



## REGISTRATION FORM: 2019 INTERNATIONAL SUMMER PROGRAM July– August 2019

**Please submit all forms to: 2019 International Summer Program  
Toronto District School Board, Continuing Education Office  
2 Trethewey Drive, 3<sup>rd</sup> floor  
Toronto, Ontario, CANADA M6M 4A8  
Email: [summer4internationalstudents@tdsb.on.ca](mailto:summer4internationalstudents@tdsb.on.ca)**

**PLEASE PRINT THE FOLLOWING INFORMATION IN ENGLISH**

**STUDENT INFORMATION ( AGES 12-17)**

\_\_\_\_\_ Female Male  
SURNAME GIVEN NAME(S) ENGLISH NAME(S)

\_\_\_\_\_ PERMANENT ADDRESS IN HOME COUNTRY

\_\_\_\_\_

\_\_\_\_\_ AREA CODE HOME TELEPHONE # EMAIL ADDRESS

\_\_\_\_\_ DATE OF BIRTH (DD/MM/YY) AGE CITIZENSHIP FIRST LANGUAGE SECOND LANGUAGE

**PARENT/ GUARDIAN'S INFORMATION**

Mr. Ms. \_\_\_\_\_  
SURNAME GIVEN NAME(S) AREA CODE HOME TELEPHONE #

\_\_\_\_\_ AREA CODE WORK OR CELL TELEPHONE # EMAIL ADDRESS

**CUSTODIAN/CONTACT INFORMATION IN TORONTO**

Mr. Ms. \_\_\_\_\_  
SURNAME GIVEN NAME(S)

\_\_\_\_\_ STREET ADDRESS IN TORONTO OR SURROUNDING AREA CITY POSTAL CODE

\_\_\_\_\_ AREA CODE HOME TELEPHONE # AREA CODE WORK OR CELL TELEPHONE # EMAIL ADDRESS

**ENGLISH ABILITY**

Beginner                      Low intermediate                      Intermediate                      Advanced

**PROGRAM FEES**

	2 Weeks	3 Weeks	4 weeks
Program, homestay and transportation	\$3,150 CAD	\$3,700 CAD	\$4,500 CAD
Program only	\$2,250 CAD	\$2,600 CAD	\$3,500 CAD

## REFUND POLICY

Email all refund requests to [summer4internationalstudents@tdsb.on.ca](mailto:summer4internationalstudents@tdsb.on.ca).

**Refund amounts are based on the date that the refund request email is sent.  
The non-refundable administration fee of \$300 CAD is deducted in all cases.**

- Program fees will be returned less \$300 CAD if proof is provided by June **14, 2019** that the application for the visa was rejected by Citizenship and Immigration Canada
- No refund if the student withdraws after **June 14, 2019**
- No refund if the student violates the rules, guidelines, code of conduct and policies of the Toronto District School Board and the school, and/or the laws of Ontario and/or Canada

## MEDICAL AUTHORIZATION

I, the undersigned, permit my child to attend and participate in all activities of the TDSB **2019 International Summer Program** offered by the Toronto District School Board from **July - August 2019** and give permission to the program staff, medical officials and homestay family (if applicable) to secure medical treatment on my behalf in the event of an accident or illness involving my child named above, including admission to a hospital, without liability.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDIA CONSENT

**IMPORTANT: PLEASE CHECK ONE OF THE BOXES BELOW, SIGN AND DATE**

**I hereby give consent :**

**No consent :**

to my child being filmed, audio taped, interviewed, videotaped, photographed by the media (print and broadcast), and employees, agents or servants of the Toronto District School Board during the period of the program.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARTICIPATION AGREEMENT

We, undersigned, request that my son/daughter be allowed to participate in the full range of activities that will take place during the TDSB (Toronto District School Board) **2019 International Summer Program from July to August, 2019**. We, undersigned, do waive and release all claims against the Toronto District School Board for any injury, loss, damage, accident, delay or expense resulting from the applicant's participation in the TDSB **2019 International Summer Program**. We also release the Toronto District School Board and agree to indemnify them, with regard to any financial obligation or liabilities that the applicant may cause while participating in the TDSB **2019 International Summer Program**. We understand that the Toronto District School Board is not responsible for any loss or injury suffered by the applicant during periods of travel. If the applicant becomes ill or incapacitated, the Toronto District School Board may take such actions as it considers necessary, including securing medical treatment and transporting the applicant home at his or her own expense. We release the Toronto District School Board from all liability related to such actions. We understand the applicant's participation in the program may be terminated at the discretion of the administrators of the TDSB **2019 International Summer Program** without any refund of fee, and that the applicant may be sent home at his or her own expense if he or she violates the rules, guidelines, code of conduct and policies of the TDSB and the school, and/or the laws of Ontario and/or Canada.

I have read, accept and agree to the above Refund Policy and Participation Agreement for the **2019 International Summer Program**.

