



TOWN CENTRE PRIVATE SCHOOLS®

Montessori Pre-School • Elementary • High School



International
Baccalaureate®
World School

PRE-SCHOOL RE-ENROLMENT FORM

The Following Enrollment Form Requires Information on:

○ **Student Information**

- Home Address
- Phone Numbers
- Custody Information
- Email Addresses
- Emergency Contact Information Including Addresses, Phone Numbers and Email
- Please Note: That any changes in citizenship or custody will require copies of the appropriate documentation

○ **Medical Information**

- Including Allergies, Conditions
- Doctor Name, Address and Phone Number
- Health Card or Health Insurance Information
- Updated Immunization Information (if applicable)

○ **Terms of Contract and Waivers**

Please carefully read and check the signature boxes for the following:

- Terms of Contract
- Consent of Parents/Guardians
- Permission to go on Outings
- Promotional Waiver

1. Please **download** and save this form with your child's first and last name as the file name.
2. Use the "Tab" key to navigate the form.
3. **If there are fields that do not apply, please type "n/a". For phone numbers that do not apply, please enter a number that does apply, even if you have used it for another field.**
4. Complete the form, save it and use the "**SUBMIT**" key or email to: psreg@tcmps.com.



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

Start Date: (DD/MM/YYYY)	Class Room #: _____	Enrolling for:	School Year	School Year and Summer Camp
Office Use Only	Does your child require diapers or pull ups?		Do you want your child to nap in the afternoon?	
	Yes	No	Yes	No
End Date: ____/____/____ DD MM YY				
Attendance: Full Day A.M. P.M.	Preparatory and Senior Preparatory Only			
	Number of Days per Week:	Days Attending:	Monday	Tuesday
	3 Days 4 Days 5 Days		Thursday	Friday
				Wednesday
				Full Week

STUDENT INFORMATION

Student's Name:	Surname	First Name	Middle Name	(Name Used)
Student D.O.B.: DD/MM/YYYY	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)	
<i>If joint custody has not been awarded, the School requires a copy of the Court Order granting custody.</i>				
<i>International Students must provide Legal Proof of Guardianship and MUST live with their Guardian.</i>				

***Mandatory* For purposes of communication and to create an account on the TCPS App please provide primary email address (es) (2 max)**

Mother Email:	Father Email:
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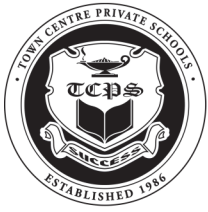
MOTHER'S INFORMATION

Last Name:	First Name:	
Address:		
City:	Postal Code:	
Telephone Numbers Home:	Work:	Cell:
Place of Employment:	Employer Address:	

FATHER'S INFORMATION

Last Name:	First Name:	
Address:		
City:	Postal Code:	
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 TCPS:



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

FAMILY INFORMATION CONTINUED

Guardian's Information

Last Name:		First Name:	
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).

Last Name:		First Name:	
Relationship to Student:			
Address:		City:	
Postal Code:		Email Address:	
Telephone Numbers	Home:	Work:	Cell:

Last Name:		First Name:	
Relationship to Student:			
Address:		City:	
Postal Code:		Email Address:	
Telephone Numbers	Home:	Work:	Cell:

Last Name:		First Name:	
Relationship to Student:			
Address:		City:	
Postal Code:		Email Address:	
Telephone Numbers	Home:	Work:	Cell:

Last Name:		First Name:	
Relationship to Student:			
Address:		City:	
Postal Code:		Email Address:	
Telephone Numbers	Home:	Work:	Cell:



STUDENT MEDICAL INFORMATION				
Student's Name: Surname		First Name:		
Date of Birth: DD/MM/YYYY				
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.				
PLEASE NOTE THAT TCPS IS NOT AN ALLERGEN FREE ENVIRONMENT				
Has the student been tested for allergies?			YES	NO
Has the student been diagnosed with allergies?			YES	NO
If yes, please describe:				
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.				
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 2 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	N/A		



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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 Private Schools (the "School") and the subsequent Summer Camp program should the student enroll.
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 enroll 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 enroll 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 any division of Town Centre Private Schools cannot re-register with the School and cannot register for the Summer Camp program.
13. The School reserves the right to change fees, discounts and / or method of payment 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. 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. 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.
17. **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.**
18. 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.
19. The student's full name and grade he or she will be attending must be written on the back of each and every cheque.
20. A charge of \$50.00 will be levied against all N.S.F. payments or payments returned for any reason.
21. 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.



22. **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, 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).
23. **International Students:** International students who are successfully admitted to the School must live with either their parent(s) or guardian(s). Students must have health insurance coverage.
24. **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.
25. **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.

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, TRANSFERABLE OR DEDUCTIBLE.

I have completed the Student Information and Medical Information and the information provided is accurate and complete. 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 Full Name

Date

Office Use Only

Signature of Principal, Vice-Principal, Administrator



Consent of Parent(s)/Guardian(s)

I / We hereby warrant and acknowledge, that the above information for (Student's Name)

is complete and accurate to the best of my/our knowledge. I/We also agree to provide to the Town Centre Private School (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 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, 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.

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 have read and understood the above Consent of Parent(s) /Guardian(s) and in checking the box to the left indicates my agreement to the above terms.

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.

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 Town Centre Private Schools (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.

The School 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 School's brochures, posters, website and newspaper, magazine and television advertisements. The School will incur the full costs of such photography or videotaping.

I acknowledge and confirm that all photographs, advertisements, website materials and related records and documents used in, arising out of or related to the School's 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 School's' website or in other promotional, advertising or public relations materials.

I have read and understood the above and in checking the box to the left indicates my agreement to the above waiver.

I have read and understood the above and in checking the box to the left indicates my agreement to the above waiver except for the use of my child's image for external promotional material.



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Student's Name:

Date of Birth:

Please indicate which credit card will be used: **Visa** **Master Card**

Name on Card: _____

Contact Number: _____

Choose one of the following options:

Option A: Single Payment

I hereby authorize Town Centre Montessori Private Schools to use the credit card information I will provide to process a one-time payment for my child's tuition.

Option B: Monthly Payments

I hereby authorize Town Centre Montessori Private Schools to use the credit card I will provide to process monthly payments for my child's tuition. One current payment for tuition and SAF fees will be made now and future charges to my account will be processed on the first of the month starting September 1, 2020 and ending May 1, 2021.

Option C: Alternate Payment

I do not wish to pay by credit card and will contact the School at the Main Campus telephone number below to make alternate arrangements.

NOTES:

OFFICE USE ONLY:
Do not complete the information below.
The School will contact you directly for
the required information.

Card Number: _____ Expiry: _____

CCV: _____

Pre-authorized payment through the chosen credit card will be the monthly payment option. All credit card information will be processed in a secure and confidential manner and in accordance with the School's privacy policy.

If the "SUBMIT" button does not open your email, please email the saved file to: psreg@tcmps.com