

Toronto Mandarin School

多伦多标准中文学校

March Break Camp - Registration Form

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: _____ (PI 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:

Preschool A (2.5 – 3.8yrs) Preschool B (4 – 5yrs) Junior Group (6-8yrs) Senior Group (9-12yrs)
Please choose the days: 2 weeks 1 week choice of days: _____

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)

HOW DO YOU KNOW US:

Flyers Open House Friends Registered students Google 51.ca AD in paper/Mag.

PAYMENT METHOD:

Check Cash Others

EMERGENCY CONTACT:

#1 Name: _____ Home Telephone: _____ Cell: _____
Work Telephone: _____ Relationship with the child: _____
#2 Name: _____ Home Telephone: _____ Cell: _____
Work Telephone: _____ Relationship with the child: _____

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 (TMS) ' 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 (TMS), I, 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 (TMS) and its directors, officers, agents and employees while acting within the scope of their duties. I understand that I am responsible for informing TCLCS (TMS) and its 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 the event of emergency, I hereby give permission to the physician selected by TCLCS (TMS) 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 consent to my child being interviewed, filmed, videotaped, photographed by the medias, employees, agents or servants of the TCLCS (TMS) on during the time of my attendance and participation at the TCLCS (TMS) .

(Signature)

(Date Signed)