Cyber Technology

Computer & Educational Training Centre

STUDENT REGISTRATION FORM

[ ] AFTER SCHOOL PROGRAM [ ] EXPLORERS SUMMER CAMP

ANTICIPATED SEMESTER

FALL [ ] WINTER [ ] SPRING [ ] SUMMER [ ] YEAR_____

NEW STUDENT [ ] RETURNING STUDENT [ ] REINSTATED STUDENT [ ]

STUDENT'S PERSONAL INFORMATION

☐ BOY ☐ 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 SHOUD WE CONTACT:	RELATIONSHIP:	TELEPHONE:	

STUDENT'S EDUCATIONAL INFORMATION

SCHOOL CHILD CURRENTLY ATTENDS:	GRADE:	CURRENT GPA:

PLEASE TICK SUBJECTS AREAS YOU WOULD LIKE OUR INTRUCTORS TO FOCUS ON WITH THIS STUDENT:

[ ] Maths	[ ] Writing	[ ] Home Work Assistance
[ ] Phonics	[ ] Science	[ ] Oral Communications
[ ] Reading	[ ] Spelling	[ ] Other _____
[ ] Grammer	[ ] Spanish	[ ] Other _____

PLEASE NOTE: There is a $25.00 non-refundable Registration Fee. I hereby agree to indemnify and hold harmless CTTC and is employees from and against any and all claims for personal injuries or damages of anykind arising from my child's participation in The After School Program or The Explorers Summer Camp. I give permission for the above named student's photograph to be used in the routine promotion of the classes. By completing this application you agree to these terms.

PAYMENT OPTIONS

[ ] Pyment In Full [ ] Payment Plan

FEE SCHEDULE

Application Fee (non-refundable)	$25.00	
Insurance/Per Annum (optional)	$25.00	☐ Yes ☐ No
Tuition	$_____	
Processing Fee (payment plan only)	$15.00	
Class Materials and/or Book(s)	$35.00	
TOTAL AMOUNT DUE	$_____	

How Did You Hear About Cyber Technology Training Centre?

☐ NEWSPAPER AD ☐ FRIEND ☐ RADIO AD ☐ ROAD SIDE SIGN ☐ SCHOOL ☐ RECEIVED FLYER ☐ CTTC SALES REP

Parents/Guardian's Signature:_____ **Print Name:**_____ **Date:**_____ **CTTC Rep:** ***Internet***

#. 85 Collins Avenue - P.O.Box N-9170 - Nassau, Bahamas

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