



**190 Robert Speck Parkway
Mississauga, ON. L4Z 3K3**

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Early Registration Form

for use up until December 31st

Date: _____

**** PLEASE PRINT CLEARLY in pen ****

Last Name	First Name	Male <input type="checkbox"/>
		Female <input type="checkbox"/>

Home Address (Number and Street)	Apt/Unit #
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City and Province / State	Country	Postal Code
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Date of Birth MM DD YYYY	Name of Parent(s) or Guardian(s) (Mr./Mrs./Ms.)	Home Phone
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Parent's Address if Different from Child's
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Business / Cell Phone (Mother)	Business / Cell Phone (Father)	Parental Email Address
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School and School board	Current Grade (Sept.07)
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My child has previously attended PSA: Yes No If yes, when? _____

Please indicate one of the following:

Select One

- My child has been formally identified / participating in a gifted program.
- PSA administrators have previously approved my child.
- My child is not formally identified. I will forward a reference letter from my child's principal and copy of the most recent report card for consideration.

Select Program(s)

Program 1	Program 2	Program 3	Program 4
University of Toronto gr. 4 through 8	Northern Ontario gr. 7, 8, 9	St. John's, NFLD gr. 9, 10	Corner Brook, NFLD gr. 10 Leadership Experience
\$ 1492.00 + GST(\$74.60)	\$ 1812.00 + GST(\$90.60)	\$ 2180.00 + GST(\$109.00)	\$ 2449.00 + GST(\$122.45)
Session 1 June 29- July 11 <input type="checkbox"/>	July 27 - August 8 <input type="checkbox"/>	June 27 - July 10 <input type="checkbox"/>	July 11 - July 25 <input type="checkbox"/>
Session 2 July 13 - 25 <input type="checkbox"/>			

Fee Payment

****NEW**** I prefer to register online or now and make one payment **IN FULL**
(Save \$25)

OR

Please make cheques payable to **Centre for Education and Training**.

Registration fee/deposit of \$100.00 (per child, per program) MUST accompany application Cheque Visa MasterCard

50% Balance due March 28, 2008 \$ _____ Post-dated Cheque Visa MasterCard

Final Payment due May 30, 2008 \$ _____ Post-dated Cheque Visa MasterCard

(Credit card payments will automatically be processed)

Credit Card Number (if applicable)	Expiry Date MM YY
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Cardholders name (exactly as on the card) _____ **3-digit Number*** _____

*There is a number on the back(front on AMEX) of your card, above your signature. The last 3 digits(4 if AMEX)are required for security reasons.

I have read and agree to the terms and conditions on the reverse. _____

Parent/Guardian Signature

Please see reverse

