Continuing Education Registration Form

Please Print Clearly

UNSIGNED OR INCOMPLETED FORM WILL NOT BE PROCESSED!

Course CID #: _____
Course Title: _____

Registration Fees: Tuition _____ Materials: _____
Registration Fees: Technology _____ Other: _____

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.

Full Name: ____________________________
Address: ______________________________
Apartment #: __________________________
City: __________________ State: _______ ZIP: _______
State: _______ County: __________

DCCC Student ID Number: _______
Social Security Number (optional) _______ _______ _______

Date of Birth: _______/_____/______ AGE: _______

Race: □ American/Alaska Native □ Asian □ Black or African American □ Hawaiian/Pacific Islander □ White
Ethnic: □ Hispanic/Latino □ Non Hispanic/Latino
Gender: □ Male □ Female

Home Phone: (___) _____
Other Phone: (___) _____
E-mail Address: ____________________________

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

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

Are you taking this course to prepare for Certification or Re-Certification? □ Yes □ No
If no, have you taken this course more than twice during the last five years? □ Yes □ No

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

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

Agency Affiliation: ______________________

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

Attention Of: ______________________
Company: ____________________________
Address: ____________________________
City, State, Zip: ______________________

STUDENT SIGNATURE: __________________ Date: __________

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

Rev: 07/11