

5. CHILD'S PHYSICIAN & MEDICAL INFORMATION

Physician Name: _____ Telephone Number: _____

Address: _____

Health Card Number: _____ Version: _____

6. EMERGENCY AUTHORIZATION

In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I (for myself as well as for my child, his/her heirs and assigns) hereby release, discharge and hold harmless Triumph Learning Centre and its employees, volunteers, and other representatives or affiliates (including without limitation the facilities and volunteers) from and against any and all claims arising out of or relating to illness, physical injury, or other damages that may result to said individual while participating in a Triumph Learning Centre sponsored event, including any physical injury. I attest that my child is physically capable to participate in this program. However should employees determine in their sole discretion that completion or participation in any program would be injurious to my child's health or should my child become ill or injured, I consent to his or her removal and treatment by any physician or medical care provider at the direction of the volunteers and employees. I give my permission for free use of my child's name and picture in broadcasts, telecasts or written accounts of any game and or events that is sponsored by Triumph Learning Centre.

Signature of Parent/Guardian _____ Date _____

7. LATE PICK UP & REFUNDS POLICIES:

The Day & After School Tutoring Program closes promptly at 7:30 p.m. Parents are required to notify the Office as soon as possible, if they are unable to arrive by closing time. If a child remains in the program past closing time., a late fee of \$1.00 per minute thereafter will be charged. Time will be calculated using clocks at the Office site. Parents must sign a late sheet as they are leaving the Centre. Cash payment must be made to the office within 24 hours. Violation of the late fee policy may, at the absolute discretion of the office, result in termination of program services. If a child is left past closing time without notification from parents, all attempts will be made to contact the parents and emergency contacts for immediate pick-up.

All cancellations must be made in writing (fax, email or letter) to the office one week advance. Refunds, less a \$50 administrative charge per child/per week, will be issued up to two weeks prior to the first day of a program session. Refunds are NOT available within the one month period prior to the start of a session. Refunds for medical reasons are available only upon receipt of a doctor's note in the office. Pro-rated refunds aren't available for days absent, snacks not taken or other services not fully utilized. The full session's fees are due and payable if a child is registered and attends any part of a session. The Triumph Learning Centre reserves the right to cancel or change program dates, times and locations due to insufficient registration, facility conflicts, or inclement weather.

Full payment and registration form must be received in the office in order to receive for monthly pricing. Therefore, post-dated cheques will not qualify for monthly registration fees.

Signature of Parent/Guardian _____ Date _____

Mail Registration Form to:
Triumph Learning Centre
89 Centre Avenue, North York, ON, M2M 2L7



日間及課後線上輔導提高課程

Students Entering Grade 1 - 10 in September

Tutoring Hours 輔導時間:

Monday to Friday: 10:00 am - 7:30 pm

Ensure Quality Care 確保優質照顧

- Experienced and dedicated tutors/teachers
經驗豐富及敬業的個別輔導及教師
- Excellent homework assistance/ Tutoring
傑出作業輔導
- Provides full day online program on P.A.
在P.A.天時提供全天線上教學
- Excellent Sanitation
確保衛生

9 Programs 課程

- | | |
|------------------------|-------------|
| English / ESL 英文 | Math 數學 |
| Visual Arts 視覺藝術 | Robotics 機械 |
| Science 科學 | French 法語 |
| Music Theory 樂理 | Piano 鋼琴 |
| Mandain PinYin
國語拼音 | |

REGISTRATION / INFORMATION:

