



Oshawa Campus  
 692 King St. E., Oshawa, TEL: (905) 438-0570 FAX: (905) 438-0571  
 Ajax Campus  
 458 Fairall St. E., Unit 7, Ajax (905) 683-7713 FAX 905-683-9436

## Post-Secondary Pathway for Young Adults with Exceptionalities 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	Day of Week	Fee
Culinary Skills				\$399.00
Life Skills				\$199.00

Please make certified cheques/money orders payable to Durham Catholic District School Board.

Certified Cheque  
  Cash  
  Money Order  
  Visa  
  Mastercard

Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
 Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Participants should attend the first class unless contacted by the school office to say the course is full or cancelled. Some courses may have a minimum age requirement.

**Refund Policy:**

- If a class is closed or fails to start because minimum enrollment is not met, all fees paid will be refunded.
- A full refund will be issued if requested five business days prior to the start of the class.
- A non-refundable administrative fee of \$25.00 is charged.

I agree to release and save harmless Durham Catholic District School Board and its employees and other agents from any and all claims or other proceedings, regardless of who makes them, in respect of any damage or injury arising by reason of participation in the program by myself or the person who is shown as the "registrant" on this form. I agree to give my permission for my photograph/video and/or name to be used for school related activities.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_