

French for JK - Grade 3 Students Learn and have fun Monday to Friday, 9:30 am - 12:00 Noon July 3 to July 26, 2019

Location: All Saints C.S.S., Whitby – 3001 Country Lane

OR St. Mary C.S.S., Pickering – 1918 Whites Road

- **Fee:** \$180.00
- Features: Small class size
 - Focus on conversation with emphasis on listening and speaking
- **Register:** 458 Fairall Street, Unit 7, Ajax Tel: (905) 683-7713 Complete registration form on back and email, fax or drop off in person







Registration Form

Archbishop Anthony Meagher Catholic Continuing Education Centre Tel: 905.683.7713 Fax: 905.683.9436 Email: cont.ed@dcdsb.ca **Registration Form for French JK to Gr 3 Students**



Last Name	First Name	Date of Bi	th (YY/MM/DD)	M/F
Street Address		Apt	. No.	
City or Town		Postal Code		
Home Phone		Bus	iness Phone	
Email Address		Home School		
	FRENCH JK 1	FO GRADE 3:		
Please Check One Locati	on Start Date	Days	Fee	
All Saints C.S.S, Whith		Monday-Friday	\$180.00	
□ St. Mary C.S.S., Picke	ring July 3	Monday-Friday	\$180.00	
Please make certified chequ				
□ Certified Cheque □ Cash □ Visa □ MasterCard □ Interac				
If Paying by credit card, fill i	n the information and	email or fax the docume	nt back to us.	
CARD #		EXPIRY DATE:		
CARDHOLDER NAME:		SIGNATURE:		
Participants should attend the first There may be additional charges for 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. If the course has started, no refunds will be given. ٠

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.

SIGNATURE: _____ DATE: _____