

WCCC PHILLIPSBURG EDUCATION CENTER (PEC)

CONTINUING EDUCATION

445 MARSHALL STREET · PHILLIPSBURG, NJ 08865

PHONE: (908) 689-7613 · Fax: (908) 878-0170

ID #: _____ (College issued)

DATE OF BIRTH _____

NAME _____
LAST FIRST MIDDLE INITIAL

ADDRESS _____

CITY STATE ZIP COUNTY

TELEPHONE () _____ () _____
HOME CELL

E-MAIL ADDRESS _____ Can we contact you? Yes ___ No ___

Statistical information: In order to comply with state and federal requests for statistics, we ask that you please answer these questions. All information you provide is strictly confidential in accordance with the Family Educational Rights and Privacy Act of 1974. Thank you for your help.
Ethnic Background:
Native American _____ Hispanic _____
African-American _____ White _____
Asian/Pacific Islander _____ Other _____
Sex: Male _____ Female _____

PLEASE NOTE: THERE MAY BE RESTRICTIONS FOR NON-US CITIZENS IN REGARDS TO CERTIFICATION OR EMPLOYMENT ELIGIBILITY

Course# _____ Title _____ Amount \$ _____

Course# _____ Title _____ Amount \$ _____

Course# _____ Title _____ Amount \$ _____

Course# _____ Title _____ Amount \$ _____

REFUND POLICY: You may withdraw three business days prior to the first day of class in order to receive a refund minus a \$15.00 processing fee. No refunds will be issued after this deadline. There are no refunds after class begins.

Payment enclosed (check payable to WCCC)

Send credit card authorization form

Register in Room 129 at Phillipsburg Education Center

ADMINISTRATION & FINANCE USE ONLY

Receipt # _____ **Payment Method** _____
Total Charges \$ _____ Cash _____ Check # _____ Amount Paid \$ _____
Payment Plan _____ WIOA _____ WDP _____ TRA _____ Contract Training _____ Job Training _____
Due College \$ _____ Senior Citizen (60+) _____ Other _____ Credit Card Type _____
Initials and Date _____