## CHILD CARE ASSISTANT **REGISTRATION FORM**

<b>STUDENT NUMBER</b> (If you have previously attended Assinible	ine)			
LOCATION Brandon	Dauphin Dother			
COURSE FEES: Domestic Bran	don (\$229.08) Dauphin (\$226.86) Other	(\$219.78)   International Brandon (\$8	25.78) Dauphin (\$823.56) Other (\$816.48)	
Course Name		Course	Course Number	
			2031	
PERSONAL INFORMATIO	<b>N</b> (* Required)			
Last Name*	First Name*	Middl	le Name	
METHOD OF PAYMENT				
Please choose one method of paymen	t:			
Cheque/Money Order (payable	to Assiniboine Community College)	Visa 🗌 Mastercard 🗌 Cash 🗌	Debit (Please pay cash or debit in person)	
Credit Card #		Expiry Date		
Cardholder Name				
Cardholder Signature		Cardholder Phone Number		
	thorized company/agency representative. Rec ation of the course. For information about text			
Student Name				
Please invoice the following company/	agency:			
Company/Agency				
Mailing Address:*	PO or Box Number and	Street	t	
City or Town	Province	Postal Code	Country	
Telephone: Home*	Mobile	Fax .		
Email*				
Name of Agency Contact		Title		
Authorized Signature				

## **DECLARATION OF WAIVER**

The college does its best to update program information regularly so applicants are not inconvenienced. However, on occasion, changes do occur. The college reserves the right to modify or cancel a program, option, course, program objective, articulation agreement, fee, timetable, or campus location without notice or prejudice. Please visit our website assiniboine.net for complete and up-to-date program information.

## SIGNATURE