



# College of the Redwoods Adult & Community Education

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## REGISTRATION FORM

### 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*

**Address / City / State / Zip (include Apt, Unit or Space #, if applicable):**

**Phone Number(s) please include Home and Cell:**

**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**

**please select a date below:**

Section #	Course Title	Date	Time	Location	Fee

Are you employed? If yes, Please complete this section  Yes  No

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

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

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

Payment Method:  Cash  Check  Credit/Debit Card  Nelnet\*  Sponsorship\*\*

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

Phone: \_\_\_\_\_

\*\*requires additional documentation

Contact: \_\_\_\_\_

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

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

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

**Billing Address: (include City, State and Zip):** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Please note: 1) Payment is due at time of registration. 2) \*Programs eligible for a payment plan through NelNet require additional processing.**

**3)\*\*Sponsorship requires additional paperwork and processing**