



# J. Addison School

## TORONTO EXPLORATION BOARDING CAMP (TEBC)

PROGRAM START DATE		
START DATE	PROGRAM CODE	NUMBER OF DAYS

STUDENT INFORMATION				
STUDENT GIVEN NAME		STUDENT SURNAME		
OTHER ENGLISH NAME	DATE OF BIRTH	AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	
HOME ADDRESS	CITY	PROVINCE	POSTAL CODE	COUNTRY
HOME PHONE NUMBER	STATUS IN CANADA <input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> STUDY PERMIT <input type="checkbox"/> TRAVEL VISA <input type="checkbox"/> OTHER _____			
CURRENT SCHOOL ATTENDING	GRADE COMPLETED BY JUNE		COUNTRY	
SCHOOL ADDRESS	CITY	PROVINCE	POSTAL CODE	

FAMILY INFORMATION - PARENT/GUARDIAN 1 - ENGLISH SPEAKER <input type="checkbox"/> YES <input type="checkbox"/> NO			
GIVEN NAME		SURNAME	
RELATION TO CHILD	HOME PHONE NUMBER	MOBILE PHONE NUMBER	
AUTHORIZATION TO PICK UP THE CHILD <input type="checkbox"/> Yes <input type="checkbox"/> No	CONTACT PRIORITY <input type="checkbox"/> 1 <input type="checkbox"/> 2	PERSONAL EMAIL ADDRESS	WHATSAPP/WECHAT

FAMILY INFORMATION - PARENT/GUARDIAN 2 - ENGLISH SPEAKER <input type="checkbox"/> YES <input type="checkbox"/> NO			
GIVEN NAME		SURNAME	
RELATION TO CHILD	HOME PHONE NUMBER	MOBILE PHONE NUMBER	
AUTHORIZATION TO PICK UP THE CHILD <input type="checkbox"/> Yes <input type="checkbox"/> No	CONTACT PRIORITY <input type="checkbox"/> 1 <input type="checkbox"/> 2	PERSONAL EMAIL ADDRESS	WHATSAPP/WECHAT

EMERGENCY CONTACT PERSON IN TORONTO (IF ANY)			
GIVEN NAME		SURNAME	
RELATION TO STUDENT	RESIDES WITH STUDENT	WORK PHONE NUMBER	MOBILE PHONE NUMBER
WORK EMAIL ADDRESS	PERSONAL EMAIL ADDRESS	WHATSAPP/WECHAT	

UNIFORM INFORMATION - For T-Shirt Sizing Purposes
PLEASE INDICATE YOUR WAIST SIZE IN INCHES

WOULD YOU LIKE TO SUBSCRIBE TO OUR MONTHLY NEWSLETTER? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE INDICATE YOUR PREFERENCE OF DELIVERY:
WHATSAPP: _____ WECHAT: _____ EMAIL: _____



# J. Addison School

## MEDICAL INFORMATION

ARE IMMUNIZATIONS UP-TO-DATE?

Yes  No

ARE THERE ANY BEHAVIORAL ISSUES/SPECIALS NEEDS THAT SHOULD BE DISCLOSED TO OUR SCHOOL?

Yes  No

IF YES, PLEASE PROVIDE DETAILS (WE RESERVE THE RIGHT TO DENY ENTRY TO A PROGRAM SHOULD YOUR CHILD REQUIRE ACCOMMODATIONS THAT THE SCHOOL CANNOT PROVIDE WHICH WOULD AFFECT THEIR SAFETY).

PLEASE REVIEW THE LIST AND CHECKMARK ANY CONDITIONS THAT APPLY TO YOUR CHILD:

- |   |  |                                    |   |  |
|---|--|------------------------------------|---|--|
| <input type="checkbox"/> ASTHMA                             | <input type="checkbox"/> DIABETES      | <input type="checkbox"/> ECZEMA    | <input type="checkbox"/> EPILEPSY         | <input type="checkbox"/> FREQUENT NOSEBLEEDS |
| <input type="checkbox"/> HEART CONDITION                    | <input type="checkbox"/> HEADACHES     | <input type="checkbox"/> HAY FEVER | <input type="checkbox"/> HEPATITIS        | <input type="checkbox"/> HEARING PROBLEMS    |
| <input type="checkbox"/> TUBERCULOSIS                       | <input type="checkbox"/> SKIN PROBLEMS | <input type="checkbox"/> SEIZURES  | <input type="checkbox"/> URINARY PROBLEMS | <input type="checkbox"/> ADHD                |
| <input type="checkbox"/> OTHER CONDITIONS (PLEASE SPECIFY): |  |                                    |   |  |

