

First Name:	Last Name:
Street:	Unit:
City:	Postal Code:
Home Phone #:	Cell #:
Email Address:	
Information that may impact class setting (e.g. seizures, allergies...):	

In Case of Emergency, please provide information on two (2) persons to contact:			
Name:		Name:	
Relationship:		Relationship:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	

WINTER SESSION: MONDAY, JANUARY 13, 2014 – FRIDAY, APRIL 4, 2014			
Session Name	Day	Time	Select
Linked and synced	Monday	9:00-11:00 a.m.	<input type="checkbox"/>
Assert yourself	Monday	1:00-3:00 p.m.	<input type="checkbox"/>
Check it out!	Monday	6:00-8:00 p.m.	<input type="checkbox"/>
It's about time...and time management	Tuesday	9:00-11:00 a.m.	<input type="checkbox"/>
MoneySense	Tuesday	1:00-3:00 p.m.	<input type="checkbox"/>
Get Crackin' in the Kitchen	Tuesday	4:00-6:30 p.m.	<input type="checkbox"/>
Assert Yourself	Wednesday	9:00-11:00 a.m.	<input type="checkbox"/>
Get Crackin' in the Kitchen	Wednesday	10:30 a.m.-1:00 p.m.	<input type="checkbox"/>
On the road to job success	Wednesday	1:00-3:00 p.m.	<input type="checkbox"/>
MoneySense	Thursday	9:00-11:00 a.m.	<input type="checkbox"/>
Check it out!	Thursday	1:00-3:00 p.m.	<input type="checkbox"/>
Linked and synced	Thursday	1:00-3:00 p.m.	<input type="checkbox"/>

Total # of Sessions:

X \$300 =	
Cash or Cheque made payable to:	KW Habilitation

Refund Policy:
<input type="checkbox"/> I understand and I agree to the LEG Up! Refund Policy as posted at registration.

For Office Use Only			
Date Received:		Received By:	
Paid In Full:	<input type="checkbox"/>	Paid In Installments:	<input type="checkbox"/>
Receipt Issued:	<input type="checkbox"/> YES		<input type="checkbox"/> NO
Follow-up Required:	<input type="checkbox"/> YES		<input type="checkbox"/> NO
Authorizations:	<input type="checkbox"/> ROI		<input type="checkbox"/> ROIP