

# REGISTRATION FORM

<b>SECTION ONE - REQUIRED</b>	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><b>*NOTE: Your Social Security Number is kept secure and not shared with any other parties.</b></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>					
<b>SECTION TWO</b>	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 _____
<b>SECTION THREE</b>	Course Title	Nine-Digit Course Number or CRN (Required)	Course Cost	Start Date	
	Shaken Baby Syndrome & SIDS	90284	\$16.64	3/23/10	
<b>NOTE: We require either the CRN or the complete nine-digit course number.</b>					
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: ____/____					
<b>OPTIONAL</b>	<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: \_\_\_\_\_