



PERINATAL SUPPORT WORKER REGISTRATION CONTRACT

Administration Use Only
 The undersigned person hereby enrolls as a student of Anderson College of Health, Business and Technology as of: _____
Month Day Year

Program: Perinatal Support Worker Student Number: _____
 Credential to be Awarded upon Successful Completion of the Program: CERTIFICATE

STUDENT INFORMATION

Mr. Miss Mrs. Ms. (optional)

Name of Student: (Please Print) _____
First Name Last Name

Date of Birth: _____ / _____ / _____ Gender: Male Female
Month Day Year

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Alternative Phone: _____

E-Mail Address: _____

If your permanent address is different from above please indicate below.

Permanent Address: _____

City: _____ Province/State: _____ Postal Code: _____

Country: _____ Phone: _____

Please Check the applicable category:

Domestic Student International Student Other: _____

COURSE INFORMATION

Admission Requirement

Proof of PSW Course (attached)

Class Schedule: Saturdays and Sundays 9:00am – 6:00pm

Start Date: 09 / 22 / 2018 End Date: 04 / 28 / 2019
Month / Day / Year Month / Day / Year

PROGRAM FEE INFORMATION

The undersigned student hereby undertakes and agrees to pay the fees indicated below:

Tuition Fee \$3,000.00
 Book Fee \$ 250.00
Total Fees \$3,250.00

Payment Due Date <small>Month/Day/Year</small>	Amount Due

Select Payment Option: (please check one) Payment Option 1 Payment Option 2 Payment Option 3

I have attached my postdated cheques or supplied my credit card information for automatic withdrawal of tuition fees as stated above.

 Student Name Student Signature Date

COLIN PIFER
 School Official Name School Official Signature Date



TERMS AND CONDITIONS OF ENROLLMENT

1. All course fees are due and payable on commencement of the program unless specific arrangements have been made with the Anderson College of Health, Business and Technology.
2. No refund will be given for occasional absences from scheduled classes.
3. Course Credit is not given until all financial obligations to Anderson College of Health, Business and Technology have been met.
4. If an applicant is unable to commence a program on the date arranged, the applicant must notify the Anderson College of Health, Business and Technology as early as possible to arrange an alternate commencement date and any fees paid will be credited to that future course.
5. The duration of the course as shown on the program outline indicates the time it should take the student to complete the course. If the student finishes the course in less than the time that is stated, the total course fee is still applicable. If the student takes longer than the time as indicated, the student may be charged additional fees based on the tuition rate in effect at that time, solely at the discretion of Anderson College of Health, Business and Technology.
6. Anderson College is not responsible for loss of personal property or for personal injury from whatever cause.
7. The applicable Terms and Conditions above shall apply to all courses of Anderson College of Health, Business and Technology.
8. Students and Anderson College of Health, Business and Technology are required to follow the provisions of the current edition of the "Student Handbook".

Tuition Fee:

- 20% OFF **BEFORE APRIL 15TH, 2018**
 Total cost \$2,400.00 + HST for the course fee and \$ 250.00 for the books fee
- 10% OFF **BEFORE JUNE 30TH, 2018**
 Total cost \$2,700.00 + HST for the course fee and \$ 250.00 for the books fee
- FULL PROGRAM FEE NO DISCOUNTS **BETWEEN JUNE 30TH AND AUGUST 25TH** - Total cost \$3,000.00 + HST for the course fee and \$ 250.00 for the books fee

Payment Options:

NOTE: To qualify for the Accelerated Learning Program you must have at least half of your fees paid by August 15th, 2018

Payment Option 1

Full Payment before April 15th you will receive the 20% discount rate.
 You may pay this in partial payments as long as full amount is paid by April 15th. You must make an initial payment of at least \$500 with your registration to hold your spot.
 *Full Book fees are due with registration.

Payment Option 2

Full Payment before June 30th you will receive the 10% discount rate.
 You may pay this in partial payments as long as full amount is paid by June 30th. You must make an initial payment of at least \$500 with your registration to hold your spot.
 *Full Book fees are due with registration.

Payment Option 3

Must pay half of the registration fee before August 15th and the remaining amount is divided in equal monthly payments for October, November, December and January.
 You may pay the initial registration fee in partial payments as long as half of the total fees due are paid by August 15th. You must make an initial payment of at least \$500 with your registration to hold your spot.
 *Full Book fees are due with registration.

***Please note that Anderson College DOES offer a payment plan.**

REFUND POLICY:

If you cancel your registration prior to August 22nd, 2018 you will get a refund of the fees paid to date, less the \$250.00 book fee and a \$500 cancellation fee.

I have read and hereby accept to abide by the refund policy, terms and conditions as outlined above.

Student Name	Student Signature	Date
COLIN PIFER		
School Official Name	School Official Signature	Date