

ID # _____

St. Charles Community College, Health Occupations – NAH 102
Phone: 636-922-8295 Fax: 636-922-8478

REGISTRATION FORM

Name _____

Address _____

City/State/Zip _____

Phone (H) _____ (C) _____

SSN _____ D.O.B _____

Email _____

Course #	Title/Description	Tuition/Fee

Comments (Office Use Only)

Your tuition/fee must be paid to the Cashier's Office by 4:30pm on _____.

You may pay by credit/debit card over the phone by calling 636-922-8231 or you may pay in person at the main campus by cash, check, or credit/debit card.

If tuition/fee is not paid by the date and time listed above, your registration will be incomplete and you will have to repeat the enrollment process. We will not be able to hold or guarantee you a spot in the class.

Please check the option that accurately reflects your status:

1. What is your gender? *Male* *Female*

2. Are you currently employed? *Yes* *No*

2a. If yes, where are you employed?

3. How did you hear about our Health Occupations programs?

Missouri Career Center

Internet Research

Employer

Friend/Family Member

Other: _____
