

Summer Camp Registration Form

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 Executive Office (mailing address):
 200 Consumers Rd, Suite 410
 Toronto, ON, M2J 4R4
 Please make cheque payable to:
T.C.L.C.S

Camp Location:

STUDENT INFORMATION:

Student Name: _____ Gender: _____ Age: _____ Birthday(y/m/d) _____ / _____ / _____
 Home Address: _____ City: _____ Post Code: _____
 Mother's Name: _____ Work Number: _____ Cell: _____
 Father's Name: _____ Work Number: _____ Cell: _____
 Home Telephone: _____ Email: _____ (Pl spell clearly)

LANGUAGE SKILLS:

1. Has your child taken some lessons of Mandarin or have exposed to the language before? (Yes / No)
2. If yes, how many instructional hours does your child have? Or what other exposure _____
3. Does your child have some knowledge of Chinese Pinyin (phonics)? (Yes / No)
4. What is the language predominately used at home? Mandarin / Cantonese / English / Other

PROGRAM CHOICES:

1. Preschool Mandarin - 1 (2.5-3.8yrs)
2. Preschool Mandarin - 2 (4-5yrs)
3. Chinese Phonics (5-7yrs)
4. Advanced Readers (8-12yrs)
5. Little Reader (5-7yrs)
6. Happy Mandarin (for non-Mandarin speakers, 5-7 yrs, 8-12yrs)
7. Mandarin for Teen (1st term: Jul12-23; 2nd term: Aug 9-20)
 - Conversational Mandarin for non-Mandarin speakers
 - Fast-track Chinese Reading & Comprehension

TIME/TERM CHOICES:

Full Day: July August By weeks (details pls): _____
 Half Day: July August By weeks (details pls): _____

BEFORE/AFTER SCHOOL:

- I need early drop-off _____ (who) will drop off my child at the school around _____ (time)
 I need late pick-up _____ (who) will pick up my child at the school around _____ (time)

LUNCH PACKAGE:

1. I need to order lunch (\$4.5/day, 4 days/wk, including hot lunch, drink, fruit/snack) : Yes No
 If yes, from _____ (date) to _____ (date), total days: _____
2. Wednesday Pizza Lunch (Including one or two slices of pizza, a drink, fruit and snack)
 - Yes, I want. No, I don't need it.
 - If yes, please select: a. \$ 5.5 / 2 slices b. \$ 4.5/ 1 slice, select: cheese OR pepperoni, total days: _____

HOW DO YOU KNOW ABOUT US:

- Flyers Open House Internet search Friends City parents Today's parents Post Mag.

EMERGENCY CONTACT:

#1 Name: _____ Work Number: _____ Cell: _____
 Home Number: _____ Relationship: _____
 #2 Name: _____ Work Number: _____ Cell: _____
 Home Number: _____ Relationship: _____

MEDICAL INFORMATION:

Child Health Card Number: _____

Does your child have an existing medical condition? YES / NO

If yes, please state in details: _____

Informed Consent: In consideration of my child's attendance and participation at the Toronto Chinese Language & Culture School (TCLCS, trade-named as Toronto Mandarin School)' s programs, I, the undersigned, hereby acknowledge that certain risks of injury are inherent in participation of the sports and /or other activities. I agree that TCLCS, and its directors, officers, employees or agents shall not be liable to my child or loss or damage to my child's personal property arising from, or in any way resulting from, my child's participation in these activities, unless such injury, loss or damage is caused by the SOLE NEGLIGENCE of TCLCS and its directors, officers, agents and employees while acting within the scope of their duties. I understand that I am responsible for informing TCLCS and it directors, officers, agents and employees of any medical conditions my child has at the time of registration or acquires prior to the week in which my child is enrolled. In de event of emergency, I hereby give permission to the physician selected by TCLCS and its directors, officers, agents and employees to secure proper medical treatment and/or order injections and/or anesthesia and/or for the person named above. I give content to my child being interviewed, filmed, videotaped, photographed by the medias, employees, agents or servants of the TCLCS on during the time of my attendance and participation at the TCLCS.

(Signature)

(Date Signed)