

**COMMUNITY EDUCATION REGISTRATION FORM/
STUDENT INFORMATION SHEET**

Name: _____
(First) (Middle Initial) (Last)

Date of Birth: _____ ☐ Male ☐ Female School: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Contact Information: _____ ☐ Parent
_____ ☐ Guardian

Primary Phone: (_____) _____ Secondary Phone: (_____) _____

Email: _____

I grant East Central College permission to use the photographs of the above mentioned child _____
in publicity materials, including, but not limited to, its websites.

Parent or Guardian Signature: _____ Date: _____

Semester	Subject	Course #	Section	Title	Day /Time	Fee
	CE					\$
	CE					\$
Total :						\$

Fees are due at the time of registration to secure your place in class.

Checks should be made payable to **East Central College**

☐ Registration paid by check

Check # _____

☐ Registration paid by cash

Amount: \$ _____ Received by: _____

**cash payments only accepted at the Community Education office in Union.*

East Central College accepts the following credit cards:

☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Card Number: _____

Expiration Date: _____ CVV #: _____

Signature: _____ Date: _____

Registration is Easy!!



Mail to: East Central College
Attn: Community Education
1964 Prairie Dell Road
Union, MO 63084



By Phone/Fax: Phone: (636)584-6528
Fax: (636)584-8988

**Call to complete registration by credit card.*



In Person: East Central College/Training Center
1964 Prairie Dell Road
Union, MO 63084

East Central College – Washington
1978 Image Drive
Washington, MO 63090