



Mothercraft College of Early Childhood Education

Request for Course Description/Outline Form

Former students/graduates of Mothercraft programs may request copies of course descriptions/outlines to be issued. Please complete Request for Course Description/Outline Form and deliver it in person or mail your completed request to: Mothercraft College of Early Childhood Education, 646 St. Clair Avenue W., Toronto, ON M6C 1A9. Include the non-refundable payment by cheque or money order (payable to Mothercraft College of Early Childhood Education), or in-person by Debit, Visa, or MasterCard. Requests can also be made over the phone using a credit card for payment.

Please note the following:

- \$10.00 per copy issued
- Request may take up to two weeks for Course Description/Outline to be mailed from Mothercraft College of Early Childhood Education

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION ON PAGE 1 and Page 2:

_____			_____			_____		
First Name			Middle Name			Last Name		
_____		_____	_____		_____	_____		_____
Address		Apt #	City		Province	Country		Postal Code
(_____)				(_____)				
Day Telephone Number				Evening Telephone Number				
Program:	<input type="checkbox"/> ECE F/T Diploma	<input type="checkbox"/> ECE Part-time (Con Ed) Diploma			<input type="checkbox"/> ECE F/T Diploma (ELT)			
	<input type="checkbox"/> ECEA F/T Certificate	<input type="checkbox"/> ECEA Part-time (Con Ed) Certificate						
	<input type="checkbox"/> ECE F/T Diploma (Bridge to Work)	<input type="checkbox"/> ECE Con Ed Diploma (Bridge to Work)						
Name of Course(s):					Number of Copies:			
_____					_____			
_____					_____			
_____					_____			
_____					_____			
_____					_____			
Student I.D. # _____		Year[s] attended _____			Year Graduated: _____ (if applicable)			

Please select one of the following:

- I would like the Course Description(s)/Outline(s) to be sent to me directly
- I would like the Course Description(s)/Outline(s) sent to the following address below (provide complete mailing address[es]; if applicable, include the Institution department and/or applicant I.D./reference number to be indicated on the Course Description/outline).

Address # 1
I.D./Ref #

Address # 2
I.D./Ref #

Address # 3
I.D./Ref #

Address # 4
I.D./Ref #

I have included the non-refundable fee of \$10.00 per Course Description/Outline copy.

Student's Signature

Date

of Copies Requested

Amount Paid

FOR OFFICE USE ONLY:

Method of Payment: Debit MasterCard Visa Cheque Ack # _____ Staff Initials _____ Date: _____