



MAIL-IN REGISTRATION ONLY!

WEST CONTRA COSTA ADULT EDUCATION

REGISTRATION FORM - FEE CLASSES

ALVARADO CAMPUS 5625 Sutter Ave., Richmond 94804 • Phone: 510-231-1453 • www.wccea.info • adulted@wccusd.net

NAME _____ DATE _____
LAST FIRST MIDDLE

MALE FEMALE BIRTHDATE _____

ADDRESS _____
CITY ZIP

HOME PHONE _____ WORK PHONE _____ EMAIL _____
(Required for communication purposes only)

COURSE TITLE _____ INSTRUCTOR _____

COURSE NUMBER _____ FEE\$ _____

COURSE TITLE _____ INSTRUCTOR _____

COURSE NUMBER _____ FEE\$ _____

COURSE TITLE _____ INSTRUCTOR _____

COURSE NUMBER _____ FEE\$ _____

TOTAL FEE \$ _____

CASH CHECK (payable to: WCCAE) Check Number: _____

*Charged for insufficient funds, fee of \$35; cash only.

For statistical reporting only: (PLEASE CHECK the box that applies to you)

Check Quarter: Fall Winter Spring Summer

Ethnicity: Alaskan American Indian Asian African American Filipino Hispanic White Other _____

Are you receiving financial assistance? Yes No

Are you participating in any of the following: AFDC WIA CalWorks SSI/Disability Ins. Unemployment Benefits

Thank you for selecting WCCAE as your educational provider!

For a confirmation of your registration, please mail registration form, payment and a self-addressed stamped envelope or just indicate to us to use your email address.

NO REFUNDS UNLESS CLASS CANCELS.