



Centre pédagogique

LA RENAISSANCE

Learning Center

COMPLETE & EMAIL TO
info@cprenaissance.com

REGISTRATION FORM
ADMISSION EXAM PREPARATION PROGRAM FOR HIGH SCHOOL

STUDENT INFORMATION

First Name: _____ Last Name: _____

Date of Birth (mm/dd/yyyy): _____ Age: _____ Sex: _____

Allergies/Health Information: _____

Current School: _____ Grade: _____

Home Telephone: _____ () _____ Cellular: _____ (name) ()

Parent Work Telephone: _____ (name) () Other: _____ (name) ()
ext: _____

Complete Home Address: _____

Email address: _____

High School(s) selected: _____

REGISTRATION SESSION SUMMER

- GROUP 1 (17:00-18:30)
- GROUP 2 (19:00-20:30)

PAYMENT INFORMATION/FINANCING PLAN

Price: 475 \$

Payment options: in full
 in 2 equal payments (the first payment for the day of registration and the second for the 1st day of the scheduled classes)

Payment type e-transfer to cplr2017@gmail.com
 CREDIT _____ EXP _____ CVC _____

CONDITIONS/POLICIES

The following conditions and policies must be met and respected at all times:

- The student(s) must be accompanied to and from the Centre by an adult. Centre Pédagogique La Renaissance reserves the right to cancel the registration of any student who refuses to follow Centre rules or who demonstrates inappropriate behaviour.
- **Refund policy:** You must advise us at least 5 days prior to the program start date in order to receive a full reimbursement. No partial refunds will be offered.

I have read and understood all of the above information. I agree to comply with the terms of this registration contract and all the conditions and/or policies mentioned above. I also agree to the financing plan established above, and agree to provide the payment(s) required on the selected date(s).

Name of Parent/Legal Guardian: _____
(Please print)

Signature of Parent/Legal Guardian: _____

Date: _____

Admin: _____

By Email :

Save and return it by Email at: **info@cprenaissance.com**

Address :

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