**REGISTRATION FORM**

*PLEASE PRINT CLEARLY* Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (FIRST) (M.I.) (LAST)

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Company (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternative Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COURSES REQUESTED:**

|  |  |  |
| --- | --- | --- |
| **Course #** | **Cost** |  **Course Title** |
| CED 1160 | $1,719 | Advanced EMT |
|  |  |  |
|  |  |  |
|  |  |  |

*Method of Payment: Registration and payment are required before the start of all classes.*

**Check one:** [ ] Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Cash (Amount) \_\_\_\_\_\_\_\_\_\_\_\_ [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Charge Card (If you are paying by charge card you will have to contact the Cashier’s Office at 937.328.3840 to submit your account info.)

[ ] Alternative Funding Source: (Agency, etc.) List Agency, Contact Name, and Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OPTIONAL: The following information is requested for state and federal reporting purposes only. Clark State Community College provides equal opportunity regardless of gender, race, ethnicity, ability, age, military service, or sexual orientation. [ ] Male [ ] Female

 How did you hear about this class? (Please check all that apply.)

[ ] American Indian or Alaskan Native [ ] Hispanic [ ] Received schedule book in mail. [ ] Picked up schedule book \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Asian or Pacific Islander [ ] Nonresident Alien [ ] Ad in the newspaper [ ] Online ad

[ ] Black, Non-Hispanic [ ] White, Non-Hispanic [ ] Clark State’s TV Channel [ ] Family/Friend [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RETURN OR MAIL REGISTRATION WITH PAYMENT TO: Anna Rescue
 c/o Jessica Rickert
 PO Box 201
 Anna, OH 45302
 phone: 937.394.7377 / fax: 937.639.2071**