

NSCAD University and the School of Extended Studies are implementing a new information system that encompasses all members of the NSCAD community: degree students, ES students, faculty, and staff. To help us better identify the over 9000 individuals in the integrated system, we are now asking all individuals to please provide their middle name and date of birth. Rest assured that all information you provide when you register with Extended Studies is collected under the authority of Freedom of Information and Protection of Privacy Act, the Statistics Act (Canada), and the Taxation Act (Canada). It is used for administrating, evaluating, and marketing our programs. We treat your information with respect and care, and use it to serve you better.

Contact Information: Please print clearly

FIRST NAME	MIDDLE NAME	LAST NAME	
DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	STUDENT ID * if known	
HOME ADDRESS			
CITY	PROVINCE:	POSTAL CODE	
DAY-TIME PHONE NUMBER	HOME PHONE NUMBER	CELL PHONE NUMBER	
EMAIL ADDRESS			
I AM REGISTERING FOR: <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING / SUMMER	COURSE CODE		COURSE TITLE
	START DATE/TIME		
	INSTRUCTOR		AMOUNT \$

Additional Information

EMERGENCY CONTACT	RELATIONSHIP	PHONE NUMBER
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HEALTH CARD NUMBER	LUNCH TIME SUPERVISION * Applies to March Break and Summer Camps only If your child is over the age of 12 do you permit them to leave the building unsupervised over the lunch break? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STUDENT MEDICAL INFORMATION OR ALLERGIES:		

PLEASE READ AND INITIAL

I understand that any pictures taken may be used for promotional materials by the School of Extended Studies, NSCAD University _____ **INITIAL**

As a parent or guardian, I give instructors and staff the permission to take my child off of the campus on supervised trips. _____ **INITIAL**

I authorize staff to seek medical attention deemed necessary for the health of the participant. Every effort will be made to contact the parent / guardian in the event of an emergency. _____ **INITIAL**

I authorize (Name) _____ (daytime phone numebr) _____ to pick up or drop off my child to the course. I understand that if I, or the person named above, is unable to pick up my child, I will provide written permission to authorize another adult to pick up my child. _____ **INITIAL**

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

Method of Payment:

Fee must accompany your registration form

- CASH
 DEBIT
 MONEY ORDER
 INVOICE
 GIFT CERTIFICATE
 VISA
 MASTERCARD
 CHEQUE (Made payable to NSCAD University)

CARD NUMBER: _____ EXPIRY DATE: _____ / _____
 NAME ON CARD: _____

Tel: (902) 494-8185 Fax: (902) 494-8311 extendedstudies@nscad.ca	Mailing Address: 5163 Duke Street Halifax, Nova Scotia Canada B3J 3J6	Office Location: NSCAD University Granville Campus 1892 Hollis Street Halifax, Nova Scotia
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