CHILD CARE ASSISTANT REGISTRATION FORM



STUDENT NUMBER (If you have previously attended Assiniboine)				
LOCATION Brandon Dauphin	Other			
COURSE FEES: Domestic Brandon (\$211.53) D	auphin (\$210.45) Other (\$203.61)	International Brandon	ı (\$805.14) Dauphi	in (\$804.24) Other (\$797.40)
Course Name		C	Course Number	
Overview of Childhood Education		<u>E</u>	CED-0031	_
PERSONAL INFORMATION (* Required)				
Last Name*	First Name*		Middle Name	
METHOD OF PAYMENT				
Please choose one method of payment:				
Cheque/Money Order (payable to Assiniboine C	ommunity College) Visa	Mastercard Ca	ash Debit (Pi	lease pay cash or debit in person)
Credit Card #		Expiry Date		
Cardholder Name				
Cardholder Signature	Cardhold	er Phone Number		
SPONSORSHIP (if applicable) Note: This form must be signed by an authorized company, company/agency, in the event of cancellation of the course		the second secon		
Student Name				
Please invoice the following company/agency:				
Company/Agency				
Mailing Address:*	PO or Box Number and Street			
City or Town	Province	Postal Code		Country
Telephone: Home*	Mobile		Fax	
Email*				
Name of Agency Contact	т	itle		
Authorized Signature				
DECLARATION OF WAIVER The college does its best to update program information regularly so approgram objective, articulation agreement, fee, timetable, or campus local SIGNATURE				