

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

COMMUNITY EDUCATION REGISTRATION FORM

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

Date of Birth: _____ ☐ Male ☐ Female Email: _____

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

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

Emergency Contact: _____ Phone # (____) _____ ☐ Parent ☐ Guardian ☐ Spouse
☐ Other _____

Have you ever been arrested for, charged with, pleaded guilty to or been convicted of a felony? ☐ Yes* ☐ No

Have you ever received a suspended imposition of sentence or suspended execution of sentence for a felony? ☐ Yes* ☐ No

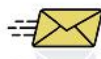
*If you answered yes to either question, please attach a copy of your background check to the registration form.

Semester	Subject	Course #	Section	Title	Day /Time	Fee
	CE					\$
	CE					\$
	CE					\$
	CE					\$
Total :						\$

Fees are due at the time of registration to secure your place in class.

<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
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

Refund/Withdrawal Policy

Occasionally, classes may be rescheduled, consolidated or canceled at the discretion of East Central College Community Education. In the event of a class cancellation by East Central College Community Education, each student will be provided a full refund. To withdraw, students must contact East Central College Community Education no less than 48 hours prior to the start of the class. Students that withdraw less than 48 hours prior to the start of class shall forfeit their right to a refund. All registrations include a \$5.00 nonrefundable registration fee. Some programs may have specific policies which will be noted in individual class descriptions. Locations, dates and times are subject to change, but participants will be notified. East Central College does not discriminate on the basis of race, color, religion, national origin, ancestry, gender, sexual orientation, age, disability, genetic information or veteran status. Inquiries/concerns regarding civil rights compliance as it relates to student programs and services may be directed to Shelli Allen, Vice President of Student Development, 131 Buescher Hall, 1964 Prairie Dell Road, Union, MO 63084, (636) 584-6565 or stnotice@eastcentral.edu.