

2009 – 2010 HOUSING & MEDICAL INFORMATION – NEW STUDENTS

Mission Statement: William and Catherine Booth College, a Christian university college rooted in The Salvation Army's Wesleyan theological tradition, brings together Christian faith, rigorous scholarship, and a passion for service. The College educates students to understand the complexities of our world, to develop the knowledge and skills necessary to be active contributors to society, and to know how Christian faith compels them to bring hope, social justice, and mercy into our world.

All single full-time (9 credit hours or more) Booth College students not residing with relatives in the Winnipeg area are expected to live in the Booth College residence for four semesters. Students who attain the age of 21 years prior to the beginning of a semester or who are graduates of another college or university are exempt from the requirement, but may still live in the residence halls. The College reserves the right to assign, move and adjust housing assignments. Room assignments are not guaranteed until a completed Housing Application is received by the Student Development Office.

Personal Information *Please type or print clearly.*

Name: _____
title last

_____ first middle

Birth Date: ____ / ____ / ____ Gender: M F
month day year

Mailing Address *Type N/A in those areas which are not applicable to you.*

_____ number and street or post office box

_____ city / town province / state

_____ postal code / zip code country

Please mark answers clearly:

Phone & Email

_____ area code and phone number (home)

_____ area code and phone number (business)

_____ area code and phone number (cellular)

_____ area code and fax number (business)

_____ e-mail address 1

_____ e-mail address 2

Booth College Enrollment Plan *Please check one (✓).*

Fall (Sept-Dec) Winter (Jan-Apr) 200 _____

Classification *Please check (✓) one.*

New 1st Year Transfer
Name Institution _____

Re-Admit Special (non degree, part-time)

Program of Interest _____

Undecided

Roommate age preference	<input type="checkbox"/> 17-18	<input type="checkbox"/> 19-20	<input type="checkbox"/> 21 +	Name:
I would describe myself as	<input type="checkbox"/> Out-Going	<input type="checkbox"/> Reserved		
I enjoy working with	<input type="checkbox"/> People	<input type="checkbox"/> Project/things		
I keep a room that is	<input type="checkbox"/> Spotless	<input type="checkbox"/> Clean	<input type="checkbox"/> Messy	
I plan to be involved in	<input type="checkbox"/> Student Council	<input type="checkbox"/> Music Groups	<input type="checkbox"/> Intramural Sports	
I require a place to study that is	<input type="checkbox"/> Quiet	<input type="checkbox"/> Fairly quiet	<input type="checkbox"/> Not quiet	
I prefer to go to bed by	<input type="checkbox"/> 10 pm	<input type="checkbox"/> 11 pm	<input type="checkbox"/> 12 am	<input type="checkbox"/> 1 am
I prefer to wake up by	<input type="checkbox"/> 6 am	<input type="checkbox"/> 7 am	<input type="checkbox"/> 8 am	<input type="checkbox"/> 9 am
I would rather	<input type="checkbox"/> Read a book	<input type="checkbox"/> Watch TV	<input type="checkbox"/> Go to a party	<input type="checkbox"/> Visit a friend
My favourite music is	<input type="checkbox"/> Contemp. Christian	<input type="checkbox"/> Alternative Christian	<input type="checkbox"/> Praise & worship	<input type="checkbox"/> Top 40
	<input type="checkbox"/> Classical	<input type="checkbox"/> Country	<input type="checkbox"/> Jazz	<input type="checkbox"/> Other
I plan to work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "yes", how many hours per week?	
I plan to play varsity sports	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "yes", which?	

Student Emergency Medical Information (Please print clearly)

first name _____	initial _____	last _____
Birth Date: _____ / _____ / _____ month day year	SIN / SSN # _____	
Prov/State of Coverage _____	Medical Card # _____	
Name of Insurer _____	Insurance # _____	

International Students:

Please provide proof of insurance before registering for classes.

Emergency Contacts (Secondary contact not in same household as Primary contact)

Name of Primary _____	Relationship to you _____
Phone Home () _____	Work () _____
Cell () _____	Other () _____
Name of Secondary _____	Relationship to you _____
Phone Home () _____	Work () _____
Cell () _____	Other () _____
Allergies/medical problems that may cause an emergency situation (food, diabetes, seizures, medications etc): _____	

Other important information for us to know: _____	

signature _____	date (mm/dd/yy) _____

Phone service is available to students in their rooms if they wish. Arrangements can be made with IT services to have a phone line activated – students who choose this option will receive a monthly bill through the college consisting of a flat rate of approximately \$20 + long distance charges.

Residence life at Booth College is intended to provide a meaningful experience in personal growth. By living with others in a residence hall, students are able to form new friendships, interact with people from different backgrounds, and learn more about themselves. We're glad you have applied and look forward to meeting you this fall.