Signature of Student: \_\_\_\_\_ Signature of Parent/ Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_



# 2019 INTERNATIONAL SUMMER PROGRAM HEALTH INFORMATION FORM: July - August 2019

Student's name \_\_\_\_\_  
SURNAME GIVEN NAME / ENGLISH NAME

Date of birth \_\_\_\_\_ Female Male  
DD / MM / YY

Name: TDSB International Health Insurance Plan [www.ingleinternational.com](http://www.ingleinternational.com)

Other Medical and Accident Insurance  
Insurance numbers: \_\_\_\_\_

### PLEASE CIRCLE ANY OF THE FOLLOWING HEALTH OR MEDICAL CONDITIONS:

- |                          |                  |                    |
|--------------------------|------------------|--------------------|
| Ear or Throat Infections |                  | Urinary Infections |
| Epilepsy                 | Migraine         | Sleep Walking      |
| Diabetes                 | Digestive Upsets | Headaches          |
| Hemophilia               | Fainting Spells  | Nosebleeds         |

Medical Alert for : \_\_\_\_\_

### OTHER CONDITION(S): \_\_\_\_\_

Please give details of condition and treatment  
Details: \_\_\_\_\_  
Treatment: \_\_\_\_\_

**Allergies\Asthma Rate of Severity Reaction\Treatment**  
Mild 1 2 3 4 Life Threatening

Does student have an EpiPen Yes No

Expiration date of EpiPen \_\_\_\_\_  
Asthma Inhaler Yes No

If allergy or asthma is life threatening, a doctor's signature verifying student is able to physically travel and attend our program is required.

### MEDICATION:

Is student self- medicating? Yes No  
Tetanus shot within the last ten years: Yes No

Name of Medication Reason Dosage Method of Administration

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DIETARY RESTRICTIONS:

List any foods that should be avoided for medical, dietary or religious reasons. Explain the severity of the condition and any precautions required.

\_\_\_\_\_  
\_\_\_\_\_

### LIMITATIONS/PARTICIPATION:

Please explain any limitations or other concerns which might affect the student's participation in the program.

\_\_\_\_\_  
\_\_\_\_\_

### CONSENT OF PARENT:

I/We understand that in the event of a medical emergency, medical and TDSB staff can authorize emergency care. This would only apply in the event of an emergency and if Summer ESL program staff, and/or Homestay Family (if applicable) have been unable to contact the Parent(s) /Guardians(s).

### SIGNATURE OF PARENT/GUARDIAN:

\_\_\_\_\_

### DATE:

\_\_\_\_\_

DD / MM / YY



## **Custodianship Declaration Procedures 2019 INTERNATIONAL SUMMER PROGRAM July - August, 2019**

**All applicants must complete & notarize both forms: page 5 & page 6 - unless Parent/ Guardian are travelling with student(s) to Toronto. (see bottom of page)**

### **Custodianship Declaration Form – Parent/Guardian, page 5\***

If you are accompanying your student for the entire duration of the program, please fill out the 'Custodian Contact Information in Toronto' section on the registration form, page 1.

If you are not accompanying your student for the duration of the program, please see below:

- Form must be completed and notarized in the country of origin.
- Form must be signed and completed in English and must be accompanied by notarized translated version.
- Original or scanned/faxed copy of the notarized declaration must be submitted to:  
Continuing and International Education as part of the registration package.

If the student is staying with Canada Homestay, this form must be filled, notarized and submitted with the registration package.

### **Custodianship Declaration Form – Custodian in Canada, page 6 \***

This form must be completed for student by the Canadian custodian (family member, friend or agent representing a group) for students applying to the program.

- Forms must be signed and completed in English and must be notarized by Canadian custodians.
- Original signed and notarized forms must be submitted as part of the application package.

For any student who does not have a custodian in Canada, Canada Homestay International must be contacted to assume responsibility as the Custodian for the student while in our program. Please direct inquiries to Canada Homestay by calling 1. 416.926.0355 ext. 2014 or toll free in North America 1.877.441.4443 ext. 2014 or by email: [tdsbcanadahomestay@international.com](mailto:tdsbcanadahomestay@international.com)

Once fees are paid in full and all relevant forms have been submitted, Continuing and International Education will issue an acceptance letter which can be used to apply for the Visa application.

For any group of students travelling with their local or overseas agencies, these agencies will accept Custodianship responsibility while in our program. The original Custodianship Declaration-Custodian in Toronto form (pg.6) must be notarized and provided by the agencies and submitted with the registration package.

\* If a parent will be staying with their child(ren) in Toronto, for the duration of the program, the Custodian Declaration Form- Parent/Guardian & the Custodian Declaration – Custodian in Toronto forms, do not need to be completed.



