

ADULT EDUCATION REGISTRATION FORM

Date: _____

Name: _____

Address _____

City/State/Zip _____

Home Phone # _____ Cell Phone # _____

Email address _____

Best phone # for class cancelation or updates: _____

Emergency Contact _____ Phone # _____

Course Name _____ Start Date: _____

Course Cost _____

Please read and retain this refund policy:

- **100% refund if the student requests to cancel their registration 2 weeks prior to the start of class.**
- **No refund issued after the course begins.**
- **No refunds for "No Call/No Show" students, regardless of the reason.**

I have read and understand the Refund Policy of the Clarion County Career Center Adult Education program.

Applicant's Initials: _____

How did you hear about this course? _____

**Submit completed registration form
by printing and sending to:
Clarion County Career Center
Adult Education
447 Career Lane Shippenville PA
16254**

Office Use Only:

Date Rec'd: _____ Registration Rec'd by: _____

() Paid in full

() Partial payment: Amt paid _____

() Cash

() Check #: _____