

Toronto Mandarin School
Summer Camp Registration Form

STUDENT INFORMATION:

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

PROGRAM CHOICES:

- Full Day: July August By weeks (details pls): _____
Half Day: July August By weeks (details pls): _____
- Preschool Mandarin -1 (2.5-3.5yrs) Preschool Mandarin - 2 (4-5yrs) Chinese Phonics (5-7yrs)
 Reading & Comprehension (8-12yrs) Creative Writing Chinese Little Reader (5-7yrs)
 Happy Mandarin (for non-Mandarin speakers) Mandarin for Teen

LANGUAGE SKILLS:

1. Has your child learned Mandarin before? (Yes / No) How many years has he/she learned? ()
2. Does your child have some knowledge of Chinese Pinyin ? (Yes / No)
3. What is the language predominately used at home? Mandarin / Cantonese / English / Other

BEFORE/AFTER SCHOOL:

- I need early drop-off starting from _____. (_____) will drop my child at the school.
 I need late pick-up. (_____) will pick up my child at the school around (_____)

LUNCH PACKAGE:

1. I need lunch package (\$4.5/day, 4 days per week): Yes No
2. Wednesday Pizza Lunch (Including one or two slices of pizza, a drink, fruit or snack)
 Yes, I want to join, a. \$ 5.5 / 2 slices b. \$ 4.5/ 1 slices Choice: cheese OR pepperoni
 No, I don't want to join.

HOW DO YOU KNOW US:

- Flyers Open House Internet search Friends Advertising

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 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)

(Date Signed)