



Oxford Learning Centre, High Park
Summer Signature Registration Form

Student information:

Name : _____ Date of Birth (d/m/y): _____

Address: _____ Grade: _____

_____ School: _____

_____ Postal Code: _____

Areas of Concern (if any):

Health Information:

Allergies/ Medical concerns:

_____ Health Card Number: _____

Parent/ Guardian Information:

Full Name : _____

Relationship to student: _____ Home Phone: _____

Address: _____ Cell phone: _____

_____ Work phone: _____

_____ Email: _____

Emergency Contact:

Full Name: _____ Relationship to student: _____

Home Phone: _____ Cell Phone: _____

Who is allowed to pick up your child?

Signature Summer Enrollment

Please check one of the following programs:

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> 10 hours | <input type="checkbox"/> Booster Week (July 22-26) (15 hours) |
| <input type="checkbox"/> 16 hours | <input type="checkbox"/> Booster Week (Aug 19-23) (15 hours) |
| <input type="checkbox"/> 25 hours | <input type="checkbox"/> Other: _____ |

Total Cost for Program: _____ Registration/ Assessment: _____ Total Cost: _____

Payment:

Payment can be made by credit card, cash or by cheque, payable to Oxford Learning High Park. **However, we still require a credit card on file.**

- | | | |
|---------------------------------------|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Cheque | | |
| <input type="checkbox"/> Cash | | |
| <input type="checkbox"/> Credit card: | <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard |

Card Number: _____

Cardholder's name (exactly as printed on card): _____

CCV: _____

Exp: m _____ y _____

Signature: _____

Date: _____

I have read and understood the terms of enrollment.

Name of Parent/Guardian

Signature of Parent/ Guardian

Date

Oxford Learning High Park
406 B Pacific Ave., Toronto, ON M6P 1R4
416-762-4447
highpark@oxfordlearning.com

Summer Signature Schedule: Fill in your desired times on the desired days. *We will do our best to accommodate you but times are not guaranteed.*

Mornings (AM): 9:30 am to 12:00 pm, Afternoons (PM): 12:00 pm to 4:00 pm

Evenings: 4:00 pm to 8:00 pm (Only available on Tuesday/Thursday)

July 2017					
Total	Monday	Tuesday	Wednesday	Thursday	Friday
	1 (Closed)	2 <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evening	3 <input type="checkbox"/> AM <input type="checkbox"/> PM	4 <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evening	5 <input type="checkbox"/> AM <input type="checkbox"/> PM
	8 <input type="checkbox"/> AM <input type="checkbox"/> PM	9 <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evening	10 <input type="checkbox"/> AM <input type="checkbox"/> PM	11 <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evening	12 <input type="checkbox"/> AM <input type="checkbox"/> PM
	15 <input type="checkbox"/> AM <input type="checkbox"/> PM	16 <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evening	17 <input type="checkbox"/> AM <input type="checkbox"/> PM	18 <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evening	19 <input type="checkbox"/> AM <input type="checkbox"/> PM
	22 <input type="checkbox"/> AM <input type="checkbox"/> PM	23 <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evening	24 <input type="checkbox"/> AM <input type="checkbox"/> PM	25 <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evening	26 <input type="checkbox"/> AM <input type="checkbox"/> PM
	28 <input type="checkbox"/> AM <input type="checkbox"/> PM	30 <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evening	31 <input type="checkbox"/> AM <input type="checkbox"/> PM		

August 2017					
Total	Monday	Tuesday	Wednesday	Thursday	Friday
				1 <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evening	2 <input type="checkbox"/> AM <input type="checkbox"/> PM
	5 (Closed)	6 <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evening	7 <input type="checkbox"/> AM <input type="checkbox"/> PM	8 <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evening	9 <input type="checkbox"/> AM <input type="checkbox"/> PM
	12 <input type="checkbox"/> AM <input type="checkbox"/> PM	13 <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evening	14 <input type="checkbox"/> AM <input type="checkbox"/> PM	15 <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evening	16 <input type="checkbox"/> AM <input type="checkbox"/> PM
	19 <input type="checkbox"/> AM <input type="checkbox"/> PM	20 <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evening	21 <input type="checkbox"/> AM <input type="checkbox"/> PM	22 <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evening	23 <input type="checkbox"/> AM <input type="checkbox"/> PM
	26 <input type="checkbox"/> AM <input type="checkbox"/> PM	27 <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evening	28 <input type="checkbox"/> AM <input type="checkbox"/> PM	29 <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evening	30 <input type="checkbox"/> AM <input type="checkbox"/> PM

Total Hours: _____