AQUATICS REGISTRATION FORM

St. Clair College
2000 Talbot Road West, Windsor, Ontario N9A 6S4
Registrar's Office Fax: 519-972-3811

St. Clair Student Number | Social Insurance Number (if available) | Birth Date (Month/Day/Year)

Please complete **one form per person** registering - this form may be photocopied for additional registrations.

☐ Mr.
☐ Miss
☐ Mrs.
☐ Ms.

Surname | First Name | Middle | Former Name

Apt. #, Street, Box # or RR#

City | Province | Postal Code

Home Telephone | Cell Phone

Email Address

☐ FALL ☐ WINTER ☐ SPRING ☐ SUMMER

Course Code	Section	Class #	Fees
e.g. SWM 123N	050	1731	$66.00
Total Fees			
Day:		**Start Time:**	

Year:

Note:
Registrations will not be processed unless payment is attached.

NO POSTDATED CHEQUES PLEASE

Parking permits (WINDSOR) must be paid for and picked up at the Main Lobby Parking Office between 8:00 am to 7:00 pm, Mon. to Thurs. and 8:00 am to 3:00 pm Fri. DO NOT include Parking Fees with this form.

☐ FALL ☐ WINTER ☐ SPRING ☐ SUMMER

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e.g. SWM 123N	050	1731	$66.00
Total Fees			
Day:		**Start Time:**	

METHOD OF PAYMENT

☐ CASH ☐ CHEQUE ☐ DEBIT ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

Card #: _____ Expiry Date: _____ / _____

CHANGE OF NAME / ADDRESS (if your name or address has changed since you last took a course at St. Clair College)

Previous Name: _____ Previous Address: _____

THE INFORMATION ON THIS FORM IS COLLECTED UNDER THE LEGAL AUTHORIZATION OF THE ONTARIO COLLEGES OF APPLIED ARTS AND TECHNOLOGY ACT, 2002, S.O. 2002, CHAPTER 8, SCHEDULE F, SECTION 6. THE MINISTRY COLLECTS THIS DATA, WHICH INCLUDES LIMITED PERSONAL INFORMATION SUCH AS ONTARIO EDUCATION NUMBERS, STUDENT CHARACTERISTICS AND EDUCATIONAL OUTCOMES, IN ORDER TO ADMINISTER GOVERNMENT POSTSECONDARY FUNDING, POLICIES AND PROGRAMS, INCLUDING PLANNING, EVALUATION AND MONITORING ACTIVITIES. FOR FURTHER INFORMATION PLEASE CONTACT THE REGISTRAR, ST. CLAIR COLLEGE, 2000 TALBOT ROAD W., WINDSOR, ON N9A 6S4. TELEPHONE (519) 972-2759.

I have read the above statement and I hereby authorize the release of all records related to my registration (attendance) and academic progress to the aforementioned.

Signature: _____ Date: _____

☐ **Sponsored**
If sponsored by an employer or agency, a letter of authorization on company letterhead, or a purchase order must accompany registration form.

Aquatics Info:
519-972-2727 ext. 4303

www.stclaircollege.ca/aquatics