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|----------------------------------|-------------------------|------------------------------------|---------------------------|----------------|---|
| Last Name | | | | | |
| First Name | | | | | Add me to your email list! (address below) <input type="checkbox"/> |
| NSCC/ECSDC STUDENT NUMBER | | OR <i>(one required)</i> | BIRTH DATE | | |
| | | | ____ | ____ | ____ |
| | | | Month | Day | Year |
| ADDRESS** | | | | | |
| CITY | | | POSTAL CODE | | |
| HOME TELEPHONE / CELL | | | BUSINESS TELEPHONE | | |
| EMAIL ADDRESS** | | | | | |
| Required for Confirmation | | | | | |
| ORGANIZATION | | | | | |
| ENROLL ME! | WORKSHOP NAME | LOCATION | DATE | CLASS # | FEE* |
| | Marketing for Directors | Kingstec | May 8th | 2303 | \$ 55.00 |
| | Natural Curiosity | Kingstec | June 8th | | \$ 70.00 |
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| | | | | | |
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Registration Paid By: Employer Participant **Total Payment Enclosed:** _____

Fees must accompany application form.

Please indicate method of payment***:

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

Master Card I would like my receipt mailed

Visa I will pick up my receipt at the workshop

Cardholder Name & Contact Info (*Card holder to call us to arrange payment*)

* HST is included in course price.

***NSCC does not accept VISA Debit.

Please Note: Any individual owing monies to NSCC will not be accepted into any program/course until all monies paid in full.

Received
Online:

Please forward registration forms with payment and questions to the Early Childhood Development Support Centre

by Mail, Telephone or in person

Early Childhood Development Centre - Kingstec
236 Belcher Street; Kentville, NS; B4N 0A6
Phone: 902-690-2514 or 902-690-2531