INTERNATIONAL LANGUAGES – ELEMENTARY/AFRICAN HERITAGE PROGRAM – REGISTRATION FORM

PLEASE PRINT THE FOLLOWING INFORMATION IN ENGLISH

STUDENT INFORMATION

Language School _____ Language _____ ☐ Female ☐ Male

Student's Legal Surname (Family Name) _____ Student's Legal First Name _____ Date of Birth (yyyy/dd/mm) ____/____/____

Ontario Education Number (OEN) ☐☐☐☐☐☐☐☐☐ Day School _____ Grade _____

**You can find the OEN number on your child's Provincial report card*

Student Address Street Number and Name _____ Apt Unit _____ City _____ Postal Code _____

PARENT(S) OR GUARDIAN(S) INFORMATION

Name of Parent/Guardian _____ Home Phone Number _____ Cell Phone Number _____

Parent(s) or Guardian(s) Email Address _____ Work Phone Number _____

Name of Emergency Contact _____ Relation to Student _____

Emergency Contact Cell Number _____ Emergency Contact Phone Number _____

STUDENT HEALTH INFORMATION

Health Card ☐☐☐☐☐☐☐☐☐☐☐☐ Number

Disclosing information about your child's health/needs is for the benefit of your child. This information will be kept confidential.

Does your child have any medical conditions: ☐ Yes ☐ No _____
If Yes, please give additional information
Does your child have any allergies: ☐ Yes ☐ No _____
If Yes, please give the source of allergy, e.g. peanuts, bees, dust, etc.
Does your child require an EpiPen: ☐ Yes ☐ No

If your child requires an EpiPen, please ensure that you have read Toronto District School Board's Procedure on Anaphylaxis. PR563 (http://www.tdsb.on.ca/AboutUs/Detail.aspx?docID=282). Please, note, that if you'll be registering your child for the Toronto District School Board International Language classes afterschool, in the summer, or on the weekend your child will need to carry their EpiPen on them for these classes.

☐ I acknowledge that I have read and understand the above, including the Toronto District School Board's Procedure on Anaphylaxis.

MEDIA RELEASE

PART 1 – EVENTS

I, _____ hereby agree and give my permission for the Toronto District School Board and/or partners to record, film, photograph, audiotape or videotape my/my child's name, image, student work, and performance (hereinafter collectively referred to as "Works") and to display, publish or distribute these Works for the purpose of publishing, posting on the TDSB website, posting in schools, posting on social media sites and/or for broadcasting on television or radio as determined by the TDSB. I hereby waive any right to approve the use of these Works now or in the future, whether the use is known to me or unknown, and I waive any right to any royalties related to the use of these Works. I understand that the Works may appear in electronic form on the internet or in other publications outside of the TDSB's control. I agree that I will not hold the TDSB responsible for any harm that may arise from such unauthorized reproduction.

☐ Please mark this box if you **AGREE** that your child may participate in media events that may be published or broadcast by organizations external to the Toronto District School Board.
☐ Please mark this box if you **DO NOT WISH** your child to be photographed, filmed, audio-taped or videotaped at media events.

PART 2 – MEDIA SPECIFIC

I also understand that external media organizations may attend school events. I give permission for my/my child's name, image, student work, and performance to be photographed, filmed, audio-taped or videotaped for the purpose of being published and/or broadcast on-line, on television or radio.

☐ Please mark this box if you **AGREE** that your child may participate in media events that may be published or broadcast by organizations external to the Toronto District School Board.
☐ Please mark this box if you **DO NOT WISH** your child to be photographed, filmed, audio-taped or videotaped at media events.

* ☐ I declare that the information submitted on this page is true and complete to the best of my knowledge.

PICK UP AUTHORIZATION & PAYMENT

I hereby approve that my son/daughter will be picked up by _____ Full Name _____ Relation to Student

I will allow my child to go home alone. ☐ Yes ☐ No

Signature of Parent/Guardian _____ Date _____ Signature of Registrar _____ Cheque # _____ Total amount received _____

Notice of Collection: The information you have provided is collected in compliance with the Municipal Freedom of Information and Protection of Privacy Act. If you have any questions, please contact: Program Manager of International Languages, Continuing Education, Toronto District School Board at (416) 338-4100. Revised February 2016.

--- IN ADDITION TO THE REGISTRATION FORM – This is not part of the registration form and is for survey purposes only. ----------

I am enrolling my child in:

☐ 9:00am-11:30am or 1:00pm-3:30pm TDSB International Languages (half day program)
☐ 9:00am-4:00pm TDSB International Languages half day program AND non-TDSB afternoon cultural program (full day program)

* If you checked full day program, please remember to register separately with the afternoon community/association.

WHITE: Site Administrator Copy GREEN: Instructor Copy PINK: Program Officer Copy YELLOW: