) Home: Last First Occupation: Work: Place of Employment: Cell: Employer's Address: **Custodian's Information Telephone Numbers** Name: (Mr./Mrs./Ms./Dr.) Home: Last First Occupation: Work: Place of Employment: Cell: Employer's Address: Home Address: City: Postal Code: ☐Parent(s) ☐Guardian(s)? Parents' Marital Status: Married Divorced Separated Single Widowed Does the student live with: 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:



STUDENT MEDICAL INFORMATION						
Student's Name:						
	Surname	First Name		Date of Birth (DD/MM/YY)	
Ontario Health Card # (i	nclude letters):		Expi	y Date (YYYY/MM/DD):		
Other Insurance: List the	Company and Policy	Number.				
Student's Doctor:		Doctor's Tel	ephone #:			
Dietary Restrictions: Lis	st all foods the studer	nt should not eat for	religious or dietary re	asons.		
Has the student been test	ted for allergies?			YES 🗆 NO 🗆		
Has the student been dia	gnosed with allergies	? If yes, please des	cribe:	YES 🗆 NO 🗆		
Does the student require It is the responsibility of the		o ensure that the stu	dent has 2 current da	YES NO Ted EPI-PENS at scho	ool.	
	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.					
PLEASE NOTE THAT TO	CPS IS NOT AN ALI	LERGEN FREE ENV	/IRONMENT			
Has the student been dia	gnosed with asthma?	•		YES 🗆 NO 🗆		
Does the student require It is the responsibility of the			dent has a current da	YES NO ted inhaler at school.		
Does the student take any	y medication regularly	y?		YES 🗆 NO 🗆		
If yes, then please provide	e name of medication	1:				
Reason and Dosage:						
Please specify any medic	al, social, or emotion	al problems the Sch	ool should be aware o	of:		
	EMERGENC'	Y CONTACT AND	RELEASE AUTHO	ORIZATION:		
The School is authorized to emergency should the Sch				duals can also be conta	acted in case of	
EMERGENCY CONTACT	RELATIONSHIP	COI HOME	NTACT INFORMAT WORK	TION CELL	EMAIL ADDRESS	



FOR NEW STUDENTS ONLY

НО	W DID YOU HEAR ABOUT T	OWN CENTRE PRIVATE SCHOO	OLS?
Sibling / Family in School Referral by Friend Former Student Live/Work in Area School Flyer	Web sites www.tcmps.com www.tcphs.com Other Site; Signs Location:	Guides Markham Life Magazine Our Kids Go To School Voice (Markham Board of Trade)	Local Papers Markham Economist & Sun Scarborough Mirror Sing Tao Newspaper Ming Pao Daily Newspaper Durham Parent Sri Lanka Reporter The Weekly Voice Markham Review
	ACADE	MIC HISTORY	
Name of current school:			
Address:		City: Postal C	ode:
Telephone: ()		Fax: ()	
Name of Last Teacher:		Name of Principal:	
Please list names and addres	sses of any other previous school	s (3 maximum):	
1.			
2.			
3.			
Has the student been enrolle provide dates:	d in any special program, exampl	e: gifted, French immersion, special e	ducation? Please describe and
Has the student ever been or	n an IEP (Individual Education Pla	an) YES 🔲 NO 🗖	
Has the student been through		ent, and Review Committee) review?	YES NO NO
	special learning, behavioural o		YES NO D
Please describe:			
Has the student ever been su	uspended or expelled from any sc	hool?	YES NO
If yes, please explain			
PLEASE SIGN BELO	OW TO CONFIRM THAT THE	ABOVE INFORMATION IS COM	PLETE AND CORRECT
Parent's or Guardian's Sign	nature:	Date:	



TOWN CENTRE

PRIVATE SCHOOLS®*

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SCHOOL YEAR AND / OR SUMMER CAMP TERMS OF CONTRACT FOR STUDENTS GRADES 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 enrols 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 prepaid 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. An activity fee is required from all new and re-registering applicants and is due upon enrolment. This fee is applied to yearbooks, trips and other activities during the school year. This fee does not include overnight trips. The activity fee is non-refundable for any reason including withdrawal from the School. Should a student enroll at the School during the school year, the activity fee will be prorated accordingly.
- 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, grade, and the name of the Campus 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 declined credit card payments, N.S.F. cheques or cheques returned for any reason.
- 20. 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.



- 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, the activity 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 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 were 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, <u>less one month's tuition</u>, 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.

23. 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.

