



Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Alternative Emergency Contact Person: Name \_\_\_\_\_

Phone # \_\_\_\_\_

Last Name of your Child/Student	First Name of your Child/Student	Age	DOB
			/ /
Student's email	Student's Cell phone #	Grade	Gender
			M/F

Name of School: \_\_\_\_\_ School Schedule: \_\_\_\_\_

**PROGRAM PREFERENCES:**

- SAT     
  PSAT     
  ACT     
  Homework Help     
  TOEFL     
  Admission Essay Coaching  
 SAT Subject Test(s): \_\_\_\_\_     
  IELTS  
 High School Entrance Exam: \_\_\_\_\_     
  After School Program 4<sup>RD</sup> TO 8<sup>TH</sup>

Preferred payment Method	[ ] Card      [ ] Check      [ ] Cash																																		
Credit Card Type	[ ] Visa      [ ] MasterCard      [ ] Amex																																		
CREDIT CARD ONFO	VISA/MC CARD NUMBER (16 NUMBERS); AMEX CARD NUMBER (15 NUMBERS) <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> SECURITY CODE: _____ CARD ADDRESS ZIP CODE: _____ <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> EXPIRATION DATE: MM/YY <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td> </tr> </table> (as printed on the card):																																		

Credit Card Information	Billing Address:
Terms & Conditions	By signing here, I agree that I am purchasing the above membership from IVY TEST PREP, and I acknowledge that I understand and agree to all of the terms and conditions on this Agreement. If selecting a month to month payment option, I understand that payment is due on the 1 <sup>st</sup> of every month. I will automatically be charged each month per my agreement. If I have only committed on a monthly basis, I will be charged unless I have confirmed my intention to terminate classes with IVY TEST PREP <b>before</b> the 1 <sup>st</sup> of the month. There will be no refunds granted for failure to terminate timely.
Signature	Parent/Guardian: _____ Date: _____

**ADDITIONAL INFORMATION, TERMS & CONDITIONS**

Allergies, Dietary Restrictions, Behavioral Issues or Medical Conditions: please describe any and all of the following:

Allergies	
Dietary restrictions	
Behavioral issues	
Medical conditions	

Unless this section above indicates otherwise to the contrary, we will assume that Student can consume normal snacks & engage in normal activities for child in Student’s age group. IVY TEST PREP is not authorized to give medication to your child.

**Pickups:** please list only the people besides yourself that are allowed to pick up your child. If the person on this list did not bring student to the center, that person will be asked to show ID (this is for the wellbeing of your child, so there are no exceptions).

Name	Relationship	Phone #s (cellular phone)

**3. Cancellations & Refunds. Cancellation Policy:** The Responsible Party is responsible for paying the tuition plan chosen above whether or not the student attends sessions during any period. If you cancel 30 days in advance, you will receive a 50% refund. If you cancel fewer than 30 days in advance, you will receive a 10% refund. There will be no refunds for failure to cancel or attend.

**4. Videotaping & Photographs:** I agree that Student may be videotaped, filmed or photographed during classroom activities exclusively for purposes of emailing such videos to myself and anyone else that I specifically authorize and to post photographs around the IVY TEST PREP.

**5. Emergency Consent:** I acknowledge that it is the policy of IVY TEST PREP to notify a parent when a child is ill or needs medical attention. I acknowledge that if IVY TEST PREP cannot contact a parent and they need to get immediate help for the child, the procedure is to take the child to the nearest emergency service or call 911/ ambulance help. I hereby consent to this procedure and further agree to pay all costs incurred.

I hereby state that the above information is accurate and I understand and agree to all of the terms and conditions set forth above

Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

**IVY TEST PREP**

196 Paterson Avenue, 3rd Floor, East Rutherford, NJ 07073

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