



TOWN CENTRE PRIVATE SCHOOLS®

Montessori Pre-School • Elementary • High School



International
Baccalaureate®
World School

PRE-SCHOOL NEW STUDENT APPLICATION

The following Enrolment form requires information regarding:

○ **Student Information**

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

○ **Medical Information**

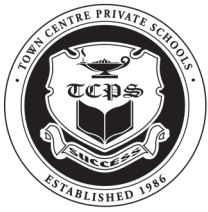
- Including Allergies, Conditions
- Doctor Name, Address and Phone Numbers
- Health Card or Health Insurance Information
- Updated Immunization Information (if applicable)

○ **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
- Daily Screening Commitment

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



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

Start Date DD/MM/YYYY	<input type="checkbox"/> New Student	Enrolling for:	<input type="checkbox"/> School Year	<input type="checkbox"/> Summer Camp	<input type="checkbox"/> School Year and Summer Camp
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Office Use Only 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: Full Day A.M. P.M.

Preparatory and Senior Preparatory Only	Number of Days:	<input type="checkbox"/> 3 Days	<input type="checkbox"/> 4 Days	<input type="checkbox"/> 5 Days
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Days Attending: Monday Tuesday Wednesday Thursday Friday Full Week

STUDENT INFORMATION

Student's Surname: _____ First Name: _____ Middle Name: _____ Name Used: _____

Date of Birth 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)?
International Students must provide Legal Proof of Guardianship and MUST live with their Guardian.

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.

***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: _____

MOTHER'S INFORMATION

Surname: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone Numbers Home: _____ Work: _____ Cell: _____

Place of Employment: _____ Employer Address: _____

FATHER'S INFORMATION

Surname: _____ 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 ENROLMENT FORM FOR THE SCHOOL YEAR AND/OR SUMMER CAMP STUDENT INFORMATION

FAMILY INFORMATION CONTINUED

Guardian's Information

Surname:		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).

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

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

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

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



STUDENT MEDICAL INFORMATION						
Student 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 inhalers 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)		N/A		



FOR NEW STUDENTS ONLY

HOW DID YOU HEAR ABOUT TOWN CENTRE PRIVATE SCHOOLS?			
Sibling / Family in School Referral by Friend Former Student Live/Work in Area School Flyer	Websites 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
Other, please list: _____			
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)			
The information on this enrolment for is complete and correct.			



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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 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



IMMUNIZATION PROGRAM – QUESTIONNAIRE

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

Dear

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: TOWN CENTRE PRIVATE SCHOOLS

City/Province _____ Postal Code _____

No: 905-474-3434

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	HPV-4	Men-C-ACYW	Men-C-ACYW	HB	Tdap-IPV	MMRV	Var	MMR	Men-C-C	Rot-1	Pneu-C-13	DTaP-IPV-Hib

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.

ion 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 (905) 895-1231.



Consent of Parent(s) / Guardian(s)

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

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 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.

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.

TOWN CENTRE PRIVATE SCHOOLS
PARENT/GUARDIAN DAILY SCREENING COMMITMENT FORM

The health, safety and well-being of students and staff is a top priority as Town Centre Private Schools (the “School”) plans to reopen for the 2020/21 school year.

The School appreciates and requires your cooperation in reopening. The School is commencing reopening based on the assurance that all persons entering School premises have taken proper precautions to prevent the transmission of COVID-19.

As you are aware, the best understanding of the present evidence is that COVID-19 can be transmitted by persons who do not exhibit symptoms. There is no guarantee that COVID-19 will not be contracted by persons entering School premises.

We request that you screen your child **prior to arrival** at the School each day. In addition to daily active screening, please note that all students will be monitored at School for possible signs or symptoms of illness.

As a Parent/Guardian, **you must prevent the spread of illness by keeping your child home from School if you or your child experience any of the following signs or symptoms:** Fever (temperature of 37.8°C or greater)

- Chills
- New or worsening cough
- Barking cough, making whistle noise when breathing
- Shortness of breath
- Sore throat
- Difficulty swallowing
- Runny nose (not related to seasonal allergies or other known causes or conditions)
- Stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)
- Lost sense of taste or smell
- Pink eye (conjunctivitis)
- Headache that is unusual or long lasting
- Digestive issues, such as nausea/vomiting, diarrhea, stomach pain

- Muscle aches that are unusual or long lasting
- Extreme tiredness that is unusual (fatigue, lack of energy)

If your child experiences any of the symptoms while at the School, staff will contact you or one of your emergency contacts to pick up your child **immediately** (including siblings). While your child waits for you or your designate to arrive, they will be separated from the other children.

- As a Parent/Guardian responsible for my child, I agree to the following:
- I have read and understood the above information, and the information provided in the Re-Opening Plan 2020 Document.
- I understand the risk of illness associated with placing my child in the School.
- Neither my child, nor anyone in my child’s household, nor anyone with whom a member of my child’s household has been in close contact, has tested positive for COVID-19 or had any of the symptoms in the last 14 days. If such symptoms or positive test for COVID-19 occur after submitting this form, I will **immediately** exclude all of my children from School, and my children will not attend the School until a minimum period of 14 days has passed after the positive test results or the children receive a medical report that they can return to School.
- Note: close contact includes living with, providing care, or otherwise having close prolonged contact (within 2 meters) with another person.
- Neither my child, nor anyone in my child’s household, nor anyone with whom a member of my child’s household has been in close contact, has traveled to or had a layover in any country outside Canada in the past 14 days. If such return from travel occurs after submitting this form, I will **immediately** exclude all of my children from School, and my children will not attend the School until a minimum period of 14 days has passed after the date of return to Canada.
- I agree to the screening requirements and to accurately carry out the daily screening. Misrepresentation regarding the information provided to the School could result in exclusion of the child from the School.
- Upon request by the School, I consent to providing copies of my child’s COVID-19 test results to the School.
- This agreement remains in effect for the duration of the 2020/21 school year.

Name of Student:

Date:

Name of Parent:

Signature:



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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 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:

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 Name

I hereby give the above school permission to release my child's OSR to Town Centre Private Schools.

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

TCMPS.COM

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



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 information I will provide to process monthly payments for my child's tuition. One current payment for the month of June's 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 Man 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



FOR OFFICE USE ONLY

INTERVIEWER: _____ DATE OF INTERVIEW: _____

NAME OF STUDENT: _____ AGE: _____

APPLYING FOR:

TODDLER	<input type="checkbox"/>
PRE-CASA	<input type="checkbox"/>
CASA	<input type="checkbox"/>
PREPERATORY	<input type="checkbox"/>
SENIOR PREPERATORY	<input type="checkbox"/>

CHECK LIST:

Method of Payment

Cash
 Cheque (s)
 Credit Card
 Debit Card

Student Documentation Requirements:

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

PAYMENT DETAILS:

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

Payment(s)

Outstanding Payment Details
