



Oxford Learning Centre, High Park

# SSAT Intensive 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: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Emergency Contact:

Full Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Summer Camp Enrollment:** \_\_\_\_\_

**Please check one of the following programs:**

<input type="checkbox"/> August 12 – 16 .....\$500
<input type="checkbox"/> August 19 – 23 .....\$500

\*Program runs between 9 AM and 4 PM.

\*\*Before-care (8:30 am) and After-care (until 5:30 pm) is available at an extra charge (\$20/day)

☐ Hot Lunch Program (\$65 / week)

Program Cost: \_\_\_\_\_ Before &After Care: \_\_\_\_\_ Hot Lunch \_\_\_\_\_ Total Cost: \_\_\_\_\_

**Payment:**

Payment can be made by credit card, cash or by cheque payable to: Oxford Learning, High Park.

**Cancellations require written notice and we will charge a non-refundable deposit of \$100.00 for all cancellations. We require one month written cancellation notice; all sessions cancelled with less than a month's notice are non-refundable.**

- ☐ Cheque  
☐ Cash  
☐ Credit card:      ☐ Visa      ☐ 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

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