

Fax (705) 472-7169

Child Development Practitioner Program

CONFIRMATION FORM

PERSONAL INFORMATION (PLEASE PRINT). (Any credentials issued by Canadore will bear the name as it is noted below).

| | | | | |
|---|-------------|---|---|--------------------|
| Mr | Ms | Last Name | Given Name | Middle Initial (s) |
| Mrs | Miss | | | |
| Home Mailing Address: Street / Box No., RR# | | | City / Town | |
| Province | Postal Code | Home Phone (include area code) | Business Phone (if applicable) (with extension) | |
| Date of Birth (DD/MM/YYYY) | | Birth Name or Previous Surname (to avoid duplication of Student Records) | Social Insurance Number | |
| E-mail address | | | Cell Phone # (if applicable) | |

PROGRAM/COURSE INFORMATION Please register me in the following course(s).

| | Course Code | Course Name | Start Date | Fee | Contact North Location (if applicable) | For Office Use Only (CRN) |
|---|-------------|-------------|------------|-----|--|---------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |

ADMISSION QUALIFICATIONS (PLEASE PRINT)

| | | | | | |
|--|-----|----|--|----------------|----|
| Are you a secondary school graduate? | Yes | No | Are you 19 years of age or older? | Yes | No |
| I am currently enrolled in high school and can provide proof upon request. | | | Yes _____ No _____ | | |
| If yes, name of high school, | | | and expected graduation date (mm/yyyy) | | |
| Have you previously attended Canadore College? | Yes | No | If yes, Year(s) | Student Number | |

| | |
|--|-------------------|
| I certify that the above information is true and complete and authorize the release of information as noted below. | |
| | Student Signature |
| | Date |

PAYMENT INFORMATION – Ensure payment is enclosed or OYAP Student ()

| | | | |
|--|-----------------|-------------|--|
| Card Type | Card Number | Expiry Date | Interac or Cash in person only at the Commerce Court Campus 60 Commerce Cres, North Bay |
| MasterCard () VISA () Amex () | Cardholder Name | Signature | |
| Enclosed is a Cheque or Money Order payable to Canadore College (No post-dated cheques please) () | | Amount | |

Freedom of Information and Protection of Individual Privacy
 The information on this form is collected under the authority of the Colleges and Universities Act R.S.O. 1980, C.272, S5: R.R.O. 1980, REG640.
 The information is used for the administrative and statistical purposes of the College and/or the Ministries and Agencies of the Government of Ontario and the Government of Canada. For further information, contact the College's Registrar.

| | | | | |
|---------------------|--------------|--------|----------------|-----------------|
| FOR OFFICE USE ONLY | PAYMENT DATE | AMOUNT | DATE CONFIRMED | DATE REGISTERED |
|---------------------|--------------|--------|----------------|-----------------|