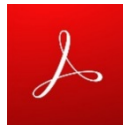


To complete the following registration forms please follow the instructions below:

1. If you do not have Adobe Reader on your device, please download it at:



2. Open the form using Adobe Reader and then ***save it as new document*** as your child's first and last name.
3. Complete all fields in the registration form, **save it again** and then email it to: **elemreg@tcmps.com**



TOWN CENTRE PRIVATE SCHOOLS® SUMMER CAMPS

SUMMER DAY CAMP REGISTRATION FORM Gr. 1 to 8

Student Name:

Last

First

(Name Used)

Grade

Currently attends TCPS? Yes No Did you attend TCPS Summer Camp last year? Yes No

New Students: How did you hear about Town Centre Private Schools?

ELEMENTARY SUMMER CAMP WEEKLY FEES

Grades 1 to 8: \$335 per week

*Note Week 1 and 6 has only 4 camp days due to statutory holidays:= \$300

Summer Camp Weeks

For Office Use Only:

Please check the weeks attending:

M

T

W

Th

F

Payment Method

Initial

Week 1 June 28 to July 2^(*4 days)

Week 2 July 5 to July 9

Week 3 July 12 to July 16

Week 4 July 19 to July 23

Week 5 July 26 to July 30

Week 6 August 3 to August 6^(*4 days)

Week 7 August 9 to August 13

Week 8 August 16 to August 20

Week 9 August 23 to August 27

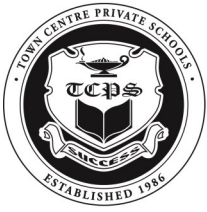
=Total Number of Weeks

wks: _____ Total Amount:\$

Method of Payment: Cash Cheque Credit Card Debit Card

One of the following: Birth Certificate Passport **One of the following:** Health Card Proof of Health Insurance

Details or Outstanding Information:



TOWN CENTRE PRIVATE SCHOOLS®

Montessori Pre-School • Elementary • High School



International
Baccalaureate®
World School

ELEMENTARY SUMMER CAMP ENROLMENT FORM STUDENT INFORMATION

Grade Enrolling For: TCPS® Student New Student Start Date: DD MM YYYY

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 2)

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**

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:



TOWN CENTRE PRIVATE SCHOOLS®

Montessori Pre-School • Elementary • High School



International
Baccalaureate®
World School

Summer Camp Terms of Enrolment for Elementary Students

1. General Terms

- a) The terms of this contract apply for the Town Centre Private Schools (the "School") Summer Camp held in July and August. The School observes the Canada Day holiday in July and the Civic Holiday in August and therefore there will be no camp on those days.
- b) Applications will not be processed unless the forms have been completed and signed. Payment, OHIP number or proof of health insurance must accompany the enrolment form. New students must provide a copy of their birth certificate. A student is registered with the camp only upon a confirmation form being issued by the camp.
- c) Transportation to and from the camp is the responsibility of the parents or guardians.
- d) The camp reserves the right to accept or reject this application and also to expel a student at any time if it is in the best interests of the camp.
- e) The camp reserves the right to make such rules and regulations in the operation of the camp as it deems appropriate and it is a condition of acceptance that these rules and regulations will be complied with.
- f) Changes often occur from the time of enrolment until camp begins, as well as throughout the student's stay at camp. It is the responsibility of the parents or guardians to notify the Office of any changes in regard to their child's physical or emotional health, parents' marital status, change of address or any phone numbers or emergency contact changes.
- g) Parents or guardians are responsible for providing the camp with any Court Orders or other legal documents that sets out parental access, other restrictions or limits rights of the other parent. In asking the camp to rely on any such documentation, the requesting parent is thereby agreeing to release, indemnify and hold harmless the camp from any claims by the other parent as a result of the camp acting upon such directives.

2. Fees and Withdrawal Procedures

- a) **Summer Camp fees are due upon registration.** Payment can be made by Visa, Mastercard, cheque or cash. Student will not be allowed to attend unless payment has been made. The camp reserves the right to expel a student immediately and take whatever action it deems necessary to collect such overdue accounts.
- b) **Summer Camp fees are non-transferable and non-refundable.** Once paid, there will be no refund of camp fees whatsoever, including but not limited to a student's withdrawal from the program for any reason. Summer Camp classes and programs offered are subject to change and or cancellation at any time, and are offered subject to sufficient enrolment, as determined by the camp. Should the camp decide to cancel a program due to low enrolment, all fees paid to date shall be fully refunded without interest or penalty.
- c) **There are no refunds for withdrawals, and no refunds for holidays, sick days or days missed for any reason, throughout the Summer Camp.**
- d) **Withdrawal Procedure:** The camp requires written notice of a student's withdrawal; however, there will be no refund or transfer of the Summer Camp fees.
- e) If paying by cheque, the student's full name, grade and the name of the campus he/she will be attending must be written on the back of each and every cheque.
- f) A charge of \$50.00 will be levied against all declined credit card payments, N.S.F. cheque or cheques returned for any reason.
- g) 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 camp 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.
- h) The camp reserves the right to change fees at any time.

