

STUDENT NAME:

Confidence, Perseverance, Innovation (858) 599-5300

GENDER:

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info@ivyleafec.com

16469 Bernardo Center Drive,

San Diego, CA 92128

REGISTRATION FORM

BIRTDATE:

ADDRESS:				CITY:		ZIP:	
PARENT/ GUARDIAN NAME:				CELL PHONE #:			
PARENT GUARDIAN E-MAIL:				WORK #:			
SECOND PARENT/ GUARDIAN NAME:				CELL PHONE #:			
SECOND PARENT/ GUARDIAN E-MAIL:				WORK #:			
NAME OF SO	CHOOL CURRENTL	Y ATTENDING:					
SCHOOL ADDRESS:				CITY:		ZIP:	
GRADE:	DE: CLASSROOM #:		DISMISSAL TIME:				
SHORT DAY: (PLEASE CIRCLE)				DISMISSAL 7	DISMISSAL TIME		
	TUESDAY	WEDNESDAY	THURSDAY				
CLASS SELE	CTION: (PLEASE C	IRCLE)		· ·			
ELA	MATHS	ART	PIANO	OTHER			
DAYS OF AT	TENDANCE: (PLEA	SE CIRCLE)					
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
TRANSPORTATION POLICY: You must inform Ivy Leaf Education Center LLC by phone or e-mail 24 hours in advance if your child is NOT in need of scheduled pickup.							
	RELEASE: I hereby ent at the time of illn		cion Center LLC permission	on to seek medica	l attention for the child in	the above form in any event that	
LIABILITY RELEASE: I hereby waive all rights and claims against Ivy Leaf Education Center LLC and its team members for any liability resulting in my child's participation in any event organized by Ivy Leaf Education Center LLC.							
REGISTRATI due upon regi		E: A one-time, non-re	efundable \$50/ student R	egistration Fee a	nd a one-time, non-refund	able \$50/ student Materials Fee is	
PARENT SIGN	NATURE:						
DATE:							