CAREER BUILDING SKILLS PROGRAM REGISTRATION

Last Name: _____ First Name: _____

Address: _____ Phone #(s): _____

E-mail Address: _____ MCK Band #: _____

Social Insurance # (if applicable): _____ Medicare #:_____

Date of Birth: _____ Male ☐ Female ☐ Age: _____

Number of children: Ages:

I am currently: ☐ Working ☐ Part time ☐ Full time

☐ Receiving Social Assistance

☐ Other (Please specify):_____ _____

Session:

☐ September 26, 2011

Emergency Information

Contact #1 Name: _____ Relationship: _____

Daytime Phone #: _____ Other: _____

In the space provided below, please indicate why you would like to take part in the Career Building Skills Program:

_____
_____
_____
_____
_____
_____
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_____
_____
_____

For additional information or to answer any questions, please contact Program Coordinator Kara Paul, at 450-638-4280. Upon receipt of the application, you will be contacted to obtain additional information and to discuss the program in more detail.