24. 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 <u>SAME PARENTS</u>. 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®*



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I / We hereby warrant and acknowledge, that the above information for

CONSENT OF PARENT(S)/GUARDIAN(S)

is complete and accurate to the best of my/our knowled any changes regarding my/our child's information.	dge. I / We also agree to provide to the School, in a timely manner,
, , , , , , , , , , , , , , , , , , , ,	
other Town Centre Private Schools' (the "School") emp	ical emergency, a medical practitioner and/or a teacher, Principal or bloyee can authorize emergency medical care for the above named athorize the School to provide any medical personnel with the basic
medication including, but not limited to, the administration gency, to provide, administer, obtain and/or authorize reached to authorize such further care. It is understood	student with routine first aid, including parental/guardian authorized on of an epi-pen and/or asthma inhaler, and in the event of an emerthe necessary medical treatment until such time as I/We can be dithat in the event of a serious medical problem or emergency, every at it is understood that this consent shall remain in effect for the curd my child enrol in that program.
	ts Director, Officers, Agents and Employees from any and all claims e related actions to my child as a result of any accident, illness, inju- ny school activities.
	e of allergens. I/We understand that my child may inadvertently allergic to and that such contact may cause an allergic reaction. 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
IWe give permission for the above named student to particina	
events during the school year.	ate and travel to and from, all sports related activities and in or out of school
	Parent's or Guardian's Printed Name
events during the school year. Parent's or Guardian's Signature	
events during the school year.	

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

TCMPS.COM

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



Student's Name:

TOWN CENTRE PRIVATE SCHOOLS®*

International Baccalaureate® World School

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PROMOTIONAL WAIVER

Date	
Parent's or Guardian's Signature	Parent's or Guardian's Printed Name
I also waive any and all rights to any personality rights Centre Private Schools' Web site or in other promotional,	of my child to Town Centre Private Schools for use on the Town advertising or public relations materials.
	sements, Web site materials and related records and documents Schools' promotional, advertising and/or public relations activities e Schools who shall own all copyright.
image for promotional, advertising and or public relations	se my child's name, photograph and or videos containing my child's purposes. Such photographs or name use may be included in the ite and newspaper, magazine and television advertisements. Town otography or videotaping.
	o participate in school activities and events, I acknowledge that the ernal school purposes, promotional, advertising and public relations
	n, numerous photographs are taken to document daily classroom hese photographs are used for internal school purposes, such as rs.

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TOWN CENTRE PRIVATE SCHOOLS®*

International Baccalaureate® World School

being the parent or legal guardian of

Montessori Pre-School • Elementary • High School

CONSENT TO PARTICIPATE IN SPORTS

, 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 the 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:

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TOWN CENTRE

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PRIVATE SCHOOLS®*



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:

	Place A Name	Data of District (DD (MM) 2000)	One de Francisco de
Surname	First Name	Date of Birth (DD/MM/YY)	Grade Enrolling In
to be transferred to:	TOWN CENTRE PRI	VATE SCHOOLS	
From (Name of School:)			
Address of Current School:			
Telephone Number:		Fax Number:	
School Email Address:			
Parent's or Guardian's Prin	ted Name	Parent's or Guardian's Signa	ature
Date:			
	ONTARIO	STUDENT RECORD	
	_	QUEST FORM	
Dear Sir or Madam:			
Please forward the O.S.R. and	d helpful medical inform	ation for the above referenced student:	
The O.S.R. is to be sent to the	e following address:	Town Centre Private Schools 155 Clayton Drive Markham, Ontario L3R 7P3	
We hereby agree to accept re ance with the guidelines for the		ord and to use, maintain, transfer and dis rd System.	pose of the record in accord
Mary Bonura, Registrar			

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*Registered Business Name of Town Centre Group Inc.



FOR OFFICE USE ONLY

INTERVIEWER: _				DAT	TE OF INTERVIEW:	
NAME OF STUDE	NT:				AGE:	
APPLYING FOR:	PRE-SCHOOL ELEMENTARY HIGH SCHOOL	0			EMENT	
		C	CHEC	K LIS	ST:	
Method of Payme Cash Cheque (s) Credit Card Debit Card	Waive Contra No. of	Cheques Transfer I	s Request		Student Documentation Requirementation Certificate Immunization Health Card/Other Insurance Landed Immigrant Papers Study Permit Custodian Declaration (2 pages)	nts:
Registration Fe	ee 🗆 Activi	ty Fee □		Monthly	y □ Annually (Paid in Full) □	
Details Payment(s)						
T dymoni(o)						
Outstanding Payr	nent Details					