AQUATICS REGISTRATION FORM

St. Clair College 2000 Talbot Road West, Windsor, Ontario N9A 6S4 Registrar's Office Fax: 519-972-3811 **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 Stud	ent Number				Birth Date (Month/Day/Year)				
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Please comp	lete one form ne	er nerson re	nista	ring - this form may be photocopied	for additional regi	strations	J [
	icic one form pe	er person re	giste	ing this form may be photocopical	Tor additional regi	strations.			
Mr.	Surname			First Name	Middle	le Former Name			
	Apt. #, Street, Box # or RR#								
Mrs.	City			Province	Postal Code	ostal Code			
Mis.	Home Telephone				Cell Phone				
	Email Address IMPORTANT: Please include your email addresss								
	Notes				9	SPRING 2018			
				Note: Registrations will not be processed	Course Code	Section	Class #	Fees	
				unless payment is attached.	e.g. SWM 123N	050	1731	\$80.00	
				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.					
					Total Fees				
					Day:	Start Time:			
CASH	CHEQUE	DEBI	іт [ONLINE BANKING					
		•		r address has changed since you 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 654. TELEPHONE (519) 972-2759.								er of company	
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.						orde	r must accor	mpany	
Signature:				Date:					