



PACIFIC RIM EARLY CHILDHOOD INSTITUTE INC.

Pacific Rim Early Childhood Institute Inc.
2120 Bear Hill Road
Saanichton, BC
V8M 1X7

PCTIA Registration Number 1860
This Institution is PCTIA Accredited

Phone/Fax: (250) 652-6011
Email: administrator@earlychildhoodeducator.com

Short Duration Course Enrollment Form

STUDENT INFORMATION			
Last Name		First Name and Initial	
Previous Last Name (if applicable)		Previous First Name and Initial (if applicable)	
Local Mailing Address (including country)			Postal Code
Permanent Mailing Address (including country) (if different from above)			Postal Code
Telephone Number	Primary Email Address		Secondary Email Address
International Student:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Student ID

COURSE INFORMATION			
Program Name			
Name of Course			
Course Start Date	Course End Date	Course Duration (Months)	Course Duration (Hours)
Language of course delivery: English			

COURSE COSTS	
Course Costs in Canadian Dollars (\$CDN):	Amount
Course tuition	\$
Textbooks (to be ordered separately by student)	\$ N/A
TOTAL COURSE COST	\$
Payment is due before beginning the course	

STUDENT DECLARATION

I DECLARE THAT:

- I have read, understood, and agreed to the terms and conditions of this enrollment contract,
- I have received a signed copy of this contract,
- I have read and reviewed the admission policy, withdrawal/dismissal policy, dispute resolution policy and attendance policy contained in the "Student Handbook Information Package" provided to me during registration,
- I have represented to the institution and provided evidence to provide that I meet all of the admission requirements for this program of study,
- The information provided to me on this form is true and accurate and that I am 19 years of age or older. *(If under the age of 19, a parent or legal guardian must also sign the contract)*

Student Signature

Date Signed

Signature of Parent or Legal Guardian

Date Signed

INSTITUTION DECLARATION

The institution agrees to deliver the course according to the terms of this contract.

Printed Name of Institution Representative

Position Title

Signature of Institution Representative

Date Signed

RECEIPT FOR PAYMENT

The Institution acknowledges having received payment in the sum of:

_____ \$

Course Costs were be paid via:

Printed Name of Institution Representative

Position Title

Signature of Institution Representative

Date Signed