

**Summer Session July 8 – 26, 2019
Monday-Friday, 9:30 a.m.-12:00 p.m.
For students presently in JK to Grade 7**

287 Imperial Rd. South, Guelph, ON N1K 1Z4
Phone: 519-836-8785 Fax: 519-824-3088
Email: ilp@wellingtoncdsb.ca
Web: ilp.wellingtoncdsb.ca

Note: All classes are offered based on sufficient enrollment. In the event that a class is not running, you will receive a phone call.

_____ (Family Name) _____ (Parent/Guardian First Name)
 Street Address _____ Apt. # _____ City _____ Postal Code _____
 Home Phone _____ Cell Phone _____ Email _____
 Emergency Contact Name _____ Phone # _____

Possible Language Offered (dependent on enrollment)

Amharic	German	Korean	Serbian	Vietnamese
Bengali	Greek	Laos	Spanish	Yoruba
Chinese- Cantonese	Gujarati	Persian	Tamil	Other:
Chinese- Mandarin	Hindi	Polish	Tigrigna	
Dari	Hungarian	Portuguese	Ukrainian	
Dutch	Italian	Punjabi	Urdu	
Filipino	Japanese	Russian	Uzbek	

Student Name	Gender	Date of Birth Month/Year	Name of Present Day School	Grade as of Sept. 2019	Language Requested

Student Medical/Allergy Information:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

A "Request for School Assistance in HealthCare" form must be completed and accompany this registration form for any request to administer medication during ILP hours.

Student Photo Release Authorization

I/we hereby consent to the inclusion of photographs, videos of my/our children (as named above) in classroom, hall displays, class projects, or promotional literature related to the International Language Program and to the use of photographs/videos taken as part of the program for use on the program website, Facebook, and Twitter accounts. By signing the bottom of this registration form you confirm the photo release authorization as outlined above. **If you do not approve this authorization please check this box.**

Parent/Guardian Signature: _____ Date: _____