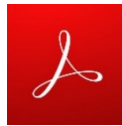




**To complete the following registration forms please follow the instructions below:**

1. Please download and install Adobe Acrobat on your computer. Download for Windows and Mac:



2. Open the form using Adobe Reader and then ***save it as new document*** as your child's first and last name.
3. 3. Complete all fields in the registration form, SAVE the completed forms.  
Please email your completed form to:

**hsreg@tcphs.com**



# TOWN CENTRE PRIVATE SCHOOLS®



**IB World  
School**

## HIGH SCHOOL ENROLMENT FORM

1. Please save this form with 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 phones numbers that do not apply, please enter a number that does apply even if you used it for another field.
4. Complete the form, save it email to: [hsreg@tcphs.com](mailto:hsreg@tcphs.com)

### ***Make sure that you provide the following:***

- **Student Information**

- Home Address, Phone Numbers, Custody Information, Email Addresses
- Emergency Contact Information Including Phone Numbers and Emails

- **Medical Information**

- Including Allergies, Conditions
- Doctor Name and Phone Number
- Health Card or Health Insurance Information \*\*

- **Signature of Terms of Contract and Waivers**

- Terms of Contract
- Consent of Parents(s)/Guardian(s)
- Permission to go on Outings
- Promotional Waiver
- Departure from School During Non-Instructional Time Waiver
- Consent to Participate in Sports

- Completed application and \$200 registration fee (New Student Only)
- Student Activity Fee due at registration
- Signed Code of Conduct (Found at beginning of the High School Handbook) \*\*
- Completed Confidential Student Assessment Form \*\*
- Proof of or Change of Citizenship Including 1 of the Following: Birth Certificate, Passport, Citizenship Card, Permanent Resident Card or Landing Papers \*\*
- Academic Reports or Transcripts for the Past 2 Years & OSR Transfer Request (if applicable) \*\*
- Payment (Visa, Master Card, Debit or Cheque)
- International Students Must Include (Copies to be submitted by the first day of school)
  - Proof of Health Insurance (by first day attended)
  - Copy of Passport and Student Visa (if obtained)
  - Notarized Custodial Declaration (for students under the age of 18)

**\*\*Copies to be submitted with Enrolment Form**



# TOWN CENTRE PRIVATE SCHOOLS®



**IB World  
School**

## HIGH STUDENT SCHOOL ENROLMENT FORM STUDENT INFORMATION

Start Date: DD MM YY TCPS Student New Student	Program Applying for:	Grade 9 University Prep & IB Grade 10 University Prep & IB Grade 11 University Prep or IB Grade 12 University Prep or IB	Grade 9 ESL Program Grade 10 ESL Program Grade 11 ESL Program Grade 12 ESL Program
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Student's Name:			
Surname	First Name	Middle Name	(Name Used)
Date of Birth (DD/MM/YYYY)	Age:	Male	Female
Address:		Suite/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)**

<b>Mother's Email:</b>	<b>Father's Email:</b>
Does the student live with:	Parent(s) Guardian(s)?
Parents' Marital Status:	Married Divorced Separated Single Widowed
<b>If divorced or separated, who is the custodial parent?</b>	Mother Father Both (Joint Custody)
<b>If joint custody has not been awarded, the School requires a copy of the Court Order granting custody.</b>	

### Mother's Information

Last Name:	Legal First Name:	Name Used:
<b>Telephone Numbers</b> Home:	Work:	Cell:
Place of Employment:	Occupation:	
Employer's Address:		

### Father's Information

Last Name:	Legal First Name:	Name Used:
<b>Telephone Numbers</b> Home:	Work:	Cell:
Place of Employment:	Occupation:	
Employer's Address:		

**Guardian's Information (if applicable)** **Telephone Numbers**  
**International Students under the age of 18 must provide Legal Proof of Guardianship and MUST live with their Guardian.**

Last Name:	First Name:	Home:
Occupation:		Work:
Place of Employment:		Cell:
Employer's Address:		
Home Address:	City:	Postal Code:

Names, ages, and dates of attendance of any brothers or sisters who are attending or have attended the School:



