



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: 495 \$

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

Payment type  e-transfer to [cplr2017@gmail.com](mailto: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: \_\_\_\_\_

### By Email :

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

### Address :

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