



Community Education

Registration Form

OFFI	ICE	ONIV
/ NEEL		

Student ID: Registration Date: Registered By:

Name:	e: Former Names:						
Name:(First) (Middle Initial)			(Last)				
Date of Birth	:		□ Male □ Female	Email:			
Address:			City:	State:	State: Zip:		
Primary Phor	ne: ()		Secondary Phone: ()		
Emergency C	ontact:			Phone: ()		
□ Parent	□ Guardia	n 🗆 Spous	e □ Other:		_		
Have you eve *If you answ	er received vered yes to e	a suspended l either question, ព	imposition or suspe please attach a copy of	guilty to or been convicte Inded execution of a sent Your background check to the	ence for a felony registration form.	? □ Yes [
Semester	Subject	Course #	Section	Title	Day/Ti	ime Fe	e
	CE					\$	
	CE					\$	
	CE					\$	
	CE					\$	
Fees are due at the time of registration to secure your place in class. Total:						Total: \$	
□ Registratio	on paid by le to East Cent			☐ Registration paid (only accepted at the C	,	office in Union)	



Email/Mail to:

East Central College Attn: Community Education 1964 Prairie Dell Road • Union, MO 63084 ce@eastcentral.edu



By Phone/Fax:

Phone: 636.649.5803 Fax: 636.584.8988



In Person:

East Central College **Business & Industry Center** 42 Prairie Dell Plaza Drive • Union, MO 63084