

FOR OFFICE USE ONLY:	
Student ID:	_____
Registration Date:	_____
Registered By:	_____

**COMMUNITY EDUCATION REGISTRATION FORM/
STUDENT INFORMATION SHEET**

Name: _____
(First) (Middle Initial) (Last)

Date of Birth: _____ Male Female Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Contact Information: _____ Parent
 Guardian

Primary Phone: (____) _____ Secondary Phone: (____) _____

I grant East Central College permission to use the photographs of the above mentioned child _____ in publicity materials, including, but not limited to, its websites. Parent or Guardian Signature: _____ Date: _____

How did you hear about ECC Summer Camps? _____

Semester	Subject	Course #	Section	Title	Day /Time	Fee	
	CE					\$	
	CE					\$	
	CE					\$	
	CE					\$	
Fees are due at the time of registration to secure your place in class.						Total :	\$

<p>Checks should be made payable to East Central College</p> <p><input type="checkbox"/> Registration paid by check Check # _____</p> <p><input type="checkbox"/> Registration paid by cash Amount: \$ _____ Received by: _____</p> <p><i>*cash payments only accepted at the Community Education office in Union.</i></p>	<p>East Central College accepts the following credit cards:</p> <p><input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express</p> <p>Card Number: _____</p> <p>Expiration Date: _____ CVV #: _____</p> <p>Signature: _____ Date: _____</p>
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Registration is Easy!!



Mail to: East Central College
Attn: Community Education
1964 Prairie Dell Road
Union, MO 63084



By Phone/Fax: Phone: (636)584-6528/6529
Fax: (636)584-8988
**Call to complete registration by credit card.*



In Person: East Central College/Training Center
1964 Prairie Dell Road
Union, MO 63084

East Central College – Business & Industry Center
42 Prairie Dell Plaza
Union, MO 63084 Phone: (636)649-5800