

CONTINUING EDUCATION REGISTRATION

PERSONAL INFORMATION					FOR OFFICIAL USE ONLY		
Complete all fields below.					Student ID #	Today's Date	Entered by
LAST NAME (LEGAL)			FIRST NAME (LEGAL)		MIDDLE NAME (LEGAL)		
BIRTHDATE	YYYY	MM	DD	TELEPHONE – HOME ()	TELEPHONE-OTHER ()		
STREET ADDRESS				CITY/TOWN		POSTAL CODE	
EMAIL ADDRESS					GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER		
STUDENT WITH DISABILITIES <input type="checkbox"/> Yes, I wish to be contacted about services for students with disabilities or serious health conditions.							

COURSER INFORMATION		To register for more than two courses, attach an additional form	
COURSE NAME	COURSE CODE (e.g. XHLT 1050)	LOCATION	DATE OR TERM
COURSE NAME	COURSE CODE	LOCATION	DATE OR TERM

PAYMENT INFORMATION	
If you will be paying for your own course(s), MTG Healthcare Academy will contact you by phone for your credit card information prior to registration.	
<input type="checkbox"/> I WILL BE PAYING FOR MY COURSE(S)	
<input type="checkbox"/> MY EMPLOYER OR ANOTHER THIRD PARTY WILL BE PAYING FOR ME	
COMPANY	CONTACT PERSON
TELEPHONE	MAILING ADDRESS
CITY / TOWN	POSTAL CODE
TOTAL COST OF COURSE (S) (INCLUDE GST) \$	

FREEDOM OF INFORMATION & PROTECTION OF PRIVACY (FOIP) NOTIFICATION STATEMENT

The personal information requested on this form is collected under the authority of section 65 of the Post-secondary Learning Act and section 33© of Alberta's Freedom of Information and Protection of Privacy Act and will be used for the purpose of admission, registration, issuing income tax receipts, scholarships and awards, convocation, sending educational information, library services, emergency notification, and for College research and planning. Certain personal information will also be disclosed to Statistics Canada to comply with the Statistics Act; Alberta Advanced Education to meet reporting requirements; Alberta Human Services for determining and monitoring student eligibility for their services; work experienced and practicum sites to set up appropriate placements; Students Association for the purpose of membership, fee collection, and contacting students; and to the Alumni Association for the purpose of membership and information sharing.

DECLARATION
By the act of registering for a course, I agree to be bound by the policies and procedures of MTG Healthcare Academy.

SIGNATURE	PRINT NAME	DATE
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Our Locations

+ Calgary Campus

403 264 2009 | 403 992 7611
Fax: 587 352 2049

1324 36 Avenue NE
Calgary, Alberta | T2E 8S1

+ Red Deer Campus

403 264 2049 | 403 986 0684
Fax: 403 986 4815

4811 48 Street
Red Deer, Alberta | T4N 1S6

+ Edmonton Campus

780 863 8236
Fax: 780 434 8328

6920 Roper Road NW
Edmonton, Alberta | T6E 0A8