

Registration Form (children)

TEL: 416-304-0260
 FAX: 416-304-1336
info@torontomandarinsschool.com
 Executive Office (mailing address):
 200 Consumers Rd, Suite 410
 Toronto, ON, M2J 4R4
 Please make cheque payable to:
T.C.L.C.S

STUDENT INFORMATION:

Student Name: _____ Gender (M/F): _____ Age: _____
 Date of Birth: Date/ _____ MM / _____ Year _____
 Street: _____ City: _____ Post Code: _____
 Parent or Guardian Name: _____ (Father) _____ (Mother)
 Home Telephone: _____ Business Number: _____
 Email Address: _____ (pls print clearly)

PROGRAM CHOICES:

- Standard Mandarin for Chinese-speakers (AM /PM: SK, G1, G2, G3, G4, G5, G6, G7, G8, G9)
- Happy Mandarin for Non-Chinese speakers (AM/PM: SK, G1, G2, G3, G4, G5, G6, G7, G8, G9)
- Early Year Learning in Mandarin (AM / PM: Group A. 3- 4 yrs B. 4-5 yrs)
- After- school Daily Mandarin Mandarin for Teens Parent & Tot (1st session OR 2nd Session)

LANGUAGE SKILLS:

1. Has your child learned Mandarin before? (Yes / No) How many years has he/she learned? ()
2. Can the child understand Mandarin? (Most / Some/ None)
3. Can the child speak Mandarin? (Fluently / Intermediate / Elementary/ No)
4. Does the child have some knowledge of Chinese Pinyin? (Yes / No)
5. What is the language predominately used at home? (Mandarin / Cantonese / English / Other)
6. Is there any family member speak Mandarin? (Yes / No)

HOW DO YOU KNOW US:

- Flyers Open House News Report/Release Internet search Referral
- Advertisement: a. Today's Parents b. City Parents c. Mirror 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 has 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 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 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 TMS and its directors, officers, agents and employees while acting within the scope of their duties. I understand that I am responsible for informing TMS 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 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 content to my child being interviewed, filmed, videotaped, photographed by the medias, employees, agents or servants of the TMS on during the time of my attendance and participation at the TMS.

 (Signature of Parent or Guardian)

 (Date Signed)