

LIFESKILLS REGISTRATION FORM

Last Name: _____ LifeSkills File Number

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First Name: _____ Male Female Date of Birth:

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year month day

Postal Code: _____ Address: _____ Apartment: _____

City: _____ Province: _____

Primary Telephone #: _____ Work Telephone #: _____

Other Telephone #: _____ Email address: _____

COURSE SELECTION I would like to register for the following courses:

Section No.

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 Title: _____

1. Meeting Dates: _____ Course Fees: _____

Section No.

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 Title: _____

2. Meeting Dates: _____ Course Fees: _____

Section No.

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 Title: _____

3. Meeting Dates: _____ Course Fees: _____

NOTE: If you register by mail or fax, you will receive confirmation by mail once your registration has been processed. Only properly completed registrations will be processed. All fees must be paid in full at the time of registration.

LIFESKILLS FEES = \$ _____
 PARKING FEES (if applicable) = \$ _____
 TOTAL = \$ _____

Student Signature: _____
 Date: _____

COURSE WITHDRAWAL & REFUND: The College reserves the right to cancel courses due to low enrolment. Students will be informed if a course is cancelled. The student may then choose either to take another course or receive a full refund. Students wishing to withdraw from a course must notify the Centre for Continuing Education in writing, stating the name of the course, before the first scheduled meeting of the course. The refund consists of the course fee less \$20. THERE IS NO REFUND AFTER THE FIRST SCHEDULED MEETING.

Parking on campus

Parking permit: \$35 per evening per semester
Evening 5:00 – 11:00 PM:
 \$4.00 per evening, payable at Parking pay stations
Weekend parking: \$6.00 per day

Vehicle Information

Make of Vehicle: _____
 Colour of Vehicle: _____
 Licence Plate #: _____

Parking Permit Information

Student Signature: _____
 Date: _____
 Office Signature: _____

Method of Payment

No cash or personal cheques are accepted.

MasterCard VISA Certified Cheque
 Money Order Debit Card (In Person Only)

Card No.: _____
 Expiry Date: _____
 Card Holder Name: _____
 Card Holder Signature: _____
 Date: _____

FOR OFFICE USE ONLY

Parking Permit Number: _____
 Date: _____

Monday Tuesday Wednesday Thursday