SKILLS ENHANCEMENT REGISTRATION FORM

(Please Print Clearly)

Last Name First Name Middle Initial

Street Address

City Postal Code

_____ _____-_____-_____

Date of Birth S.I.N. (optional)

_____ _____

Home Phone Work or Cell Phone or Pager

EMERGENCY CONTACT NAME, PHONE NUMBER & RELATIONSHIP TO YOU

English Assessment (if applicable): _____Letter of Health Status: _____
(if applicable)

_____

Signature of Student

_____

Signature of Program Representative

_____

Date

OFFICE USE ONLY

Courses registered for:

☐ Diabetes, date: _____ ☐ Footcare, date: _____ ☐ Meds, date: _____

☐ HCA Certificate

STUDENT ID #:

Payment : _____

Suite 202 – 1338 West Broadway, Vancouver BC Canada V6H 1H2
Tel: +1.604.730.1106 Fax: +1.604.738.7392 E. info@pacificcoastcommunitycollege.com
www.pacificcoastcommunitycollege.com

PCTIA ACCREDITED