## CUSTODIANSHIP DECLARATION – PARENTS/GUARDIANS 2019 INTERNATIONAL SUMMER PROGRAM July - August, 2019

**This form must be submitted and notarized even if the client chooses Canada Homestay as their Custodian in Toronto**

### STUDENT Information

Student full name	Female <input type="checkbox"/>	Citizenship	Date of birth (dd/mm/yyyy)
	Male <input type="checkbox"/>		
Name and address of school in Canada <b>TORONTO DISTRICT SCHOOL BOARD, 2 TRETHERWEY DRIVE, 3<sup>RD</sup> FLOOR, TORONTO, ONTARIO M6M 4A8</b>			

### PARENT(S)/ GUARDIAN(S) information (preferably from both parents)

	Parent (Father)	Parent (Mother)
Full name		
Home address		
Home phone number		
Work phone number		
Cell/mobile number		
E-mail address		

### CUSTODIAN Information: (agent, friend or relative)

Full name	Female <input type="checkbox"/>	Status in Canada Canadian Citizen Permanent Resident
	Male <input type="checkbox"/>	
Home address		
Home phone number	Cell/mobile number	Email address

I/We, \_\_\_\_\_ and \_\_\_\_\_ (names of parents/ Guardians), declare that I/We am/are the parent(s) of the aforementioned student. While the student is in Canada, he/she will be in the Custodian's care. I/We have granted my/our authorization and adequate arrangements have been made for the Custodian to act in my/our place in case of emergency, such as when medical attention or intervention is required, but also for day-to-day care and supervision of the student as appropriate. The Custodian will be legally responsible for the student until he/she is of legal age in the province of Ontario.

**Signature (Father):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature (Mother):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Sworn before me at: \_\_\_\_\_ (city), in the

Province of: \_\_\_\_\_ (province/territory),

\_\_\_\_\_ country (if applicable).

This \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year)

**Signature of Notary:** \_\_\_\_\_ **Official seal of Notary Public**



**CUSTODIANSHIP DECLARATION – CUSTODIAN IN TORONTO**  
**2019 INTERNATIONAL SUMMER PROGRAM: July - August, 2019**  
**(This form must be notarized)**

**STUDENT information**

Student full name	Female Male	Citizenship	Date of birth (dd/mm/yyyy)
Name and address of school in Canada <b>TORONTO DISTRICT SCHOOL BOARD, 2 TRETHEWEY DRIVE, 3<sup>RD</sup> FLOOR, TORONTO, ONTARIO M6M 4A8</b>			

**PARENT(S)/ GUARDIAN(S) information (preferably from both parents)**

	Parent (Father)	Parent (Mother)
Full name		
Home address		
Home phone number		
Cell/mobile number		
Work phone number		
E-mail address		

**CUSTODIAN information: (agent, friend or relative in Toronto)**

Full name	Female Male	Status in Canada Canadian Citizen Permanent Resident
Home address		
Home phone number	Cell/mobile number	E-mail address

The application of the official seal below confirms that the notary public has received evidence that the custodian is a Canadian Citizen or a Permanent resident, is over 19 years of age, and currently resides at the address stated above.

I, \_\_\_\_\_ (name of custodian), solemnly declare that I am a Canadian Citizen or Permanent

Resident of Canada and over the age of 19 years. I hereby declare to take on the full custodianship for the above student \_\_\_\_\_ (student name) during his/her stay in Canada while under legal age in the Province of Ontario.

As a custodian, I have made the necessary arrangements for the care and support of the above student in case of emergency, such as when medical attention or intervention is required, but also for day to day care and supervision of the student as appropriate.

**Signature of Custodian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Sworn before me at: \_\_\_\_\_ (city), in the

Province of: \_\_\_\_\_ (province/territory),

\_\_\_\_\_ country (if applicable).

This \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year)

**Signature of Notary:** \_\_\_\_\_ **Official seal of Notary Public**



# Student Media Release Consent Form

2019 INTERNATIONAL SUMMER PROGRAM: July-August, 2019

*Please ensure one box is checked for Part 1 and one box is checked for Part 2 of this form*

## Part 1– Events

I, \_\_\_\_\_, hereby agree and give my permission for the  
*(Name of parent/guardian if student is a minor, under the age of 18)*

Toronto District School Board (TDSB) 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 recorded TDSB/school events and TDSB hosted events as described above. (See Part 2 below)**
- Please mark this box if you DO NOT WISH your child to participate in recorded TDSB/school events and TDSB hosted 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 have read this Student Media Release Consent Form and I fully understand the contents and meaning of this release. I understand that I am free to contact the Principal with any questions regarding this release.

Student’s Name: \_\_\_\_\_

School/Program: \_\_\_\_\_

Parent’s/Guardian’s Name: \_\_\_\_\_

Parent’s/Guardian’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**WIRE TRANSFER REFERENCE SHEET**  
**2019 INTERNATIONAL SUMMER PROGRAM**  
July - August 2019

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Date of Transaction (dd/mm/yyyy)

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Student Name (last name, first name)

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Student's Date of Birth (dd/mm/yyyy)

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Remitter's Name (last name, first name)

Email to [summer4internationalstudents@tdsb.on.ca](mailto:summer4internationalstudents@tdsb.on.ca) as soon as possible in order to receive confirmation of receipt of payment.