3. Expulsion

- a) Students and parents must read the Code of Conduct found within the Student and Parent Handbook. Students face expulsion from the camp for serious or repeated breaches from the stated behavioural expectations or breaches of the camp rules.
- b) Students who are expelled from Town Centre Private Schools cannot re-register with the School or the Summer Camp.



4. Consent of Parent(s)/Guardian(s)

- a) I/We understand and agree that, in the event of a medical emergency, a medical practitioner, counsellor, a teacher, Principal or other Town Centre Private Schools' employee can authorize emergency medical care for the student applicant. In the case of a medical emergency, I/we authorize the camp to provide any medical personnel with the health information contained in the enrolment form.
- b) I/We authorize the camp to provide the student with routine first aid, including parental/guardian authorized medication including, but not limited to, prescription medication, 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 program that my child is enrolled in.
- c) 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 camp activities.
- d) I/We hereby acknowledge that the camp is not free of allergens. I/We understand that my child may inadvertently come into contact with a substance that 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 Summer Camp setting.

5. Field Trips, Excursions and Events

- a) Throughout the Summer Camp program there are various field trips, excursions and events. I / We understand that participation in scheduled activities are considered mandatory and should I/we not wish our child to participate, I/we must make other arrangements for my child on that date. The camp is not required to provide a refund for missed trips, excursions or events, or for other activities that I/we do not wish our child to participate in. It is understood that particulars regarding details of the field trip, excursion or event, supervision, type of travel and expected duration will be provided and I/we must provide written consent or my child will not be allowed to participate in such trip, excursion or event.

6. Promotional Waiver

- a) During the Summer Camp, numerous photographs are taken to document daily activities, trips, excursions, events and special activities. Some of these photographs are used for internal camp purposes such as bulletin board displays, yearbooks and TCMPSP[®] newsletters. By enrolling my child in the camp and permitting them to participate in activities and events, I acknowledge that the camp will use the photographs taken of my child for internal school purposes, promotional, advertising, and public relations purposes.
- b) The camp 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 camp's brochures, posters, Web site and newspaper, magazine and television advertisements. The camp will incur the full costs of such photography or videotaping.
- c) I acknowledge and confirm that all photographs, advertisements Web site materials and related records and documents used in, arising out of or related to the camp's promotional, advertising and/or public relations activities shall remain the exclusive property of Town Centre Montessori Private Schools who shall own all copyright.
- d) 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 Web site, or in other promotional, advertising or public relations materials.

7. Internet Usage

- a) The School's Student and Parent Handbook contains, under Student Code of Conduct, detailed rules governing computer and Internet usage. It is the position of the camp that the use of the Internet and lessons regarding Internet use, research and safety are paramount to student success. I/We grant my child access to networked computer services such as the Internet or Wifi. I/We understand that individuals may be held liable for violations of the Internet Usage Policy. I/We understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use, setting and conveying standards for him/her to follow when selecting, sharing or exploring information and media.

8. 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 hereby 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 8 (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 its 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).

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 or 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 waiver 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.

I/We hereby apply for registration for the herein named child for Summer Camp services indicated in this application. I/We have read and understood the Terms of Enrolment, including the General Terms, Fees and Withdrawal Procedures, Expulsion, Consent of Parent(s)/Guardian(s), Field Trips, Excursions and Events, Promotional Waiver, Internet Usage, the methods of payment, and the policies of the School as outlined in the Student and Parent Handbook and/or Student Code of Conduct and I hereby agree to all the terms and conditions stated therein. I/We agree that all statements and information provided in this application are correct and it is my/our sole responsibility to provide updates to camp as they occur.

Parent’s or Guardian’s Signature *(please type)*

Date

Printed Name of Parent/Guardian

Printed Name of Student

Signature of Principal, Vice-Principal, Administrator



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 travelled 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 (*please type*)



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 the June pre-paid tuition and SAF fees will be made now and future charges to my account 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: elemreg@tcmps.com