

Summer@theheart

Payment Form

Student Name: _____

Course Registered For: _____

Session: _____

Course Registered For: _____

Session: _____

Course Registered For: _____

Session: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Does the student have any allergies?

Does the student have any medical conditions?

Your registration is not secure until we have received payment.

Please mail your payment to:

Immaculate Heart Academy - Summer@theheart

500 Van Emburgh Ave.

Township of Washington, NJ 07676

Checks should be made out to IHA.

Early Bird Special Until April 30 - Take off \$10
Incoming and Current IHA Families - Take off \$15