



**College of the Redwoods  
Community Education**

525 D Street Eureka, CA 95501  
707-476-4500 • Fax 707-443-3417

*Office Use Only*

ID # \_\_\_\_\_

Initials \_\_\_\_\_

Date \_\_\_\_\_

Receipt # \_\_\_\_\_

**Full Legal Name:**

*Last*

*First*

*Middle*

**Are you currently, or have you previously, taken classes at College of the Redwoods?**  Yes  No

**Alternate Names Used:**

*Birth Name*

*Married Name*

*Other*

**Mailing Address:**

**Phone Number(s):**

**Email:**

**Email Newsletter**  Yes  No

**How did you hear about this class?**

**Date of Birth** *(required)*

**SSN** *(required if you're a new student)*

**Student ID**

Section #	Course Title	Date	Time	Location	Fee

Is your employer paying for this class?  Yes  No

Name of Employer: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Company Phone: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

Payment:  Cash  Check  Credit Card  Money Order  Sponsorship

Sponsor: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Sponsor Email: \_\_\_\_\_

Visa/MasterCard/Discover: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name As It Appears on Card: \_\_\_\_\_

By registering for a CR Community Education class you agree to the registration policies.  
Policies can be viewed at <http://www.redwoods.edu/communityed/Register-for-Classes>

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**Book/Packet**  Mailed On: \_\_\_\_\_  Student Pick up  Picked Up On \_\_\_\_\_

**Certificate**  Mail  Pick up

Notes: \_\_\_\_\_