TOWN CENTRE PRIVATE SCHOOLS®*

Montessori Pre-School • Elementary • High School

International Baccalaureate® World School

ELEMENTARY ENROLMENT FORM

The following forms must be completed and require information regarding:

1. Please **download** the form. **Save** it using the student's first and last name as the file name.
2. Please use the "Tab" key to navigate fields
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 it was used for another field.
4. Complete the form, **save** it and use the **"SUBMIT"** key or email to **"elemreg@tcmps.com. "**

Student Information

- Home Address, Phone Numbers. Custody Information, Email Addresses
- Emergency Contacts Information Including Phone Numbers and Email
- Proof of or Change of Citizenship Including 1 of the Following : Birth Certificate, Passport, Citizenship Card, Permanent Resident Card or Landing Papers

Medical Information

- Including Allergies, Conditions
- Doctor Name, Address and Phone Numbers
- Health Card or Health Insurance Information

Terms of Contract and Waivers

Please carefully read, and sign the following

- Terms of Contract
- Consent of Parents/Guardians
- Permission to Go on Outings
- Promotional Wavier
- Consent to Participate in Sports
- Daily Screening Acknowledgement

Last 2 Years of Report Cards (New Students Only)

OSR Transfer Request (New Students Only)

Payment (Visa, MasterCard, Debit or Cheque)

- Annually
- Monthly (All postdated payments are due at registration)

New Student Registration Fee (Non-Refundable)

Activity Fee (Non-Refundable)

TOWN CENTRE PRIVATE SCHOOLS®

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

Grade Enrolling For: ◯ TCPS® Student ◯ New Student

Program Enrolling for: ◯ School Year ◯ School Year and Summer Camp ◯ Summer Camp

Start Date:

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: Unit #: 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

Mother's Email: **Father's Email:**

MOTHER'S INFORMATION

Last Name: Legal First Name: Name Used:

Telephone Numbers Home: Work: Cell:

Occupation: Place of Employment:

Employer's Address:

FATHER'S INFORMATION

Last Name: Legal First Name: Name Used:

Telephone Numbers Home: Work: Cell:

Occupation: Place of Employment:

Employer's Address:

CUSTODIAN INFORMATION

Last Name: Legal First Name: Name Used:

Telephone Numbers Home: Work: Cell:

Occupation: Place of Employment:

Employer's Address:

Home Address: City: Postal Code:

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.

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** ◯

PLEASE NOTE THAT TCPS IS NOT AN ALLERGEN FREE ENVIRONMENT

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.

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).

Surname: First Name:

Relationship to Student: Email Address:

Telephone Numbers Home: Work: Cell:

Surname: First Name:

Relationship to Student: Email Address:

Telephone Numbers Home: Work: Cell:

Surname: First Name:

Relationship to Student: Email Address:

Telephone Numbers Home: Work: Cell:

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
- ☐ Local Sports Team Sponsorship

Signs

- ☐ Bridge Sign (Kennedy Road)
- ☐ Community Centre Sign

Web sites

- ☐ tcmps.com
- ☐ ourkids.net
- ☐ yorkregion.com
- ☐ toronto.com
- ☐ relocatemagazine.com
- ☐ Facebook
- ☐ YouTube
- ☐ Twitter
- ☐ LinkedIn
- ☐ Instagram

Guides

- ☐ Markham Life Magazine
- ☐ Our Kids Go To School
- ☐ Relocate Global Magazine

Local Papers

- ☐ Markham Economist & Sun
- ☐ Scarborough Mirror
- ☐ Richmond Hill Liberal
- ☐ Ming Pao Daily Newspaper
- ☐ Thornhill Liberal
- ☐ Sri Lanka Reporter
- ☐ The Weekly Voice
- ☐ Stouffville Sun Tribune
- ☐ North York Mirror
- ☐ Ajax or Pickering Advertiser

☐ 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 (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

☐ **THE ABOVE INFORMATION IS COMPLETE AND CORRECT**

Parent's or Guardian's Signature: **Date:**

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. **Operations**

a) 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.

b) **Remote Learning** Parents and Guardians herby acknowledge and agree that the School reserves the right to use synchronous (real-time) and asynchronous online learning ("**Remote Learning**"), temporarily or indefinitely as part of the whole class instruction, in smaller groups of students, and/or in a one-on-one context for the school year.

