## Ajax Campus 458 Fairall St. E., Unit 7, Ajax (905) 683-7713 FAX 905-683-9436

## Post-Secondary Pathway for Young Adults with Exceptional Needs Registration Form

Parent/Caregiver Name:				
Last Name of Student:	First Name:			
Street Address:	Student DOB:			
City or Town:	ON, Postal Code:			
Home/Cell Phone of Parent/	Caregiver:			
Bus/Cell of Parent/Caregiver	:			
Email of Parent/Caregiver:				
Program Name	Location	Start Date/Time	Days of Week	Fee
Culinary Skills Part 1	Notre Dame 1375 Harwood Ave, N. Ajax	Nov 1 - 29 6:00 – 9:00 pm	Wednesday evenings	\$195.00
Culinary Skills Part 2	Arch. Denis O'Connor CHS, 80 Mandrake St., Ajax	Jan 24 – Feb 21 6:00 – 9:00 pm	Wednesday evenings	\$195.00
·	ue □ Cash □ M	•		
	Expiry Date: Signature:			
Participants should attend the	first class unless cor Some courses may ils to start because r ed if requested five l	ntacted by the school have a minimum age minimum enrollment	ol office to say the de requirement.	course is full or paid will be
I agree to release and save har other agents from any and all c any damage or injury arising by shown as the "registrant" on thi name to be used for school rela	laims or other proce reason of participat s form. I agree to gi	edings, regardless c tion in the program b	of who makes them by myself or the pe	n, in respect of rson who is
Student Signature:		Date:		

Parent/Caregiver Signature:	_ Date: