 **CCBC**

**CONTINUING EDUCATION REGISTRATION FORM**

The Community College

of Baltimore County **PLEASE PRINT ALL INFORMATION**

New Student Returning Student CCBC Employee

Yes No

Last First M.I.

Male Female

Home Address (no Post Office Box) E-mail address

Are you of Hispanic or Latino origin?

Yes No

What is your race?

Select one or more of the following categories.

White

Black or African American

Asian

American Indian or Alaska Native

Native Hawaiian or

Other Pacific Islander

***\*Definitions on reverse side***­­­­­­­­­­­­­­­­­­

City State Zip

Work Phone (Include Area Code) Home Phone (Include Area Code)

County of Residence Employer/Occupation

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Social Security Number | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| Birthdate (Month/Day/Year) | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  | |
| Student ID Number (Not Soc.#) | | | | | | | | |

I am 60 yrs. Or older Yes No I am under 16 Yes No

I am a Baltimore County resident Yes No

I have been a Maryland resident at least 3 months Yes No

I am a U.S Citizen Yes No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CRN # | Course # |  | Begin Date | Time | Location |
| 78905 | AHL325A | *Is This Autism? Recognizing the Less Obvious Presentations of Autism* | 5/19/24 | 2:00pm | Zoom |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Signature Date Guardian Date

*I certify all information is correct. If under 18, signature of legal guardian is required.*

White – CE Office Yellow – Student Pink – Billing

Rev. 11/09

 **CCBC**

**CONTINUING EDUCATION REGISTRATION FORM**

The Community College

of Baltimore County **PLEASE PRINT ALL INFORMATION**

New Student Returning Student CCBC Employee

Yes No

Last First M.I.

Male Female

Home Address (no Post Office Box) E-mail address

Are you of Hispanic or Latino origin?

Yes No

What is your race?

Select one or more of the following categories.

White

Black or African American

Asian

American Indian or Alaska Native

Native Hawaiian or

Other Pacific Islander

***\*Definitions on reverse side***­­­­­­­­­­­­­­­­­­

City State Zip

Work Phone (Include Area Code) Home Phone (Include Area Code)

County of Residence Employer/Occupation

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Social Security Number | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| Birthdate (Month/Day/Year) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| Birthdate (Month/Day/Year) | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  | |
| Student ID Number (Not Soc.#) | | | | | | | | |

I am 60 yrs. Or older Yes No I am under 16 Yes No

I am a Baltimore County resident Yes No

I have been a Maryland resident at least 3 months Yes No

I am a U.S Citizen Yes No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CRN # | Course # | Course Title | Begin Date | Time | Location |
| 78905 | AHL325A | *Is This Autism? Recognizing the Less Obvious Presentations of Autism* | 5/19/24 | 2:00pm | Zoom |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Signature Date Guardian Date

*I certify all information is correct. If under 18, signature of legal guardian is required.*

White – CE Office Yellow – Student Pink – Billing

Rev. 11/09