


# ST. ANDREW'S MINI-COLLEGE 2008

## Registration Form

Registration for: Week 1 (July 21 – 25)  Week 2 (July 28 – August 1)

Applicant's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: M F Age: \_\_\_\_\_  
Day Month Year

Name of parents or legal guardians: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Ph. (mother): \_\_\_\_\_ Work Ph. (father): \_\_\_\_\_

Name & address of individual to whom receipt is to be issued: \_\_\_\_\_

Health Insurance No. \_\_\_\_\_

Emergency contact & phone no. (other than parents): \_\_\_\_\_

*Remarks:* health problems or other pertinent information (ie: special needs, hyperactivity, allergies, food problems, medications, etc.)

Yes, my child will use the U of MB Mini-University Bus Service and is registered for the Bus

Indicated:

DATES	CODE	BUS LOCATION		
July 21 – 25				
July 28 – August 1				
Knowledge of Ukrainian:	Excellent	Very Good	Good	Average

Weak

Study of Ukrainian: Ukrainian Bilingual Program (Name of school)

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Ridna Shkola (Name of school)

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If you wish your child to be grouped with a particular child (must be same age group), please state other child's full name on the bottom of this form. Unfortunately, it may not be possible to satisfy all such requests, but we will try to accommodate as many as possible.

Cheque or money order must accompany application form.

Please make payable to **St. Andrew's College** and forward to:

*St. Andrew's College, University of Manitoba*

*29 Dysart Road, Winnipeg, MB R3T 2M7 Tel: (204) 474-8895 Fax: (204) 474-7624*

**St. Andrew's College Waiver**

St. Andrew's College and its employees will not accept responsibility for injuries, accidents, or loss of property to enrolled participants caused by circumstances beyond their reasonable control.

I have read and understood the above information

Signature: \_\_\_\_\_

Date: \_\_\_\_\_