

REGISTRATION FORM

SECTION ONE - REQUIRED	Last Name _____ Prior Last Name _____ First Name _____ Middle Name _____			
	Mailing Address _____			
	City _____		State _____	Zip _____
	Phone Number _____		SS# _____ OR Student ID: @00 _____	(Social Security Number *first-time student only) (Required if SS# is not provided)
<p>*NOTE: Your Social Security Number is kept secure and not shared with any other parties.</p> <p>Have you attended CVTC at any of our locations before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered "No", complete Section 2 and 3. If you answered "Yes", you may skip to Section 3.</p>				
SECTION TWO	Sex: <input type="checkbox"/> M <input type="checkbox"/> F U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No DOB: _____			
	<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township _____ County you reside in: _____			
	<input type="checkbox"/> HS Graduate <input type="checkbox"/> GED <input type="checkbox"/> HSED Date Completed: _____			
Last High School Attended _____		High School City _____	State _____	Zip _____
SECTION THREE	Course Title	Nine-Digit Course Number or CRN (Required)	Course Cost	Start Date
	Shaken Baby Syndrome & SIDS	80054	\$16.64	10-6-09
NOTE: We require either the CRN or the complete nine-digit course number.				
Payment Options: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Authorization Attached <input type="checkbox"/> Other _____				
Credit/Debit Card No.: ____/____/____/____				
Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Expiration Date: ____/____				
OPTIONAL	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White, Not of Hispanic Origin <input type="checkbox"/> Other			
	Employer Information (to contact during work hours):			
	Employer Name: _____		Employer Phone No.: _____	
	Employer Address: _____		Date: _____	

Signature: _____ Date: _____