

JINGBAO™ BILINGUAL MONTESSORI SCHOOL 2018 RIGISTRATION FORM (CAMP)

STUDENT INFORMATION

Legal Name <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <small>Family Name, First Name and Middle Name</small>	Date of Birth <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <small>Year / Month / Day</small>	Age	Gender (F/M)	Language(s) spoken at home
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PROGRAM CHOICE

1. Please choose the age group:

- Toddler
 Preschool
 JK/SK
 School-age

2. Please choose the language / program:

- Mandarin Immersion (A: Preschool Mandarin B: Happy Phonics C: Chinese Reader D: Happy Mandarin)
 English/French

3. Please choose option of the attendance:

- Full Day
 Half Day

4. Please choose camp that you would like to register:

A: Winter Camp: Dates (_____) Total Days Registered: _____

B: March Break Camp: Dates (_____) Total Days Registered: _____

C: Summer Camp (please circle the weeks that you would like to register):

July	July 3 (4 days)	July 9	July 16	July 23	July 30	Total Weeks Registered
August	Aug 7 (4days)	Aug 13	Aug 20	Aug 27		

5. Please choose the Before/After-school care:

- I need before-school care (7am-9am)
 I need after-school care (4pm-6pm)

6. Please choose the lunch option:

- Yes, I need lunch program.
 No, I don't need lunch program.

PARENTS OR GUARDIANS INFORMATION

Parent/Guardian #1 Name:	Cell Phone #:	Work Phone #:
Home Phone #:	Email:	Relationship with the Child:
Home Address:	City:	Postal Code:
Parent/Guardian #2 Name:	Cell Phone #:	Work Phone#:
Home Phone # :	Email:	Relationship with the Child:
Home Address:	City:	Postal Code:

EMERGENCY CONTACT (other than parents)

# 1 Name:	Home Address:	Work Phone#:
Home Phone #:	Cell Phone #:	Relationship with the Child:

# 2 Name:	Home Address:	Work Phone#:		
Home Phone #:	Cell Phone #:	Relationship with the Child:		
PICK-UP PERSON (other than parents, if same as emergency contact, please check) <input type="checkbox"/> SAME AS ABOVE				
# 1 Name:	Home Address:	Work Phone#:		
Home Phone #:	Cell Phone#:	Relationship with the Child:		
# 2 Name:	Home Address:	Work Phone #:		
Home Phone#:	Cell Phone #:	Relationship with the Child:		
MEDICAL INFORMATION & SPECIAL REQUIREMENTS				
Doctor's Name:	Office Phone #:	Doctor's Office Address:	City:	Postal Code:
Existing Medical Condition: YES / NO		If YES, please specify in details:		
Special requests (such as dietary needs, <u>sleep/rest</u> , etc.):				
IMMUNIZATION RECORD <input type="checkbox"/> Separate copy attached				
The student's CURRENT immunization information is compulsory. A copy of the student's immunization record is requested, if not already submitted to the school.				
HEALTH INFORMATION				
This is a history of your child's health information. It is a requirement by Public Health Department and Ministry of Education. If any of the following communicable diseases have been diagnosed by your child's doctor, please circle them.				
Influenza	YES	NO		
Pertussis (whooping cough)	YES	NO		
Diphtheria	YES	NO		
Tetanus	YES	NO		
Measles	YES	NO		
Mumps	YES	NO		
Rubella	YES	NO		
Hand, Foot and Mouth Disease	YES	NO		
Impetigo	YES	NO		
Fifth Disease	YES	NO		
Pinworms	YES	NO		
Ringworms	YES	NO		
Scabies	YES	NO		
Scarlet Fever	YES	NO		
Strep Throat	YES	NO		
Conjunctivitis (pink eye)	YES	NO		
Chicken Pox	YES	NO		
STUDENT HISTORY				
Name of Previous School/Daycare			Date Last Attended Previous School/Daycare	

Please specify any social, emotional or medical conditions that the School should be aware of.	Does your child have any siblings? If yes, please specify name, age and gender.
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MEDICAL WAIVER

I, _____, the parent/guardian of _____,
(Print name of Parent/Guardian) (Print name of Child)
 understand that in the event of illness or an accident occurring to my child, JINGBAO™ Bilingual Montessori School will make every attempt to contact me and/or other parent. If, however, I or other parent cannot be reached, I hereby give JINGBAO™, its Directors, Officers, Agents and Employees authority to act on my behalf in case of an emergency and to take appropriate steps to seek medical attention/have a doctor attend to my child.

I also agree to release and indemnify JINGBAO™ Bilingual Montessori School, its Directors, Officers, Agents and Employees from any and all claims for damages arising from an injury or otherwise related actions to my child as a result of any accident, illness, injury or for any other reason arising from participation in any school activities.

Parent/Guardian Signature(X): _____ Date(X): _____

PERMISSION TO PARTICIPATE IN FIELD TRIPS

I, _____, the parent/guardian of _____,
(Print name of Parent/Guardian) (Print name of Child)
 give permission for my child (stated above) to participate in any field trips/events which take place out of school. I understand that I will be notified prior to any school trip.

Parent/Guardian Signature(X): _____ Date(X): _____

PERMISSION GRANTED TO LEAVE SCHOOL PREMISES

I, _____, the parent/guardian of _____,
(Print name of Parent/Guardian) (Print name of Child)
 give permission for my child (stated above) to participate in walks outside the school premises with his/her classmates and teacher(s).

Parent/Guardian Signature(X): _____ Date(X): _____

PHOTOGRAPHIC WAIVER

I, _____, the parent/guardian of _____,
(Print name of Parent/Guardian) (Print name of Child)
 permit JINGBAO™ Bilingual Montessori School to use my child's photograph for in-school/within-organization use only.

Parent/Guardian Signature(X): _____ Date(X): _____

TERMS AND CONDITIONS

1. All fees must be paid in full upon registration.
2. Notice of withdrawal must be in writing and submitted before the following dates:
 A) March Break Camp: March 1st B) Summer Camp: June 1st C) Winter Camp: December 1st
3. No refund will be given after the above dates.
4. \$50 administration fee will be applied for any eligible refund.
5. The name of the child must be indicated on all methods of payment.
6. A charge of \$25.00 will be applied to all N.S.F. payments.
7. JINGBAO™ reserves the right to dismiss any student that poses a threat, for any reason, to other students or staff. Any perceived incident that poses potential harm could be deemed reason for immediate withdrawal of service.
8. There will be an additional charge of \$2.00 per minute for any time a staff must remain with a child after 6:00pm.
9. JINGBAO™ does not provide transportation service.

10. Priority of registration is given to full-time enrollment.

ACCEPTANCE OF TERMS AND CONDITIONS

I have duly completed and read this contract and hereby accept all terms and conditions set out therein.

Name of Parent/Guardian (please print): _____ Date: _____

Parent/Guardian Signature: _____