c) **Cancellation of In-Person Activities and Programs** Parents and Guardians hereby acknowledge and agree that the School reserves the right at its sole discretion to suspend and or all in-person activities and programs, and the School further reserves the right to change its educational delivery model throughout the school year pursuant to guidance and directives from the Ministry of Health or the local Public Health Unit. The School shall continue to provide Remote Learning, subject to Section 10 (d) Force Majeure). Parents and Guardians further acknowledge and agree notwithstanding that they are signing this Contract during the COVID-19 crisis, all parties under this Contract will continue to comply with the terms of this Contract. For greater clarity, in the event that the School is required to close its physical locations and facilities and/or students are prohibited from returning to the campus of the School during the school year pursuant to the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020 S.O. 2020, c. 17* and tis regulations; or pursuant to an order made by the Government of Ontario declaring an emergency under section 7.0.1(1) of the *Emergency Management and Civil Protection Act,* RSO 1990, c E9; or pursuant to COVID-19 outbreak measures, Parents/Guardians will continue to comply with their obligations under this Contract including their obligations to pay fees pursuant to Section 2.

d) **Force Majeure** Parents and Guardians hereby acknowledge and agree that the School reserves the right at its sole discretion to suspend the obligations under this Contract for a period of time that a condition of Force Majeure exists. **"Force Majeure"** means an act of God, strike, lock-out, act of public enemy, war, blockade, pandemic, and civil disturbance, or other causes beyond reasonable control of the School, such as to make Remote Learning impossible or impracticable as determined solely by the School. The School shall immediately notify Parents/Guardians of any suspension due to a Force Majeure event. The Parents/Guardians and the School agree to use their best efforts to eliminate the effects of the Force Majeure event and to resume performance of the Contract as soon as possible after the Force Majeure event ceases. The School is not liable for any costs incurred by the Parents/Guardians due to delays or non-performance of obligations pursuant to this Section 10(d).

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. 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 enrol 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. **Miscellaneous Contractual Terms**

a) **Non-Waiver** Neither the failure nor any delay on the part of the School to exercise any right, remedy, power or privilege under this Contract shall operate as a waiver thereof, nor shall any single or partial exercise of any right, remedy, power of privilege preclude any other or further exercise of as the same or any other right, remedy, power or privilege, nor shall any waiver of any right, remedy, power or privilege with respect to any occurrence be construed as a waiver of such right, remedy, power or privilege with respect to any other occurrence. No wavier shall be effective unless it is in writing and is signed by the party asserted to have granted such waiver.

b) **Amendment** No amendment, supplement, restatement or termination of any term of this Contract, save and except for the amendments to policies, guidelines, rules and schedules of the School, shall be binding upon the parties unless it is in writing and signed by the parties.

c) **Severability** In the event that any part of any provision of this Contract may prove to be illegal or unenforceable the other provisions of this Contract and the remainder of the provision in question shall continue in full force and effect.

d) **Governing Law and Jurisdiction** This Contract shall be interpreted and governed by the laws of the Province of Ontario. The parties attorn to the exclusive jurisdiction of the courts of the Province of Ontario and all courts competent to hear appeals therefrom.

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.

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, 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 *Code of Conduct* and I hereby agree to all the terms and conditions stated therein.

Parent's Full Name

Parent's or Guardian's Signature (Please type) **Date**

Signature of Principal, Vice-Principal, Administrator

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 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 **Date**

Parent's or Guardian's Printed Name

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 or Guardian's Signature **Date**

Parent's or Guardian's Printed Name

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.

○ I have read and understood the above and in check the circle to the left, I indicate my agreement to the above.

○ I have read and understood the above and in check the circle to the left, I indicate my agreement to the above waiver except for the use of my child's image for external promotional material.

Parent's or Guardian's Signature **Parent's or Guardian's Printed Name**

Date

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

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 2021/22 school year.

Name of Student Date

Name of Parent Signature

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

TOWN CENTRE PRIVATE SCHOOLS®

Montessori Pre-School • Elementary • High School

International Baccalaureate® World School

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. Charges to my account will be processed on the first of the month starting September 1 and ending May 1.

◯ **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: _____

SAVE SUBMIT (or email to elemreg@tcmps.com)

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.

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

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

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.*