Chesapeake College

Division of Continuing Education & Workforce Training

410-827-5850

Open Enrollment Registration Form

(All information must be completed to process registration.)

Name:(Print)_____
Last First Middle

Home Address: _____
Street PO Box #

_____
City State Zip Code

Home Phone:_____ Work:_____ Cell:_____

E-mail Address: _____

Social Security or Student ID#:_____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 will be available soon 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

Gender: ☐ Male ☐ Female

Senior Citizen: ☐ Yes ☐ No
(60 or Older)

Chesapeake College Employee ☐
(Tuition Waiver)

Ethnicity

Part 1: Hispanic or Latino Origin: ☐ Yes (HIS) ☐ No (NHS)

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

Race

☐ **A**merican Indian or Alaska **N**ative (AN)
☐ **As**ian (AS)
☐ **Bl**ack or African American (BL)
☐ Native **H**awaiian or Other **P**acific Islander (HP)
☐ **Wh**ite (WH)

I certify that I am a legal resident of _____ County, Maryland.

_____ _____
Student Signature **Date**

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

Make checks payable to: Chesapeake College (Do Not Mail Cash!)

Visa, Master Card, Discover Card, American Express: Card Number: _____

Expiration Date: _____CID#_____ Cardholder's Name(Print): _____
*Note: CID# is the last three digits in the signature box on the back of your credit card.

Authorized Cardholder's Signature: _____ Date: _____

In order to process, payment must accompany completed registration form. If payment is made by credit or debit card, registration may be faxed to: 410-827-5852. Mail payment to: Chesapeake College, Registration Office, PO Box 8, Wye Mills, MD 21679.For more information, call the Division of Continuing Education at 410-827-5850.

Complete Course Information Below ▼

Dept	Number	Section	Course Title	Tuition	Fee	Total

$5 reg fee for each class_____
Total _ _____

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 Mils, MD 21679.**

Your time.Your place.
Chesapeake College at 50