



Registration Form

Re	egistered by:
	D = 1 = 1
nvoice #:	Roster:

FOR OFFICE USE ONLY

(First)	(Middle Initial)		(Last)			
Date of Birth:	□ Male □ Female	Email:				
Address:		_ State:	Zip:			
Parent/Guardian Contact Inform	ation:			□ Parent	□ Guardian	
Primary Phone: ()		Secondary Phone: ()			
I grant East Central College pern publicity materials, including, bu			oned child,		, in	
Parent or Guardian's Signature: Date:						
☐ I agree to practice social distant				-		
Course Na	те	Location		Day/Time	Fee	
					\$	
					\$	
					\$	
					\$	
Fees are due at the time of registration to secure your place in class. Total:						
 ☐ Registration paid by check (make payable to East Central College) ☐ Registration paid by cash (only accepted at the Community Education office in Union) 						
Check #:		Amount: \$	Red	ceived By:		
		6				

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

Name: _