REGISTRATION FORM Windsor & Chatham - Continuing Education

St. Clair College Continuing Education 2000 Talbot Rd.W., Windsor, Ontario N9A 6S4					St. Clair College Continuing Education Chatham 1001 Grand Ave. W. Chatham, Ontario N7M 5W4					
519-972-2711 • Email coned@stclaircollege.ca Phone 519-354-9100										
St. Clair Student Number Social Insurance Number (first 6 digits only) Birth Date (Year/Month/Date))	
				X X X			/	/]	
Please comple						t have one, a numbe or additional registra		signed to	you.	
Mr.	Surname			First Name Mi		ddle Former Name			-	
Miss Apt. #, Street, Box # or RR#										
Mrs.	Apt. #, Stree	et, Box # o	or RR#							
Ms.	City			Province	Postal Code				-	
	Home Teler	ohone			Business Telephone					
1	Email Addr	ess IMP	ORTANT: Plea	ase include your email					-	
FALL WIN	NTER SPRING SUMMER			Note: Confirmation of enrollment and request for payment will be sent		FALL WIN	TER	PRING	SUMMER	
Course Code	Section	Class#	Fees	via email. Paym made within 5 b	ents should be	Course Code	Section	Class#	Fees	
Example: ABC 123	050	1292	\$214.72	registration. Fa	ilure to make I result in the	Example: ABC 123	050	1292	\$214.72	
				balance being ser						
				Ancillary Fees: first credit cour each additional	rse, \$34.00 for					
Tuition Fee				Exceptions: Non Course codes er		Tuition Fee			+	
Ancillary Fees*				Parking permits (WINDSOR) must	Ancillary Fees*				
Total Fees				be paid for and p Main Lobby P	oicked up at the arking Office	Total Fees				
Indicate 2nd choice in this space in case course section is full				betw 8:00 am to Mon. to Tl 8:00 am to DO NOT includ with thi	9 7:00 pm, hurs. and 3:00 pm Fri. e Parking Fees			choice in this space urse section is full		
METHOD OF PAYMENT As of September 30th, 2017, St. Clair College will no longer accept credit cards as a form of payment for tuition. We encourage students to pay using online banking through their Financial Institutions website.										
CHANGE OF NAM	E / ADDRES	SS (if you	r name or a	ddress has changed	since you last too	ok a course at St. Clai	r College)			
Previous Name:				Previous Ac	ldress:					
THE INFORMATION ON THIS FORM IS COLLECTED UNDER THE LEGAL AUTHORIZATION OF THE COLLEGES AND UNIVERSITIES ACT R.S.O. 1980, C.272S5:R.R.O. 1980, REG 640. THE INFORMATION IS USED FOR THE ADMINISTRATIVE AND STATISTICAL PURPOSES OF THE COLLEGE AND/OR MINISTRIES AND AGENCIES OF THE GOVERNMENT OF ONTARIO AND THE GOVERNMENT OF CANADA, FOR FURTHER INFORMATION PLEASE CONTACT THE REGISTRAR, ST. CLAIR COLLEGE, 2000 TALBOT ROAD W., WINDSOR, ON N9A 654. TELEPHONE (519) 972-2700. 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:										