

Continuing Education Registration Form

Please use one registration form per student. Feel free to duplicate this form as needed.

ID Number* _____ Date of Birth _____

Check one: Are you a
 New Student
 Returning Student

Last Name (Please Print) _____ First Name _____

Applicant's Signature or Parent's Signature if a Minor - **Forms with no signature are incomplete and WILL NOT be processed.** _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Alternate Phone _____ **Do you reside in Wayne County?**
 Yes No

Email Address: _____

Course Number	CRN Number	Course Title	Campus	Cost
Grand Total				

The Motorcycle Safety program requires pre-registration at any campus. No mail or fax-in registration will be accepted. For sports related camps/classes, a liability waiver form must be signed

Return Check Policy

Students are liable for all amounts pertaining to any bank rejected checks, which includes but is not necessarily limited to: A \$20 District service fee for NSF (bad check) processing. A \$20 deferred fee Charges assessed by the external check guarantee company utilized by the district.

All checks written to the college are verified by an external check guarantee agency. All returned checks are subject to the agency's collection fees.

Stop payment of check does not initiate cancellation of classes. You must officially withdraw from your classes.

Payment method must accompany form. PLEASE DO NOT SEND CASH!
 (All checks must have the driver's license number and telephone number of the signer of the check written on the check.)

Check/Money Order American Express Discover MasterCard VISA
 Account No: _____ Expiration Date: _____
 Card Holder Signature: _____

* The college will use your Student ID Number for record keeping, identification and billing. At your request (and if you are not currently on our system under your social security number), the college will assign another number for these purposes.

- Fax:** Fax form to (313) 962-1643
Mail: Mail form to: Wayne County Community College District, Mail Registration-C.E., P.O. Box 32557, Detroit, MI 48232-0557
Walk: Register in person at any of our five campus locations. See back of the schedule for location details.

Optional Section: Not considered in determining admissibility. Federally required
Reporting information: Sex: Male Female Marital Status: Married Single
Check which category describes you best: African-American (non Hispanic) American Indian-Native Alaskan Arabic
 Asian-American Caucasian (non Hispanic) Hispanic Other Prefer not to respond

Wayne County Community College District (WCCCD), pursuant to the requirements of Titles VI and VII of the Civil Rights Act of 1964, Title IX of Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Vietnam-Era Veterans Readjustment Act of 1974, The Elliot-Larsen Civil Rights Act, Executive Order 11246 and the Title II of the Americans with Disability Act (ADA) complies with all Federal and State laws and regulations prohibiting discrimination and with all requirements and regulations of the U.S. Department of Education. It is the policy of WCCCD that no person, on the basis of race, color, religion, national origin, age, sex, height, weight, marital status, disability, or political or belief, shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in employment or in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education. (Policy adopted by the Wayne County Community College District Board of Trustees, July 28, 1993)