## PRESCRIPTION GLASSES

DOES YOUR CHILD REQUIRE PRESCRIPTION GLASSES WITH GLASS LENSES?  Yes  No

\*If yes, please be advised your child will need to wear prescription goggles for gym or other school-arranged sports activities or they will be asked to sit out. Safety is our priority. The school will not be responsible for any accidents, injuries, or loss as a result of participation in school-arranged physical activities. It is possible for them to wear goggles provided by the school which fit over their own glasses, if available. We strongly recommend that students wear contact lenses if possible. **PARENT/GUARDIAN INITIALS**

## ALLERGIES/FOOD ALLERGIES

ARE THERE ANY ALLERGIES OR FOOD ALLERGIES THAT SHOULD BE DISCLOSED TO THE PROGRAM?

Yes  No

EPI PIN REQUIRED

Yes  No

PLEASE LIST ALL ALLERGIES/FOOD ALLERGIES

## DIETARY/FOOD RESTRICTIONS \*PLEASE NOTE THAT FOR EXTREME DIETARY FOOD CONDITIONS, MEAL PLAN IS NOT AVAILABLE

ARE THERE ANY FOODS YOUR CHILD SHOULD NOT EAT FOR MEDICAL, DIETARY, OR RELIGIOUS REASONS THAT SHOULD BE DISCLOSED TO THE PROGRAM?  Yes  No

## MEAL PLAN

J. Addison School cannot accommodate students on the meal plan who have allergies or special dietary needs.

**\* WE RESERVE THE RIGHT TO DENY ENTRY TO A PROGRAM SHOULD THE CHILD REQUIRE ACCOMMODATIONS THAT THE SCHOOL CANNOT PROVIDE WHICH WOULD AFFECT THEIR SAFETY.**

## MEDICATIONS

**\*PLEASE BE ADVISED THAT FAILURE TO DISCLOSE OR PROVIDING FALSE MEDICAL INFORMATION REGARDING MEDICAL CONDITIONS OR PRESCRIPTION MEDICATIONS MAY RESULT IN WITHDRAWAL FROM OUR SCHOOL PROGRAMS, AND THE STUDENT WILL BE RETURNED HOME TO BE IN THE CARE OF THEIR PARENTS. THERE ARE NO REFUNDS ON ALL FEES PAID.** **PARENT/GUARDIAN INITIALS**

## MEDICAL WAIVER

I understand that in the event of an accident or illness occurring to my child, J. Addison School will make every attempt to contact parents. If however, I or my spouse cannot be reached, I hereby give J. Addison School authority to act on my behalf to take whatever steps are necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact the child's physician
2. Attempt to contact the emergency contact
3. Call another physician
4. Call an ambulance
5. Have the child taken to the emergency department of a hospital, in the company of a staff member of J. Addison School

Any expenses incurred relating to the circumstances listed above will be the responsibility of the child's family.

I hereby grant permission for the on call school physician, principal, or headmaster of J. Addison School to sign operative and anesthesia permits for the student applicant as thought necessary by a physician or surgeon. I authorize first aid measures by the best qualified person on hand at the time of any emergency. I hereby waive any claims against anyone administering first aid. I understand the school will make all possible efforts to reach me prior to any treatment or surgery.



# J. Addison School

## INFORMATION OF CAMPER

HAVE YOU TRAVELLED TO CANADA BEFORE?

Yes  No IF YES, WHEN? \_\_\_\_\_ WHERE? \_\_\_\_\_

HAVE YOU SHARED A ROOM IN THE PAST?

Yes  No IF YES, WHO?  ROOMMATE IN ANOTHER DORMITORY  CAMP EXPERIENCE  SIBLINGS  OTHER \_\_\_\_\_

## CAMPER HABITS (TO BE COMPLETED BY STUDENT)

WHEN DO YOU DO YOUR HOMEWORK USUALLY?

