

WARREN COUNTY CAREER CENTER
Adult & Community Education

REGISTRATION FORM

If paying by Visa or MasterCard
PHONE IN REGISTRATION **OR** **FAX REGISTRATION**
513.932.8145 or 1.877.547.5100 513.932.2304

Today's Date _____

Course Code _____ Course Name _____ Start Date _____

Student Information:

First Name _____ MI _____ Last Name _____

Street _____ City _____

State _____ Zip _____ Home Phone _____ Email _____

COURTESY BILLING TO (must be accompanied by purchase order or name authorizing course):

Bill to (Employer/Agency) _____ Phone _____

Billing Address _____ FAX _____

_____ P.O. # _____

I hereby accept financial responsibility for tuition, books, and lab fees should my employer not pay on a timely basis.

Student's signature _____

Student Statement:

I give permission to Warren County Career Center to supply educational information to the company or agency paying for the program.

Student's signature _____

Method of Payment:

MasterCard Visa Check Cash Voucher _____

Credit Card No _____ Exp. Date _____

Senior Citizen Discount

New course(s) I would like to see: _____

FOR OFFICE USE ONLY

TUITION _____

BOOKS _____ FEES _____

RECEIPT # _____

DATE _____ INITIALS _____

_____ **COST CENTER**