

Last Name			
First Name		Add me to your email list! (address below) <input type="checkbox"/>	
		Add me to your mailing list! (address below) <input type="checkbox"/>	
S.I.N.		NSSC/ECSDC STUDENT NUMBER	
ADDRESS**		BIRTH DATE	
OR (one required)			
Apt. #	Street	Month	Day Year
CITY		POSTAL CODE	
HOME TELEPHONE / CELL		BUSINES	
EMAIL ADDRESS**			
ORGANIZATION*			
WORKSHOP NAME	FEE	PREFERRED LOCATION*	DATE
WORKSHOP NAME	FEE	PREFERRED LOCATION*	DATE
WORKSHOP NAME	FEE	PREFERRED LOCATION*	DATE
WORKSHOP NAME	FEE	PREFERRED LOCATION*	DATE

** Email address used for confirmations

Be sure to include address for opt-in mailing list

* If applicable

Fees must accompany application form.

Please indicate method of payment:

Cheque or Money Order
(payable to Nova Scotia Community College)

Cash

Debit Card

American Express

Master Card

Visa

I would like my receipt mailed

I will pick up my receipt at the workshop

Card Number _____ **Expiry** _____

HST is included in course price.

Please forward registration forms with payment and questions to the Early Childhood Development Support Centre by Mail, Telephone or Fax

Early Childhood Development Centre - Kingstec
236 Belcher Street; Kentville, NS; B4N 0A6
Phone: 690-2514 | Fax: 902-690-2186