



Leisure Learning Registration Form

Date	Residency	Contact Information		
___/___/20__	I currently reside: <input type="radio"/> Texas County: _____ <input type="radio"/> Not Texas/County: _____	Primary Phone: Secondary Phone:		
Student Registration Information				
Please use your name as it appears on your Driver's License/Social Security Card				
Last Name:		First Name:		Middle Name:
Previous Last Name:			Email:	
Address:				
City:		State	Zip:	
Mailing Address (if different):				
Social Security Number: ____-____-____		Date of Birth: ___/___/___		Gender: <input type="radio"/> Male <input type="radio"/> Female
Emergency Contact Name:		Relationship:		Phone #:
Demographic Information				
The Following questions are used by the state to help provide support for our programs. Although not required, your cooperation is appreciated.				
How did you hear about us: <input type="radio"/> Newspaper Ad <input type="radio"/> Walk-in/Called <input type="radio"/> News Article <input type="radio"/> www.Blinn.edu <input type="radio"/> Facebook/Twitter <input type="radio"/> Word-of-mouth <input type="radio"/> My company referred me <input type="radio"/> Referred by unemployment office		Race <input type="radio"/> Black <input type="radio"/> White <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Asian <input type="radio"/> Hispanic or Latino <input type="radio"/> Native Hawaiian/ Pacific Islander <input type="radio"/> Unknown Race		Ethnicity: Are you Hispanic or Latino? (a person Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) <input type="radio"/> YES <input type="radio"/> NO
What is your primary goal? <input type="radio"/> Workforce Certificate Which Program? _____ <input type="radio"/> Personal Enrichment <input type="radio"/> Professional Development <input type="radio"/> Other _____				
Course Selection				
Course Title Ex. Nurse Aide for Healthcare Orgs	CRN (Course Registration #) Ex. 12002	Campus Ex. Hodde	Start Date / Time 1/1/15 5pm-9pm	Tuition \$480
Payment is due at time of registration. Please read the refund policy on back before registration.				
Student Signature:				
Date:				
OFFICE USE ONLY:		Staff Accepting Payment:		
Method of Payment:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit	<input type="checkbox"/> Scholarship
		Check #	Visa / MC / Disc /Amex	Amount:
	Amount:	Amount:	Amount:	Name:



Registration and Refund Policies & Procedures

Register in person via the site closest to you:

A.W. Hodde, Jr., Technical Education Center
2910 S. Blue Bell Rd
Brenham, TX 77833
979-830-4443

Bryan "Post Office" Campus
301 Post Office Street
Bryan, TX 77805
979-209-7205

REGISTRATION AND PAYMENT

Payment is required at the time of registration. Registration without payment does not hold a student's spot in class.

COURSE CANCELLATION

In the event a course is cancelled by Workforce Education, a full refund will be given to the student. Students will be notified of course cancellation three (3) business days before the start date.

REFUND POLICY

To receive a full refund, the student must notify the division of workforce education forty eight (48) business hours (or 2 business days) before the course start date.

Signature: _____

Date: _____