



# Toronto Eesti Täienduskoolid

## ÕPILASE REGISTREERIMISVORM/STUDENT REGISTRATION FORM 2018/2019

PEREKONNANIMI / LAST NAME	EESNIMED / FIRST NAME
ADDRESS / ADDRESS	LINN, POSTIKOOD / CITY, POSTAL CODE
SÜNNIAEG ( PÄEV,KUU,AASTA) / BIRTHDATE (DAY, MONTH, YEAR)	TERVISEKAART / ONTARIO HEALTH CARD NUMBER
ALLERGIAD/MED.INFO/TERVISEPROBLEEMID / ALLERGIES / MEDICAL INFORMATION/ OTHER HEALTH RELATED ISSUES	

TELEFONI NR. (KODUS) / TELEPHONE (HOME)	KONTAKTISIK JA TEL.NR. / EMERGENCY CONTACT NAME & PH NO
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1. VANEMA NIMI / NAME – PARENT NO. 1	2. VANEMA NIMI / NAME – PARENT NO. 2
MOBIILI NR. / MOBILE	MOBIILI NR. / MOBILE
EPOST / E-MAIL	EPOST / E-MAIL
SUHTLUSKEEL / LANGUAGE PREFERENCE <input type="checkbox"/> EESTI <input type="checkbox"/> ENGLISH	SUHTLUSKEEL / LANGUAGE PREFERENCE <input type="checkbox"/> EESTI <input type="checkbox"/> ENGLISH

ÕPILASE HOBID, HUVID,TEGEVUSED/PLEASE TELL US ANYTHING ELSE ABOUT YOUR CHILD THAT MIGHT ASSIST US IN PLANNING FUTURE EVENTS. (PLAYS THE FOLLOWING MUSICAL INSTRUMENTS, OR ANY OTHER INTERESTS)
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2018/19 õppemaksu suuruseks on \$385.00 esimese kooliskäiva lapse kohta perekonnas. Teise lapse osavõtumaks on \$235.00, kolmanda ja enama lapse osavõtumaks on \$ 50.00. Toimkonnas mitteosalemismaks on \$150.00 perekonna kohta. Viimane tähtaeg 30. okt. 2018. Palun kirjuta tšekk **T.E.S. Täienduskool** nimele, edasta laekur Rita Gonneaule. Võimalused: ettekirjutatud tšekid Sept. 25, 2018 – Nov. 27, 2018 – Jan. 29, 2019. Otseülekanne (ka tel. teel,lisa õpilase nimi) Estonian (Toronto) Credit Union, Account #2570

2018/19 registration fees are \$385.00 for the first child enrolled from each family. The fee for the second child from the same family is \$235.00. Additional children are \$50.00. If you prefer not to volunteer please add an additional fee of \$150 per family. Registrations fees due by Oct 30, 2018. Payment by cheque payable to: **T.E.S. Täienduskool**. Post-dated cheques may be submitted to the treasurer, Rita Gonneau; Sept. 25, 2018 – Nov. 27, 2018 – Jan. 29, 2019. Direct deposit (add student's name): Estonian (Toronto) Credit Union, Account #2570

Klass/Grade #: \_\_\_ kuupäev/date \_\_\_\_\_ 2018

Vanema allkiri/Parent's signature \_\_\_\_\_

# Student Media Release Consent Form

*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 Toronto Eesti Seltsi Täienduskoolid 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 T.E.S.T. website, posting in schools, posting on social media sites and/or for broadcasting on television or radio as determined by the T.E.S.T.

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 T.E.S.T.'s control. I agree that I will not hold the T.E.S.T. 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 T.E.S.T. /school events and T.E.S.T. hosted events as described above. (See Part 2 below)
- Please mark this box if you **DO NOT WISH** your child to participate in recorded T.E.S.T./school events and T.E.S.T. 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 T.E.S.T.
- 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: \_\_\_\_\_

Student's Signature (If 18 years of age or older) \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Parent's/Guardian's Signature (If student is a minor – under the age of 18): \_\_\_\_\_

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