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**APPLICATION FOR ADMISSION**

**ELCC SPRING NURSERY PROGRAM – 2025**

**MARCH 3 to APRIL 24, 2025 – Monday to Thursday**

**AM/PM Programs**

**All children registering in the Spring Nursery Program for 2025 must be 2 years of age by March 3, 2025.**

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| **CHILD INFORMATION** | | | |
| LEGAL LAST NAME OF THE CHILD  Click or tap here to enter text. | | LEGAL FIRST NAME OF THE CHILD  Click or tap here to enter text. | |
| PREFERRED NAME (CHILD)  Click or tap here to enter text. | | AGE OF CHILD  Click or tap here to enter text. | |
| GENDER (CHILD)  Click or tap here to enter text. | | DATE OF BIRTH: M/D/Y  Click or tap to enter a date. | |
| **PARENT INFORMATION** | | | |
| PARENT’S NAME  Click or tap here to enter text. | | PARENT’S NAME  Click or tap here to enter text. | |
| STREET, AVENUE, PO BOX NUMBER  Click or tap here to enter text. | | | |
| CITY OR TOWN  Click or tap here to enter text. | | | PROVINCE  Click or tap here to enter text. |
| POSTAL CODE  Click or tap here to enter text. | | | |
| EMAIL ADDRESS  Click or tap here to enter text. | | | |
| CELL PHONE – PARENT  Click or tap here to enter text. | CELL PHONE - PARENT  Click or tap here to enter text. | | |

**INTAKE REQUESTED - You will be contacted as to which program you prefer to be in (on campus or off campus) after your registration has been processed.**

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| PROGRAM 1 – MORNING– 9:00 a.m. to 11:30 a.m.  PROGRAM 2 – AFTERNOON – 1:00 p.m. to 3:30 p.m. |

**PAYMENT**

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| **$200 COST TO BE PAID BY:**  VISA  MASTERCARD  AMERICAN EXPRESS  CREDIT CARD # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Month \_\_\_\_ Year \_\_\_\_ CVC \_\_\_\_  INFORMATION TAKEN BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RECEIPT # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\*\*PARENTS CAN ALSO CALL 780-539-2975 TO PROVIDE PAYMENT INFORMATION\*\*** |

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| **REFUND POLICY: No refund after March 10, 2025. All refunds will be the total registration fee less at $30 deposit.** |

**DECLARATION OF APPLICANT**

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| ***The personal information*** *on this form is collected under the authority of the Post-secondary Learning Act of Alberta, the*  *Freedom of Information and Protection of Privacy Act of Alberta (FOIP), the Statistics Act of Canada and the Income Tax Act of Canada. The personal information may be disclosed to academic and administrative units for planning and research activities; federal and provincial agencies for reporting requirements; contracted or public health care providers, including collaborative educational, funding, and workplace agencies as required. The information will be retained in accordance with approved Information Management guidelines. If you have any questions about the collection and use of this personal information, please contact the Director, Continuing Education.* |

SIGNATURE OF PARENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Email application to: [ce@nwpolytech.ca](mailto:ce@nwpolytech.ca)