STUDENT MEDICAL INFORMATION		
Student's Name:	Date of Birth (DD/MM/YY)	
Ontario Health Card # (include letters):	Expiry Date (YYYY/MM/DD):	
Other Insurance (Company and Policy #):		
Student's Doctor:	Doctor's Telephone #:	
<b>Dietary Restrictions:</b> List all foods the student should not eat for religious / dietary reasons.		
Has the student been tested for allergies?	<b>YES</b>	<b>NO</b>
Has the student been diagnosed with allergies? If yes, please describe:	<b>YES</b>	<b>NO</b>
<b>PLEASE NOTE THAT TCPS IS NOT AN ALLERGEN FREE ENVIRONMENT</b>		
Does the student require an EPI-PEN?	<b>YES</b>	<b>NO</b>
(It is the responsibility of the Parent/Guardian to ensure that the student has 2 current dated EPI-PENS at school.)		
If <b>yes</b> , you will be required to complete the "Administration of Prescription Medication for Anaphylaxis" form once the student is in attendance. (Please provide a medical note from the student's doctor describing the nature of the allergy.)		
Has the student been diagnosed with asthma?	<b>YES</b>	<b>NO</b>
Does the student require an inhaler for asthma?	<b>YES</b>	<b>NO</b>
(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?	<b>YES</b>	<b>NO</b>
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:		
<b>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).</b>		
Emergency Contact: Last Name:	First Name:	Relationship:
Home Number:	Work Number:	Cell Number:
Email Address:		
Emergency Contact: Last Name:	First Name:	Relationship:
Home Number:	Work Number:	Cell Number:
Email Address:		
Emergency Contact: Last Name:	First Name:	Relationship:
Home Number:	Work Number:	Cell Number:
Email Address:		
Emergency Contact: Last Name:	First Name:	Relationship:
Home Number:	Work Number:	Cell Number:
Email Address:		



### FOR NEW STUDENTS ONLY

Name of current school:		
Address:	City:	Postal Code:
Telephone:	Email:	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? If yes, please attach any recommendations.	YES	NO
<b>Does the student have any special learning, behavioural or physical difficulties? We ask the following in order to better know and care for your child.</b>	YES	NO
Please describe:		
Has the student ever been suspended or expelled from any school?	YES	NO
If yes, please explain		
<b>PLEASE SIGN BELOW TO CONFIRM THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT</b>		
Parent's or Guardian's Signature: Please Type		Date:
<b>Social Media</b> Facebook Instagram Twitter YouTube LinkedIn  <b>Signs</b> Digital Bridge Sign Community Centre Sign / Video Pacific Mall	<b>Referrals</b> Sibling Attends TCPS Referred by Friend or Family Returning Student  Live or Work in the Area School Flyer Our Kids go to School Magazine  Other, please indicate:	<b>Websites</b> tcmps.com ourkids.net yorkregion.com toronto.com relocatemagazine.com



# TOWN CENTRE PRIVATE SCHOOLS®



**IB World  
School**

## SCHOOL YEAR AND / OR SUMMER PROGRAM TERMS OF CONTRACT FOR STUDENTS GRADES 9 to 12

### 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/TCPS®") and the subsequent summer program should the student enrol.
2. Should a student who is enrolled in the school year enrol in the School's summer program 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 the summer program only. Should a student who enrolls for the summer program 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 on the current school year's payment schedule, all postdated payments, and Ontario Health Card 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/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.**
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 school 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 school excursions, when returning to the 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) The School reserves the right to make such rules and regulations in the operation of the School as it deems 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. Students who are participating in Remote Learning are still obligated to adhere to all School rules including the Code of Conduct.



- 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 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).
11. All secondary courses and classes listed are subject to change and/or cancellation at anytime, and are offered subject to sufficient enrolment.
12. Students who are expelled from the Schools' divisions cannot re-register with the School and cannot register for the summer programs.
13. The School reserves the right to change fees, discounts and / or method of payment at any time.
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. This fee is not applicable to overnight trips. The activity fee is non-refundable for any reason including withdrawal from the School. Should a student enroll at the School during the school year, the activity fee will be prorated accordingly.
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 postdated 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 must be written on the back of each and every cheque.
20. A charge of \$50.00 will be levied against all declined credit card payments, N.S.F. cheques or any payment returned for any reason whatsoever.
21. 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 over due 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 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 will 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, less one month's tuition, 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.

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 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.

