

# REGISTRATION FORMS REQUESTED BY FEBRUARY 1, 2012



## Continuing Education Registration Form

To register, fill out the form and mail it to DCCC, P.O. Box 1287, Lexington NC 27293-1287 or **FAX to 336.249.0379**. Phone 336.224.4545. Davie Campus: 1205 Salisbury Road, Mocksville NC 27028

**Important:** The information collected on this form will be kept confidential and used only for legitimate College purposes including registration for courses, maintenance of student permanent record (transcript) and reports required by the State of North Carolina and the federal government.

### Please Print Clearly

Course CID # **SEE REVERSE SIDE FOR**  
Course Title: **COURSE INFORMATION**

Employment:  Retired and not employed  
 Unemployed - not seeking employment  
 Unemployed - seeking employment  
 Employed 1 - 10 hours per week  
 Employed 11 - 20 hours per week  
 Employed 21 - 39 hours per week  
 Employed 40 or more hours per week

Registration Fees: Tuition **\$65** Materials \_\_\_\_\_  
**(Agriculture Rescue=\$120) Public Safety Assoc. Fees**  
**\$7.50 (One day class)**  
Registration Fees: Technology \_\_\_\_\_ Other: **\$15.00 (Two+ day class)**

**Accident Insurance** covering the hours in College and transportation to and from the class site is available for \$1.25. Do you want accident insurance?  Yes  No **Note:** Insurance required for some courses.

Highest level of education completed (1-12): \_\_\_\_\_  
Or check one:  High School Graduate  
 Adult High School Diploma  
 GED Graduate  
 Post High School Vocational Diploma  
 Associate Degree  
 Bachelor's Degree  
 Master's Degree or Higher

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Apartment #: \_\_\_\_\_

Are you taking this course to prepare for Certification or Re-Certification?  Yes  No

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

If no, have you taken this course more than twice during the last five years?  Yes  No

State: \_\_\_\_\_ County: \_\_\_\_\_

DCCC Student ID Number: \_\_\_\_\_

If you are **fee exempt** for this course, **YOU MUST indicate agency affiliation or YOU will be responsible for payment!**

Social Security Number (optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Paid Firefighter  Law Enforcement  
 Volunteer Firefighter  Senior Citizen  
 Paid EMS/Rescue  Other:  
 Volunteer EMS/Rescue

Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Month Day Year

Race:  American/Alaska Native  Asian  Black or African American  
 Hawaiian/Pacific Islander  White

**Agency Affiliation:** \_\_\_\_\_

Ethnic:  Hispanic/Latino  Non Hispanic/Latino

If this is to be **billed** to an agency, please complete this section (Authorization on company letterhead must be attached with this registration form.)

Gender:  Male  Female

Attention Of: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Company: \_\_\_\_\_

Other Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STUDENTS 16 OR 17 MUST PRESENT A DUAL ENROLLMENT FORM AT TIME OF REGISTRATION FOR ANY CONTINUING EDUCATION COURSE**

**CHOICE OF COURSES:** Indicate your top three choices, in order of your preference. If your first class choice is full at the time payment and waivers are received, you will automatically be put in your 2nd or 3rd choice. **(If your 1<sup>st</sup> choice of course does not make or is full, what are your 2<sup>nd</sup> and 3<sup>rd</sup> choices? You will only be notified if you DO NOT get your first choice of course.)**

**1<sup>st</sup>** Choice of Course

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Course ID#	Title
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**2<sup>nd</sup>** Choice of Course:

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Course ID#	Title
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**3<sup>rd</sup>** Choice of Course:

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Course ID#	Title
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**ALL  
FIRE & RESCUE  
CLASSES REQUIRE A SIGNED  
AFFIRMATION  
(SEE BELOW)**

**CHIEF / TRAINING OFFICER AFFIRMATION (RELEASE)**

I certify that this student has the ability, experience, and background to enroll in the selected course he/she is requesting. And furthermore, he/she has also had the proper prerequisite courses and training to enroll in this course. He/She has demonstrated the ability required for this course so as not to put others or himself/herself at risk.

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Chief/Training Officer's Signature

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Date

**Number your three (3) choices**

<u>CID#</u>	<u>Class</u>	<u>Hours</u>	
26373	ACLS Instructor	8	Sat.
26371	ACLS Provider	8	Sat.
26790	AG Rescue	28	
26698	Building Construction I & II	16	
26372	CPR Instructor	15	
26686	D/O Emergency Vehicle Driver	19	
26702	D/O Intro to Aerials	16	
26701	D/O Pump Hydraulics	16	
26699	D/O Pump Maintenance	16	
26705	Engine Company Ops.	8	Sun.
26690	Fire Alarms & Communications I & II	16	
26691	Fire Behavior I & II	14	
26689	Fire Department Orientation & Safety I & II	19	
26688	Fire Hose, Streams & Appliances I & II	19	
26687	Fire Prevention, Education, & Cause I & II	19	
26693	Forcible Entry I & II	14	
26369	Hot Topics by Bob Page	15	
26370	International Trauma Life Support	15	
26792	Meth Labs, Indoor Growth	7	Sat.
26936	NFA Calling the Mayday	18	
26707	NFA Leadership I	16	
26710	NFA Leadership II	16	
26717	Overhaul I & II	7	Sun.
26375	PALS Instructor	6	Sun.
26374	PALS Provider	6	Sun.
26692	Personal Protective Equipment I & II	16	
26791	Portable Extinguishers I & II	6	Sat.
26711	Poultry House Fire	14	
26695	Ropes I & II	14	
26696	Salvage I & II	7	Sat.
26697	Sprinklers I & II	16	
26712	TR Helicopter Transport	7	Sat.
26720	TR Rescue Equipment	7	Sun.
26715	TR Rescue Rigging	16	
26716	TR Victim Management	16	
26713	TR VMR Stabilization & Extrication	16	
26718	Truck Company Ops.	8	Sat.