AQUATICS REGISTRATION FORM

St. Clair College
2000 Talbot Road West, Windsor, Ontario N9A 6S4
Registrar’s Office Fax: 519-972-3811
Email your registration: info@stclaircollege.ca

Please Note: As of September 30th, 2017 St. Clair College will no longer accept credit cards as a form of payment for tuition / swimming lessons. We encourage students to pay using online banking through their Financial Institutions website, cash, debit or cheque.

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: ____________________________ IMPORTANT: Please include your email address

METHOD OF PAYMENT
☐ CASH ☐ CHEQUE ☐ DEBIT ☐ ONLINE BANKING

The Pool Office can only accept payment by cheque if paying the first day of lessons.

Notes:

Course Code: Section: Class #: Fees:
e.g. SWM 123N: 050: 1731: $80.00

Total Fees:

Day: ______ Start Time: ______

Year: ______

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

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.

METHOD OF PAYMENT
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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: ____________________________

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

Signature: ____________________________ Date: ____________________________

Aquatics Info:
519-972-2727 ext. 4503
www.stclaircollege.ca/aquatics