25. Method of Payment for **Domestic** Students:

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 OF THE STUDENT FEES PAID. MULTIPLE DISCOUNTS ARE NOT OFFERED UNDER ANY CIRCUMSTANCES.

**JUNE'S FEES ARE NOT REFUNDABLE OR DEDUCTIBLE.**

**I have read and understood the terms of contract, the methods of payment, the withdrawal procedures, and the policies of the School as outlined in the *Student and Parent Handbook* and *Student Code of Conduct* and I hereby agree to all the terms and conditions stated therein.**

Signature

(Please type)

Full Name of Parent

Date

OFFICE USE ONLY

Signature of Principal, Vice-Principal, Administrator:



# TOWN CENTRE PRIVATE SCHOOLS®



**IB World  
School**

## PROMOTIONAL WAIVER

Student's Full Name:

During the school year and / or summer camp program, numerous photographs are taken to document daily classroom activities, trips, performances, events and special activities. Some of these photographs are used for internal school purposes, such as bulletin board displays, yearbooks, School bulletins and the parent App.

The School also incorporates photos and / or videos in social media platforms including, but not limited to our website, e-newsletters, Facebook, Instagram, Twitter, YouTube and LinkedIn. These sites are used for public relations purposes and the content is controlled by the school.

In addition, the School uses photographs and / or videos containing student's images for external promotional, advertising and / or public relations purposes which can include but are not limited to brochures, posters, signs, television and print advertisements. The School will incur the cost of such photography or videography.

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 also use my child's name (first name and last name initial), photograph or video taken of my child for the various purposes listed above.

I acknowledge and confirm that all photographs, video, advertisements, website materials and related records and documents used in, arising out of or related to the School's internal school purposes, 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 in any of the aforementioned platforms whether it be internal use, social media, or external advertising materials.

Parents / Guardians are required to sign this waiver as all students will be photographed throughout the school year for internal use. However, should parents / guardians wish their child to be excluded from advertising and social media use, they may come to the school office and complete a form to confirm that exclusion.

Parents /Guardian Name

Date

Signature (Please Type)



# TOWN CENTRE PRIVATE SCHOOLS®



**IB World  
School**

**STUDENTS 18 YEARS OF AGE AND OVER SHOULD READ, SIGN AND COMPLETE THEIR OWN WAIVERS.**

## **Consent of Parent(s)/Guardian(s)**

I / We hereby warrant and acknowledge, that the 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/custodian(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.

Signature:

Date:

Full Name of Parent:

## **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.

Signature:

Date:

Full Name of Parent



# TOWN CENTRE PRIVATE SCHOOLS®



**IB World  
School**

**STUDENTS 18 YEARS OF AGE AND OVER SHOULD READ, SIGN AND COMPLETE THEIR OWN WAIVERS.**

## **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.

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 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.

Signature:

Date:

Full Name of Parent

## **Departure from School During Non-Instructional Time Waiver**

I/We acknowledge that the School is not responsible for the actions of or harm to students when they are not on school property. I/We release the School and its respective directors, officers, agents, employees, students, volunteers and their successors and assigns, from any and all liability for damages sustained in consequence of loss, injury or damage to the person or property of the student referred to above, and from all other actions, causes of action, claims or damages of any kind with respect to death, injury, loss or damage to the person or property of the student (the "Claims"), occurring while the above named student is off school property during non-instructional time, which includes, but is not limited to: before school, lunch, spares, or after school.

Signature:

Date:

Full Name of Parent:



**(NEW STUDENTS ONLY)**

## **CONSENT FOR TRANSFER OF SCHOOL RECORDS**

In accordance with the Ontario Student Record (OSR) Guideline 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.

I hereby consent to the transfer of student records and evaluations for:

**Student's Surname**

**Student's First Name**

**From:**

**NAME OF CURRENT SCHOOL:**

**ADDRESS OF CURRENT SCHOOL:**

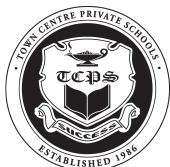
**TELEPHONE NUMBER:**

**EMAIL ADDRESS:**

**FAX NUMBER:**

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

**Date:**



# TOWN CENTRE PRIVATE SCHOOLS®



**IB 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. 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 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: \_\_\_\_\_

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.

**please email the saved file to: [hsreg@tcphs.com](mailto:hsreg@tcphs.com)**