

Office Use:
I.D. No. _____



MAIL-IN REGISTRATION ONLY!
WEST CONTRA COSTA ADULT EDUCATION
6028 Ralston Avenue, Richmond, CA 94805 • (510) 215-4666

(A)

REGISTRATION FORM – FEE CLASSES

Date of Registration

/ /
Date of Birth

Last Name First Name M. Initial

() -

Street Address

Home Phone Number

() -

City Zip Code

Work Phone Number

Gender: M F

Ethnicity: (Please Circle)

Native Language

E-Mail Address

Alaskan American Indian Asian African American

Filipino Hispanic White Other: _____

For statistical reporting only:

Are you receiving financial assistance? Yes No

Or participating in any of the following: AFDC WIA

CalWORKS SSI/Disability Ins. Unemployment Benefits

COURSE NO.	COURSE TITLE	INSTRUCTOR	SITE	RM	STARTS	FEE	M	T	W	Th	F	S	TIME

FOR OFFICE USE ONLY – DO NOT WRITE BELOW

<p>Check <input checked="" type="checkbox"/> Quarter:</p> <p><input type="checkbox"/> Fall <input type="checkbox"/> Winter</p> <p><input type="checkbox"/> Spring <input type="checkbox"/> Summer</p>	<p>Tuition/Fee:</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Check # _____</p> <p>Amount \$ _____</p>
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NO REFUNDS UNLESS CLASS CANCELS.

**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.*