

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:(Firs	t)	(Last)		
ADDRESS:				
CITY:		PROVINCE:	POSTAL CODE:	
PREFERRED PHONE: Home / Work / 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 25, 2025 – June 29, 2026 ONE YEAR PROGRAM – Monday & Thursday EVENING (6 pm to 9:30 pm) AUGUST 25, 2025 – June 29, 2026				
*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:				
<u>REQUIREMENTS</u> : I understand that, in addition to the classroom studies, a minimum of 50 Practical hours (Practical sessions are Wednesdays from either 10am-1pm or 6-9pm) and 10 case studies must be completed before the final examination date (mid-July) to meet the CSNN requirements to graduate.				
<u>ADMISSION:</u> (1) A student must be 18 years of age or older; (2) Hold a minimum provincial high school diploma or General Equivalency Diploma (G.E.D.) with 50% or better in grade 12 English, verified by official transcript (<u>must accompany the registration forms</u>); (3) A successful completion of interview by school.				
RELEASE : "I hereby release The Canadian School of Natural Nutrition Inc. and all branches and affiliations from all claims of damages arising from any accident or injury which is caused by or arises from participation of the applicant named herein, during any program or any facility or any location where a program is held."				
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I certify that I have expected to follow	read and understood to the CODE OF ETHICS a	ne items outlined on the r nd ALL SCHOOL POLICIES	egistration form. Also, I understand that I OUTLINED IN THE STUDENT HANDBOOK.	am
STUDEN	t'S SIGNATURE		REGISTRAR'S APPROVAL SIGNATURE	

DATE

DATE