

*Secondary 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

Essay Writing

Monday

High School Math Prep

Tuesday

SAT

Wednesday

High School Credit Courses

Thursday

Other

Friday

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

Office Use Only:

Number of Weeks Purchased: _____

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