

# Community Ed Registration Form



Office of Community Education Registration Form (please print clearly)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_  Please Mail Confirmation & Receipt (Both will be E-mailed automatically)

Class ID Office Use Only	Course Title	Start Date	Fee
Registration Fee (Mandatory)			<b>+\$2.00</b>

**Consent for Treatment of Minor (REQUIRED for ages 15-17):** I give permission for my minor child/ legal ward to receive emergency first aid treatment, as well as treatment by a nurse, physician and/or mental health counselor.

Parent/Guardian Approval Signature: \_\_\_\_\_ Total: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only  
 WI PH FX / / MI EM INST  
 \$ Vchr / / CC  
 CHK

Transaction ID#: \_\_\_\_\_ CHK # \_\_\_\_\_  Adult Registration  Minor Registration

Complete form and mail to:  
 SRJC Community Education  
 1501 Mendocino Avenue  
 Santa Rosa, CA 95401

**Make checks payable to SRJC**

Incomplete forms may result in a processing delay.  
 For more information or questions call: (707) 527-4372.