



PAYMENT FORM

PLEASE PRINT CLEARLY

Student Name: _____

Parent Email: _____

Course Registered For: _____

Session: _____

Course Registered For: _____

Session: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Please make sure you have registered online as well.

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.