

Office Use:

I.D. No. \_\_\_\_\_

**MAIL-IN REGISTRATION ONLY!****WEST CONTRA COSTA ADULT EDUCATION**

6028 Ralston Avenue, Richmond, CA 94805 • (510) 215-4666

**REGISTRATION FORM – FEE CLASSES****A**

Date of Registration \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

M. Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

**Gender:**  M  F**Ethnicity:** (Please Circle)

Alaskan

American Indian

Asian

African American

Filipino

White

Other: \_\_\_\_\_

Native Language \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**For statistical reporting only:**Are you receiving financial assistance?  Yes  NoOr participating in any of the following  AFDC  WIA CalWORKS  SSI/Disability Ins.  Unemployment Benefits

COURSE NO.	COURSE TITLE	INSTRUCTOR	SITE	RM	STARTS	FEE	M	T	W	Th	F	S	TIME

**FOR OFFICE USE ONLY – DO NOT WRITE BELOW**Check  Quarter: Fall Winter Spring Summer

Tuition/Fee:

 Cash  Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_

**Thank you for selecting WCCAE  
as your educational provider!***For a confirmation of your registration, please mail  
registration form, payment and a self-addressed stamped envelope.***NO REFUNDS UNLESS CLASS CANCELS.**