

MAIL-IN REGISTRATION ONLY!

WEST CONTRA COSTA ADULT EDUCATION

ALVARADO CAMPUS 5625 Sutter Ave., Richmond 94804 • Phone: 510-231-1453 • www.wccae.info • adulted@wccusd.net

REGISTRATION FORM - FEE CLASSES

NAME	LAST		MIDDLE	DATE	
	LAST	FIRST	MIDDLE		
\square MALE	□FEMALE	BIRTHDATE			
ADDRESS_					
		CITY	ZIP		
HOME PHONE		WORK PHONE		L	
				(Required for communication purposes only)	
COURSE TITLE			INSTRUCTOR		
COURSE NUMBER			FEE\$		
COURSE TITLE			INSTRUC	TOR	
COURSE N	UMBER			FEE\$	
COURSE TITLE			INSTRUCTOR		
COURSE NUMBER					
	TOTAL FEE \$		OTAL FEE \$		
		:ASH □CHECK (pay	yable to: WCCAE)	Check Number:	
*Charged for insufficient funds, fee of \$35; cash only.					
For statistical reporting only: (PLEASE CHECK the box that applies to you)					
Check Quarter: □Fall □Winter □Spring □Summer					
Ethnicity: □Alaskan □American Indian □Asian □African American □Filipino □Hispanic □White □Other					
Are you receiving financial assistance? □Yes □No					
, ,					
Are you participating in any of the following: □AFDC □WIA □CalWorks □SSI/Disability Ins. □Unemployment Benefits					

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 or just indicate to us to use your email address.