ilac KIDS
Powered by ILAC KISS

Registration Form
Ages 7 - 14

A Student Information

Last Name:
First Name:
Gender: ○ M ○ F ○ X:
Chosen Name:
Date of Birth: YYYY MM DD
Nationality:
Primary Language:
WhatsApp Phone:

E-mail: (if one exists)
Country: (of birth) City:
Address: (home country)
Province: Postal Code:
Are you currently in Canada? ○ Yes ○ No
Are you planning on attending a university or college in Canada, US or Europe? ○ Yes ○ No
Are you planning on attending a high school in Canada? ○ Yes ○ No

	Parent/Guardian	Emergency Contact Information: If different from parent/guardian
Full Name		
Date of Birth YYYY/MM/DD		Relationship
Home Address		
Phone Number		
Email		

B Program

Part Time

(8 lessons per week, Mon - Thu)

○ **Time Slot 4** (6:00pm ET)
○ **Time Slot 6** (7:00am ET)

Age Group

○ **Juniors (7-10)** ○ **Youths (11-14)**

- ○ ***Yes**, I would like to take the online placement test*
- ○ ***No**, I would opt out of the placement test and start in the Beginner level*

Number of Weeks:
Start Date: YYYY MM DD

For a list of start dates please visit **https://ilac.com/kids/**

C Agent

Have you been in contact with an agent? ○ Yes ○ No

Agency: City: Country:
Contact Agent: Agent Email:

☐ **I, hereby certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my registration may invalidate my registration. I have read and understand all of ILAC policies & procedures including the Tuition Refund Policy.**

☐ **I, understand that study permits cannot be issued for programs that are solely distance learning and that all study permit holders must actively pursue their course or program of study while they are in Canada.**

☐ **I, understand I am responsible to bring my own device to class to facilitate learning where necessary.**

Parent Signature: **Applicant Signature:** **Date** YYYY MM DD