

*Elementary Summer Program
Registration Form*



IVY ED
CENTRES FOR ENHANCED LEARNING

Student Name

School Attending

Grade

Home Address

Parent/Guardian Name

Home Phone Number

Cell Phone Number

E-mail Address

Emergency Contact Name

Emergency Contact Number

Program (Check all that apply):

If other, please specify:

Days of Interest

Half Day Morning

Monday

Half Day Afternoon

Tuesday

Full Day

Wednesday

Power Writing

Thursday

IVY Math

Friday

SSAT

Request for

High School Prep

Extended

Other

Hours

If specific weeks/days are requested, please indicate the dates below:

Office Use Only:

Number of Weeks Purchased: _____

Total Cost: \$ _____ Deposit: \$ _____ Balance Owing: \$ _____