AFTER SCHOOL OR ACTIVITIES  AFTER DINNER  LATE AT NIGHT

HOW WOULD YOU DESCRIBE YOUR DESIRED NOISE LEVEL?

QUIET  MODERATE  NOISY

WHEN DO YOU DO YOUR HOMEWORK USUALLY?

AFTER SCHOOL OR ACTIVITIES  AFTER DINNER  LATE AT NIGHT

IF PROVOKED, WOULD YOU SAY THAT YOU GENERALLY:

AVOID CONFLICT  ENGAGE IN CONFLICT  INITIATE CONFLICT

HOW WOULD YOU DESCRIBE YOUR ROOM MOST OF THE TIME?

NEAT  SO-SO  MESSY

## CAMPER INTERESTS (TO BE COMPLETED BY STUDENT)

WHAT EXTRA-CURRICULAR ACTIVITIES HAVE YOU PARTICIPATED IN?

ARTS  MUSIC  SPORTS  OTHER (PLEASE SPECIFY) \_\_\_\_\_

IF YOU SELECTED ARTS, PLEASE SPECIFY WHICH TYPE OF ARTS.

IF YOU SELECTED MUSIC, PLEASE SPECIFY WHICH TYPE OF MUSIC.

IF YOU SELECTED SPORTS, PLEASE SPECIFY WHICH TYPE OF SPORTS.

WHAT OTHER ACTIVITIES WOULD YOU LIKE TO GET INVOLVED IN?

ARTS  MUSIC  SPORTS  OTHER (PLEASE SPECIFY) \_\_\_\_\_

IF YOU SELECTED ARTS, PLEASE SPECIFY WHICH TYPE OF ARTS.

IF YOU SELECTED MUSIC, PLEASE SPECIFY WHICH TYPE OF MUSIC.

IF YOU SELECTED SPORTS, PLEASE SPECIFY WHICH TYPE OF SPORTS.

HOW WOULD YOU DESCRIBE YOURSELF?

IS THERE ANY OTHER INFORMATION ABOUT YOURSELF THAT YOU THINK WOULD BE HELPFUL TO US, WHETHER MEDICAL, BEHAVIORAL, OR SENSITIVITY, ETC.? THE MORE INFORMATION YOU PROVIDE, THE BETTER WE'LL BE ABLE TO LOOK AFTER YOU.



# J. Addison School

## CODE OF BEHAVIOUR

1. Students must be respectful to the program supervisors and their peers at all times.
2. Students must be respectful of school materials and the facility.
3. No verbal or physical harassment will be accepted under any circumstances.
4. Students should bring energy and a positive attitude each day they participate in our program.

## PERMISSION TO PARTICIPATE IN SCHOOL TRIPS

I give permission for my child to take part in events and activities as per camp schedule. Campers are not allowed to leave J. Addison School grounds on his/her own.

## MEDIA WAIVER

I authorize my child's photograph/video/voice/name to be used for school activities and school purposes only (including school promotional materials in print, all forms of digital media as well as on-line, including social media marketing purposes).

## PRIVACY STATEMENT

J. Addison School is committed to protecting the privacy of its students and families. Personal information is not sold, leased or traded with other organizations and will not be disclosed except in accordance with school identified purposes or unless permitted or required by law. Personal information collected on this form is used to ensure the safety of your child while attending our school, to determine the medical and dietary needs of the child and in the event of a health concern requiring emergency treatment. By signing this form, you give J. Addison School your consent to collect, use and/or disclose your personal information and the information of your child for all school related operations.

## DORMITORY INCIDENTAL DEPOSIT

The Dormitory Incidental Deposit is held in trust to ensure coverage of the cost of repairs and/or replacements in relation to any damages that may occur to J. Addison School's Residence / property and all of its contents during the student's stay. Cleaning costs will be deducted from the deposit if the student's room requires excessive cleaning. Other administrative expenses, incidentals, occasional spending or penalties incurred by the student, or any other outstanding service fees will also be deducted from the deposit. There is a minimum charge of \$50 for each incident. Please refer to the Dormitory Residents' Manual for more information. The balance of the deposit will be refunded if all conditions of the agreement are met upon the student's departure. Refunds of deposits, or balance of deposits, will be issued as cash to the student. But if you prefer a different method of refund, please indicate on your application form. Refunds of deposits, or balance of deposits, will be issued at the end of the program.

