



Faculty of Training and Development

Registration Form and Contract

2 Bloor St. West, 22nd Floor, Toronto, ON, M4W 3E2
Tel: 416.925.9929, Fax: 416.925.9220 toronto@cbstraining.com, www.cbstraining.com

The undersigned applicant hereby makes application as a learning participant of
CBS Interactive Multimedia Inc.©

First Name:
Last Name:
Other (if applicable):
Gender: M F Date of Birth:
S.I.N. No:

Address:

City: Province/ State:
Country: Postal Code:
Employer:
Address:

Office Use Only
Student No:
Registration No:
Personal ID:
Registrar:
Home Telephone:
Business Telephone:
Mobile Number:
E-mail address:
Emergency Contact:
Relationship:
Phone Number:

Are there any health issues you feel the Institute should be aware of? If Yes please identify in confidence:

How did you hear about us?

Course:
Scheduled Start Date: Estimated End Date:
Tuition Fee: \$ Payment Method: Cheque Cash Credit Card Student Loan
Books & Materials: \$ Card Type: VISA AMEX MASTER CARD
GST: #138162433RT0001 \$ Card Number:
Total Amount: \$ Expiry Date: Name on Card:
Deposit: (min \$500) \$ Signature:
Balance: \$ Payment Terms:

CONTRACT CONDITIONS:
1. I understand it is to my advantage to arrive at least 15 minutes before the start of each learning session.
2. The date and time of re-scheduled sessions due to my lateness or absence is at the sole discretion of the school.
3. I understand this is a full time program and classes/clinics may be in morning, afternoon or evenings, as scheduled by the Institution and are subject to change.
4. I understand if I am credited for a course or qualify for advance standing there will be no financial deduction.
5. No deduction or refund of money will be made if I withdraw once I commence the course or am absent from school.
6. The course must be completed as indicated by the estimated end date or estimated number of hours, weeks, months stated on this contract or related Catalogue.
7. The school reserves the right at its discretion to re-schedule any session.
8. The school is not responsible for loss of personal property or personal injury from whatever cause in the learning environment, clinic, lab, co-op, or school premises.
9. I further agree that the failure to attend learning sessions will not reduce liability of the contracted fees and related costs.
10. This contract can not be cancelled by the applicant.
11. I understand the payment plan offered by the Institute is a privilege and not a right and if I default on my payment or the payment is not made by its due date the total contracted amount will be immediately due and if collection costs incur an additional charge equal to the cost of collection will be added. I further understand if I default on my payment the school shall use a third party collection agency to collect outstanding amounts.
12. I have been made aware that in order to register for the Program I must deposit in full a non-refundable registration/administrative fee in order to reserve my seat within the program. This fee will be credited towards my initial payment and if for any chance I am unable to pay the remaining tuition fees prior to commencing the program I will still have the option of registering for the following start date but, must pay the program fees as they are at the time of the new starting date.
13. I agree to the schools active student participation policy by attending school on a regular and timely bases and to log in and out my attendance.
14. I understand that the learning policy and procedures manual shall have further conditions related to Institute and classroom rules and regulations and I agree to follow the guidelines and also understand that these guidelines are subject to change at the sole discretion of the Institute. The Institute warrants that the guidelines are designed to ensure quality standards.
15. The application Terms and Conditions above shall apply to all courses within the Institute
16. I agree to hold the Institute harmless for any malpractice at all times.
17. I agree to follow the Institute code of ethics.
18. I agree to provide the Institute regular feedback by filling out evaluation
19. I hereby accept the conditions and regulations and agree to be severally liable for the contract amount stated herein.
20. This Program is not subject to the Ontario Private Career Colleges Act.

PLEASE PRINT, SIGN AND FAX THIS FORM TO 416 925 9220