



Registration Form

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Regis	tered by:		
Invoice #:	Roster:		
—————— Payments App	— ———— olied in QB/Roster		

FOR OFFICE USE ONLY

(First)	(IVIII	(Middle Initial)		(Last)			
Date of Birth:	_ □ Male □ Female	Email:					
Address:		City:		Zip:			
Parent/Guardian Contact Infor	mation:			□ Parent	□ Guardian		
Primary Phone: ()		Secondary Phone: ()				
I grant East Central College pe publicity materials, including,			ioned child		, in		
Parent or Guardian's Signature: Date:							
☐ I agree to practice social dis				-			
Course i	Name	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 check (make payable to East Central College) Registration paid by cash (only accepted at the Community Education office in Union)						
Check #:		Amount: \$	Re	ceived By:			
		•					

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: _