

Cyber Tech Training Centre

After-School Program - Application For Admission

No. 85 Collins Avenue - P.O.Box N-9170 - Nassau, Bahamas - PH: 322-4223
E-mail: info@cttcbahamas.com - Web Site: www.cttcbahamas.com

All applications must be accompanied by a NON-REFUNDABLE/NON-TRANSFERABLE Registration Fee of \$35.00.

GLAT AFTER SCHOOL PROGRAM BJC AFTER SCHOOL PROGRAM
 My Child Is Enrolling For The Fall Semester 20____ Winter Semester 20____ Spring Semester 20____
 NEW STUDENT RETURNING STUDENT REINSTATED STUDENT

STUDENT'S PERSONAL INFORMATION

<input type="checkbox"/> BOY <input type="checkbox"/> GIRL LASTNAME:	FIRSTNAME:	Middle Initial:
STREET ADDRESS:		P.O.BOX:
E MAIL ADDRESS:		HOME PHONE:
PLACE OF BIRTH:	DATE OF BIRTH:	AGE:
		NATIONALITY:

PARENTS/GUARDIAN INFORMATION

MOTHER'S NAME:	PLACE OF EMPLOYMENT:	HOME PHONE:	WORK PHONE:
STREET ADDRESS:			CELL PHONE:
FATHER'S NAME:	PLACE OF EMPLOYMENT:	HOME PHONE:	WORK PHONE:
STREET ADDRESS:			CELL PHONE:
IN CASE OF EMERGENCY WHO SHOULD WE CONTACT:		RELATIONSHIP:	TELEPHONE:

STUDENT'S EDUCATIONAL INFORMATION

SCHOOL CHILD CURRENTLY ATTENDS:	GRADE:	CURRENT GPA:
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Insurance Disclaimer: In consideration of my child's participation in the After School Program, I the undersigned parent/guardian agree and acknowledged that all accidental liability claims against Cyber Tech Training Centre, its owner, management and staff will be limited to the coverage provided by the Insurer as outlined on the Student Accident and Disability Enrollment Form.

I also agree and acknowledged that by not accepting the insurance coverage, I release Cyber Tech Training Centre, its owner and agents from all liability for any injuries and illnesses incurred during my child's participation in the program.

I wish for the above named student to be enrolled in the Student's Accident Disability Plan	
I do not wish for the above named student to be enrolled in the Student's Accident Disability Plan.	

TUITION FEE SCHEDULE

APPLICATION FEE	\$
TUITION FEE	\$
PROCESSING FEE	\$
LIABILITY INSURANCE	\$
TOTAL AMOUNT DUE	\$

How did you hear about Cyber Tech Training Centre?

News Paper Ad Radio Ad Roadside Sign Friend School Received Flyer CTTC Sales Rep.

Parents/Guardian's Signature: _____ Print Name: _____ Date: _____ CTTC WEB SITE