



How to Register

1. Check the schedule on the web (www.city.toronto.on.ca/health) for potential dates and locations.
2. Record two choices using the following:
 - a) Session Type:
 - i. Course Package (includes Instructor led course for 6 hours and exam)
 - ii. Exam Package (includes exam only)
 - b) Session Code listed in the schedule on the web.
 - c) Session Date
 - d) Time Period:
 - i. Full Day
 - ii. Two morning sessions
 - iii. Two afternoon sessions
 - iv. Two evening sessions
 - e) Day of the week
3. Please record type of payment:
 - a) Cash
 - b) Money Order
 - c) Cheque
4. Please keep a copy of this form for your records. A confirmation letter will be sent indicating date, time, and your confirmation number. The confirmation number will be your registrant identification number for the Food Handler Program. Please use the number when making enquiries and attending the session.



Please complete this form and use it for in-person, drop-off, mail or fax registration.
Mail to: Food Handler Program, Toronto Public Health, 2340 Dundas Street West, Toronto On M6P 4A9
Fax: 416-338-3418

Fax Alert:

Sending personal information by fax is not a secure means of transmission. It is recommended you complete and return the Registration form by regular mail to the address below.

Session Information

| | Session Name | Session Code | Session Date | Day | Time |
|---------------|--------------|--------------|--------------|-----|------|
| First Choice | | | | | |
| Second Choice | | | | | |

Fee Cheque Money Order Cash (Do not send cash in mail)

Registrant Information

Last Name:

Middle Name:

First Name:

Email Address:

Home Mailing Address

Number: Unit Number:

Street:

City/Town:

Other:
(P.O. Box)

Province: Postal Code:

Home Tel. Number:

Food Establishment/Employer

Name:

Are you the owner/operator of this establishment Yes No

Business Address

Number: Unit Number:

Street:

City/Town:

Province: Postal Code:

Bus. Tel. Number: Fax Number: