



Community Education

Registration Form

		ONIY

Student ID: Registration Date: Registered By:

Name:				Former Names:				
(First)		(Middle	Initial)	(Last)				
Date of Birth:	:	□	Male □ Female	Email:				
Address: Cit				ity:	State: Zip:	State: Zip:		
Primary Phon	e: ()		Secondary Phone: ()			
Emergency Contact:			Phone: ()				
□ Parent [□ Guardia	an 🗆 Spouse	e □ Other:		_			
Have you eve	er received vered yes to	a suspended in either question, p	mposition or suspen	uilty to or been convicte ded execution of a sente our background check to the	ence for a felony?	□ Yes □ No □ Yes □ No		
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:								
Checks should be made payable to East Central College.				East Central Colleg	East Central College accepts the following credit cards:			
□ Registration paid by check Check #:				☐ MasterCard ☐ Visa ☐ Discover ☐ American Express Card Number:				
☐ Registration paid by cash				Expiration Date:	Expiration Date: CVV #:			
*cash payments only accepted at the Community Education office in Union.					Signature: Date: Cardholder Name:			
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Email/Mail to:

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



By Phone/Fax:

Phone: 636.584.6529 Fax: 636.584.8988 *call to complete registration by credit card



East Central College Training Center 1964 Prairie Dell Road • Union, MO 63084