



## ADULT EDUCATION REGISTRATION

### OFFICE USE ONLY

Amount Paid: \_\_\_\_\_

☐ CASH ☐ CHECK # \_\_\_\_\_

☐ CC (last 4) \_\_\_\_\_

☐ Paid in full

☐ Partial payment; amount

Due: \_\_\_\_\_

Rec'd by: \_\_\_\_\_

Date: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE NO: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

BEST PHONE NUMBER FOR CLASS CANCELLATION OR UPDATES: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

COURSE NAME: \_\_\_\_\_ START DATE: \_\_\_\_\_

COURSE COST: \_\_\_\_\_

PAYMENT METHOD:

☐ Cash

☐ Check # \_\_\_\_\_

☐ Card

PA inspection class **ONLY**, indicate category:

☐ Category 1 - Car/Light Truck

☐ Category 2 – Motorcycle

☐ Category 3 – Heavy Truck

☐ Category 4 – Enhanced

☐ Category 5 – Document Review

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 the completed registration form by printing and mailing it to:**

Clarion County Career Center

Adult Education

447 Career Lane

Shippensburg, PA 16254