

Registration Form (children)

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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)

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)

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: G1, G2, G3, G4, G5, G6, G7, G8, G9)
 Early Year Learning in Mandarin (AM or PM: A 3- 4 yrs old B 4-5 yrs old C 5-6 yrs old)
 Teens Class (AM or PM) Chinese History & Geography Mandarin for Parents (AM or PM)
 TOT: #1 session: 9:45am-10:30am # 2 Session:10:45am-11:30am # 3 Session:11:45am-12:30pm
 Talent Class (JR / SR) A Kid Olympic Math B Kids Creative Drawing C Kids Calligraphy
 Class Time: #1 session: 1:00pm-1:50pm # 2 Session: 2:10pm-3:00pm

HOW DO YOU KNOW US:

- Flyers Open House Returning Student Internet search Referral
 Advertisement: a. Today's Parents b. City Parents c. Post Magazine d. MingPao 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:

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's (Trade name of Toronto Mandarin School) 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 the School, 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 the School and its directors, officers, agents and employees while acting within the scope of their duties. I understand that I am responsible for informing the School 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 the School 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 media, employees, agents or servants of the School on during the time of my attendance and participation at the School.

 (Signature of Parent or Guardian)

 (Date Signed)