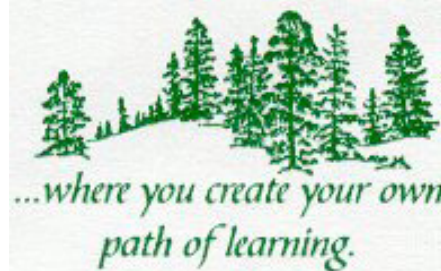


# Registration Form



<b>STUDENT</b>	(last name) _____ (first name) _____ (preferred nickname) _____
	Phone: _____ Address: _____ Prov. _____ P.C.: _____ Home Email: _____
<b>FATHER</b>	Birthdate: _____ Gender: _____
	Last Name: _____ First Name: _____ (only if different from student's address) Address: _____ Prov. _____ P.C.: _____ Email: _____
<b>MOTHER</b>	Work Phone: _____ Cell Phone: _____ Work E-Mail: _____ Occupation: _____ Name of Firm: _____
	Last Name: _____ First Name: _____ (only if different from student's address) Address: _____ Prov. _____ P.C.: _____ Email: _____

**Attendance:** Date student will start: \_\_\_\_\_

Full-time: Y N

Part-time: Y N      Days: M    T    W    H    F

Hours: \_\_\_\_\_

Distance Learning: Y N

**For office use only:**

Registration Paid: Yes No      Amount: \_\_\_\_\_      Cheque    Cash

Date and Time of Registration: \_\_\_\_\_

Special Information: \_\_\_\_\_

\_\_\_\_\_