



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

REGISTRATION FORM NATURAL NUTRITION PROGRAM Calgary Branch

LEGAL NAME: _____ (First) _____ (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 24, 2026 – June 30, 2027

_____ ONE YEAR PROGRAM – Monday & Thursday EVENING (6 pm to 9:30 pm)
AUGUST 24, 2026 – June 30, 2027

***Please note the Registration Fee of \$500.00 (no GST) is due upon acceptance.**

PLEASE READ THE FOLLOWING PRIOR TO SIGNING THIS FORM:

REQUIREMENTS: 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.

ADMISSION: (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 (must accompany the registration forms)

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."

CONFIDENTIALITY AND DISCLOSURE: Absolutely no part of the contents in the copyrighted publications, course material or teachers notes, may be photocopied or adapted for teaching purposes or shared with anyone not taking the CSNN program. BREACH OF THESE RESTRICTIONS WILL RESULT IN LEGAL ACTION.

I certify that I have read and understood the items outlined on the registration form. Also, I understand that I am expected to follow the CODE OF ETHICS and ALL SCHOOL POLICIES OUTLINED IN THE STUDENT HANDBOOK.

STUDENT'S SIGNATURE

REGISTRAR'S APPROVAL SIGNATURE

DATE

DATE