註冊/更多信息

(416) 855-9260

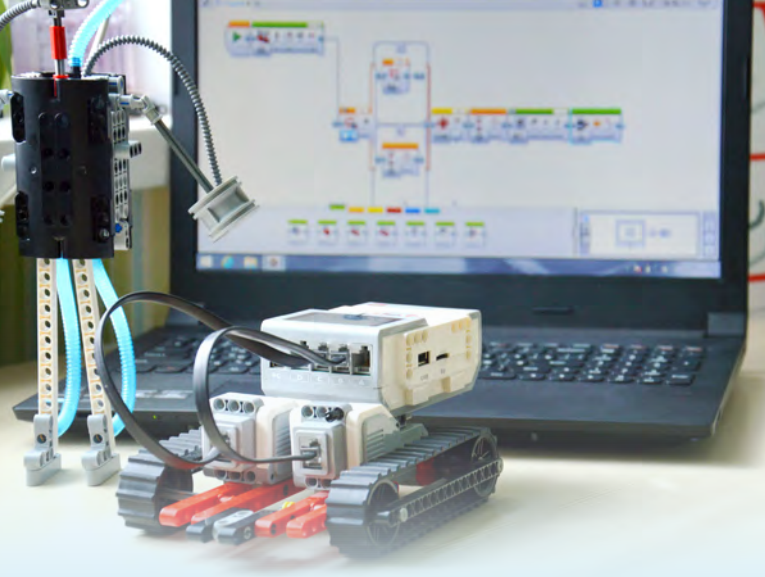
Website: triumphlearningcentre.net

E-mail: info@triumphlearningcentre.net

LOCATION 地點:



89 CENTRE AVE
NORTH YORK,
ON, M2M 2L7



ROBOTIC:
Connect,
Construct,
Continue,
Contemplate

Tutoring Hours 輔導時間

10:00 am - 2:00 pm (Day Tutoring Program)
3:30 pm - 7:30 pm (After School Tutoring Program)

Cost of Classes 課程收費

Registration Fees 報名費用: \$20 per student
 Fees Per Class 每節費用: \$25 per student

Monthly packages 每月套餐 (Same Schedule All Month *Excluding Piano*)

Plan A: 20 classes per month (5 classes a week)
 Fees 費用: \$400

Plan B: 12 classes per month (3 classes a week)
 Fees 費用: \$264

Plan C: 8 classes per month (2 classes a week)
 Fees 費用: \$184

REGISTRATION / INFORMATION:
 註冊/更多信息
 (416) 855-9260

Website: triumphlearningcentre.net
 E-mail: info@triumphlearningcentre.net

Piano Class 鋼琴課

Level 1- 5 (30 min):
 Fees 費用: \$25

Level 6 - 8 (1 hour):
 Fees 費用: \$50

Level 9 - 10 (1 hour):
 Fees 費用: \$60

NOTICES FOR PARENTS 家長須知
 1) Day & ASP Tutoring is closed at 7:30 pm

Day & After School Tutoring Program Application Entering Grade 1-10 in September (Thanks for printing legibly!)

FOR OFFICE USE ONLY

Rec'd \$ _____ Age: _____
 Rec'd by: _____ Session: _____
 Receipt Issued: Yes or No Grade: _____
 Issued by: _____ Cheque/Credit Card: _____

1. CHOOSE A SESSION

• Check or fill the week(s) you wish to attend.
 Day & After School Tutoring Program _____ ONSITE _____ ONLINE
 Day & After School Tutoring Program-Session: _____ Plan A _____ Plan B _____ Plan C
 Day & After School Tutoring Program-Session: _____ Piano Classes

2. STUDENT AND PRIMARY CONTACT INFORMATION

Name of Student: _____
 Date of Birth: _____ Age: _____
 Name you prefer to be called (if different): _____
 Name of School: _____ Grade (in Sept): _____
 T-Shirt Size (circle one): Children: XS SM MED LG or Youth/Adult: SM MED LG
 Name of Parent/Guardian/Primary Contact: _____
 Father's Name: _____ Mother's Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Home Phone: _____ Cell Phone: _____
 Work Phone: _____
 Email address you check frequently: _____
 Best way to contact you? (circle one) Home Phone Cell Phone Email
 Please send my paperwork via mail or Please send my paperwork via email

3. EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: _____ Relationship: _____
 Home Phone: _____ Work/Cell Phone: _____ ext _____
 Second Contact's Name: _____ Relationship: _____
 Home Phone: _____ Work/Cell Phone: _____ ext _____

4. MEDICAL & SAFETY INFORMATION (please list all known conditions so we can accommodate your child's needs)

Does your child have any medical conditions, allergies, or special needs the staff should know about?

Does your child have any behavioral or emotional issues the staff should know about?

Is your child taking any medications to treat these conditions?

