

CSNN Unit 220 720 – 28th Street NE Calgary, AB T2A 6R3 P: 403.276.1551 Web: www.csnn.ca Email: info@csnncal.ca

REGISTRATION FORM NATURAL NUTRITION PROGRAM Calgary Branch

LEGAL NAME: (First)		t)
ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
PREFERRED PHONE: Home / Wo	rk / Cell	VERIFIED BY PICTURE ID:
DATE OF BIRTH: MM/DD/	YYYY EMAIL:	
SELECT PREFERRED SESSION:		
ONE YEAR PROGRAM – Monday & Thursday DAY (10 am to 1:30 pm) AUGUST 28, 2023 – June 27, 2024		
ONE YEAR PROGRAM - AUGUST 28, 2023 - June	Monday & Thursday EVENING (6 pm 27, 2024	n to 9:30 pm)
*Please note the Registration Fee of \$500.00 (no GST) is due at the time of interview.		
PLEASE READ THE FOLLOWING PRIOR TO SIGNING THIS FORM:		
(Practical sessions are Wednes		m studies, a minimum of 50 Practical hours (pm) and 10 case studies must be completed quirements to graduate.
or General Equivalency Diplor		old a minimum provincial high school diploma grade 12 English, verified by official transcript tion of interview by school.
all claims of damages arising f	rom any accident or injury which is	ion Inc. and all branches and affiliations from a caused by or arises from participation of the y location where a program is held."
material or teachers notes, ma		ntents in the copyrighted publications, course teaching purposes or shared with anyone not ESULT IN LEGAL ACTION.
I certify that I have read and u expected to follow the CODE (nderstood the items outlined on the DF ETHICS and ALL SCHOOL POLICIE	e registration form. Also, I understand that I am ES OUTLINED IN THE STUDENT HANDBOOK.
STUDENT'S SIGNATUI	RE -	REGISTRAR'S APPROVAL SIGNATURE

DATE

DATE