## TERMS AND CONDITIONS

### FEES AND PAYMENTS - Please initial the box to indicate that you have read and understand this section about payment of fees.

**INITIALS**

I, the undersigned, understand and agree that all fees paid are non-refundable, non-transferable and subject to change without notice. However, if a travel visa is not approved 30 days prior to departure, J. Addison School will issue a full refund of the unused fees less CAD\$200 Handling Fee. 30 business days are required to process the refund. Student must present the official rejection letter from the Canadian Embassy, a written refund request and the official receipt issued by the school. Cancellation requests due to any nature within 30 days prior to departure will not be eligible for refund. I understand that no refund or credit will be issued if breaching of school and/or dorm policies result in early termination of this program. Upon completion of the program, the paid damage deposit of CAD \$200 will be returned within 14 days if no damages were incurred. Program changes due to registration, weather, unforeseen circumstances, etc. may be made at the school's discretion, without notice. Should any unforeseen circumstances arise which are beyond our control, including but not limited to: natural catastrophes (such as flooding, earthquake, etc.), riots, war, terrorist acts, epidemic, pandemic, quarantine, civil commotion, breakdown of communication facilities, breakdown of web host, breakdown of internet service provider, governmental acts or omissions, changes in laws or regulations, national strikes, fire, explosion, accidents, generalized lack of availability of raw materials or energy, etc. J. Addison School reserves the right to make changes to our programs (i.e. academic and dormitory arrangements, cancellations or re-scheduling of programs and/or change of program location, acceptance or admission to J. Addison School's programs or the deferral thereof and access to J. Addison School's premises and facilities), as deemed necessary without any liability, whatsoever. The decision to issue tuition refunds in aforesaid circumstances will be fully at the school's discretion. J. Addison School is not responsible for omissions, printing and/or presentation errors which may be contained in brochures, internet sites, or in any other form of media where such information may be presented; we reserve the right to make corrections as required.

**INITIALS**

### SMOKING/VAPING AND FINES - Please initial the box to indicate you have read and understand this section about smoking/vaping and fines.

I, the undersigned, understand that smoking/vaping is strictly prohibited at J. Addison School, including the grounds and school property that are specifically annexed/in use by our school (e.g. the playground). Students found to be smoking/vaping on campus, outside a building, or off campus, will be dealt with by the Principal or Administrative designate. Any offender could be subject to a maximum fine of \$5,000 and/or disciplinary action.

I have read the rules and regulations of J. Addison School, including the Code of Conduct as detailed in the J. Addison School Course Calendar, and the Dormitory Residents' Manual, and agree to abide them.

I recognize that school and dormitory administrators have sole responsibility for the interpretation of the school's rules, regulations, and policies. I understand that the principal and headmaster have the right to remove students from the school and/or dormitory and return them to their parents/guardians/custodians.

I hereby certify that all the information contained on these forms are accurate and complete; J. Addison School will not be responsible for accidents or injuries that may arise as a result of incorrect or missing information given at the time of enrollment. It is the parent/guardian/custodian's responsibility to provide J. Addison staff with written notification of changes or new student information, including that of returning students.

I also agree to release and indemnify J. Addison School, its Director, Officers, Agents and Employees from any and all claims for damages arising from any injury or otherwise related actions to the student as a result of any accident, illness, or for any reason arising from participation in any school activities on or off J. Addison School grounds.

**I, the undersigned, and the student named herein have read and understand all the above terms and conditions listed on this application form, and agree to abide by them.**

**INITIALS**

PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
GIVEN NAME	GIVEN NAME
SURNAME	SURNAME
SIGNATURE	SIGNATURE
DATE	DATE

We reserve the right to make program modifications for the purposes of program enhancement, practicality, due to unforeseen circumstances, etc. The final itinerary may or may not include all of the activities and excursions listed.