

**APPLICATION FOR ADMISSION  
HOMESCHOOL PROGRAM – 2026  
MARCH 9 to APRIL 22, 2026 – Mon/Wed OR Tue/Thu Afternoon**

**Age 6-12 years old**

**All children registering must be 6 years of age by March 3, 2026**

<b>CHILD INFORMATION</b>	
LEGAL LAST NAME OF THE CHILD	LEGAL FIRST NAME OF THE CHILD
PREFERRED NAME (CHILD)	AGE OF CHILD
GENDER (CHILD)	DATE OF BIRTH: M/D/Y
<b>PARENT INFORMATION</b>	
PARENT’S NAME	PARENT’S NAME
STREET, AVENUE, PO BOX NUMBER	
CITY OR TOWN	PROVINCE
POSTAL CODE	
EMAIL ADDRESS	
CELL PHONE – PARENT	CELL PHONE - PARENT
PARENT DATE OF BIRTH: M/D/Y	PARENT DATE OF BIRTH: M/D/Y

**Please indicate the session preferred**

<input type="checkbox"/> PROGRAM 1 – \$150 - Monday/Wednesday – 12:30 p.m. to 3:00 p.m. <input type="checkbox"/> PROGRAM 2 – \$150 - Tuesday/Thursday – 12:30 p.m. to 3:00 p.m. <input type="checkbox"/> BOTH PROGRAMS - \$200 – M/T/W/Th – 12:30 p.m. to 3:00 p.m.
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## PAYMENT

### COST TO BE PAID BY:

- VISA
- MASTERCARD
- AMERICAN EXPRESS

Card Holder Name \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

Month \_\_\_\_ Year \_\_\_\_ CVC \_\_\_\_

### Billing Address:

- Same as stated in Parent Information

OR

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

Parents can also call 780-539-2975 to provide Credit Card information if preferred.

**\*Payments by debit card can be made at the Continuing Education office, currently located in the NWP GP Main Campus building -Office of the Registrar H103 – No cash payments accepted\***

**REFUND POLICY: No refund after March 13, 2026.**

**Refunds processed before March 13, 2026 will be charged a \$30.00 admin. fee**

## DECLARATION OF APPLICANT

*The personal information on this form is collected under the authority of the Post-secondary Learning Act of Alberta, the Protection of Privacy Act, the Statistics Act of Canada and the Income Tax Act of Canada. The personal information may be disclosed to academic and administrative units for planning and research activities; federal and provincial agencies for reporting requirements; contracted or public health care providers, including collaborative educational, funding, and workplace agencies as required. The information will be retained in accordance with approved Information Management guidelines. If you have any questions about the collection and use of this personal information, please contact the Director, Continuing Education.*

SIGNATURE OF PARENT \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

**Registration Questions? Please call the Continuing Education office at (780)539-2975**

Email application to: [ce@nwpolytech.ca](mailto:ce@nwpolytech.ca)