

Division of Continuing Education and Workforce Training - 410-827-5850

## **Open Enrollment Registration Form**

***(All information must be completed to process registration.)***

Name: (Print) \_\_\_\_\_

Last	First	Middle
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Home Address: \_\_\_\_\_  
Street
P.O. Box

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

\*Social Security #: \_\_\_\_\_ \*Date of Birth: (month/day/year) \_\_\_\_\_

*(Date of Birth is required by the College to ensure the integrity of student records and to meet federal government reporting requirements.) \*\*Online Registration is now available for non-credit students. A student's Date of Birth AND Social Security number will have to be on file to be able to Register online. Include both your Date of Birth and Social Security number on this registration form to be able to take advantage of ONLINE Registration in the future.*

Have you previously been a student at Chesapeake College (credit or non credit): ☐ Yes ☐ No

Senior Citizen: (60 or older) ☐ Yes ☐ No      Gender: ☐ Male ☐ Female

Ethnicity: Part 1: Hispanic or Latino origin ☐ Yes (HIS) ☐ No (NHIS).

Part 2: If you are not Hispanic or Latino, please select one or more of the following:

Race: ☐ American Indian or Alaska Native (AN) ☐ Asian (AS) ☐ Black or African American (BL)  
☐ Native Hawaiian or other Pacific Islander (HP) ☐ White (WH)

I certify that I am a legal resident of \_\_\_\_\_ County, MD.

*Student's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**Method of Payment:** ☐ Check ☐ Credit Card ☐ Money Order ☐ Purchase Order  
☐ Sponsorship Billing ☐ Deferred Payment Plan

In order to process this registration, payment must accompany the completed registration form. If payment is made by credit card or debit card, information may be faxed to: 410-827-5852.

**MAKE CHECKS PAYABLE TO CHESAPEAKE COLLEGE (Do Not Mail Cash!)**

Charge my tuition to: (Check One) ☐ VISA ☐ Master Card ☐ American Express ☐ Discover Card

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CID# \_\_\_\_\_

\*Note: CID# is the last three digits in the signature box on the back of your credit card.

Cardholder's Name: \_\_\_\_\_

Authorized Cardholder's Signature:\_\_\_\_\_

**NO WRITTEN CONFIRMATION OF REGISTRATION WILL BE MAILED.** You should attend your selected class at the time listed in the schedule of classes. For more information, call the Division of Continuing Education at 410-827-5850.

**COMPLETE COURSE INFORMATION BELOW:**

Dept./Number	Section	Title & Start Date	Tuition	Fees	Total
CEX 812	9B	THE COMMUNITY INTERPRETER® INTERNATIONAL PROGRAM I 3/7/20	---	\$750.00	\$750.00
CEX 813	9B	THE COMMUNITY INTERPRETER® INTERNATIONAL PROGRAM II 4/4/20	---	sections linked	

\$5 Reg. fee per course **\$5.00**

**Total Amount Due \$755.00**

Note: Caroline, Dorchester, Kent, Queen Anne's and Talbot county residents are in Chesapeake College's service area.

Refer to the schedule of classes for appropriate fees. Senior Citizens must pay CES, AFC and FTW, tuition and fees.

**Mail registration form with payment to: Chesapeake College, Business Office, P.O. Box 8, Wye Mills, MD 21679.**

*An E.O. Institution Tobacco-free Campus.*