



# CONTINUING EDUCATION REGISTRATION FORM

South Campus 2201 South 70<sup>th</sup> St. Tacoma, WA 98409 253.680.7400  
 Mohler Campus 2320 South 19<sup>th</sup> St. Tacoma, WA 98405 253.680.7700  
 Downtown Campus 1101 South Yakima Ave. Tacoma, WA 98405 253.680.7000  
 www.bates.ctc.edu

<b>PERSONAL</b> LAST NAME: _____ FIRST: _____ MI: _____ SSN: _____ (See Release Statement) SID Number: _____ (College assigned)		BIRTHDATE: _____ SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	
ADDRESS: NUMBER AND STREET, ROUTE, OR PO BOX _____ CITY: _____ STATE: _____ ZIP: _____ EMAIL: _____		US CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NOT, WHAT TYPE OF VISA DO YOU HAVE? (Please Check one) <input type="checkbox"/> M1: Resident Alien/Immigrant <input type="checkbox"/> R1: Refugee <input type="checkbox"/> F1: Student <input type="checkbox"/> M2: Vocational <input type="checkbox"/> ZZ: Other or Unknown	
IN CASE OF EMERGENCY NOTIFY: NAME: _____ PHONE: (____) _____ ITEM No. _____ Course No. _____ Section _____ Building/Room _____ Days _____ Time _____ Class Hours _____ Starting Date _____ Instructor _____ Fee _____		DAY PHONE: (____) _____ EVENING PHONE: (____) _____ Quarter of Registration (Please Check one) <input type="checkbox"/> Summer <input type="checkbox"/> Winter <input type="checkbox"/> Spring	
<b>CLASSES</b> PAYMENT: Charge to VISA or MasterCard Account # _____ Refund Policy: Please refer to Class Schedule		Exp. _____ / _____ <b>TOTAL FEE \$</b> _____	
<b>WORK / EDUCATION / RACE / FAMILY</b> WHAT IS YOUR LONG-TERM INTENT IN ATTENDING BATES? (Please Check one) <input type="checkbox"/> H: Apprenticeship Program <input type="checkbox"/> K: Vocational Home and Family Life <input type="checkbox"/> J: Improve present job skills		PURPOSE FOR ATTENDING BATES TECHNICAL COLLEGE (Please Check one) <input type="checkbox"/> 13: High School Diploma or GED <input type="checkbox"/> 15: Personal enrichment <input type="checkbox"/> 14: Explore career direction <input type="checkbox"/> 90: Other	
WHICH RACE DO YOU CONSIDER YOURSELF TO BE? (optional) (Please Check one) <input type="checkbox"/> 597: American Indian or Alaska Native <input type="checkbox"/> 605: Chinese <input type="checkbox"/> 800: White <input type="checkbox"/> 611: Japanese <input type="checkbox"/> 870: Black or African American <input type="checkbox"/> 612: Korean <input type="checkbox"/> 608: Filipino <input type="checkbox"/> 619: Vietnamese <input type="checkbox"/> 621: Other Asian <input type="checkbox"/> 799: Other Race <input type="checkbox"/> 653: Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multiracial _____		ARE YOU OF HISPANIC/SPANISH ORIGIN? (optional) (Please Check one) <input type="checkbox"/> 999: No, not Spanish/Hispanic <input type="checkbox"/> 727: Yes, Puerto Rican <input type="checkbox"/> 722: Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> 709: Yes, Cuban <input type="checkbox"/> 717: Yes, Other Spanish/Hispanic (Argentinian, Colombian, Dominican, Nicaraguan, Salvadorian, etc.)	
WORK STATUS WHILE ATTENDING BATES (Please Check one) <input type="checkbox"/> 11: Full-time homemaker <input type="checkbox"/> 12: Full-time employment (including self-employed or military) <input type="checkbox"/> 13: Part-time off-campus <input type="checkbox"/> 14: Part-time on-campus <input type="checkbox"/> 15: Not employed, but seeking employment <input type="checkbox"/> 16: Not employed, not seeking employment <input type="checkbox"/> 90: Other		EDUCATION LEVEL PRIOR TO ATTENDING BATES (Please Check one) <input type="checkbox"/> 11: Less than High School Graduation <input type="checkbox"/> 12: GED <input type="checkbox"/> 13: High School Graduate <input type="checkbox"/> 14: Some post High School, but no degree or certificate earned <input type="checkbox"/> 15: Certificate <input type="checkbox"/> 16: Associate Degree <input type="checkbox"/> 17: Bachelors Degree or above <input type="checkbox"/> 90: Other	
Do you have any physical or mental impairment that substantially limits one or more major life activities, such as seeing, hearing, speaking, walking, learning, etc.? (optional) <input type="checkbox"/> Yes <input type="checkbox"/> No Confidential information used for statistical reporting only. Persons with disability may be eligible for support services and should contact the Special Needs Coordinator/Disability Office, at (253) 680-7013, for information on services.		WHAT IS YOUR CURRENT FAMILY STATUS? (Please Check one) <input type="checkbox"/> 11: Single parent with children or other dependents in your care <input type="checkbox"/> 12: Couple with children or other dependents in your care <input type="checkbox"/> 13: Without children or other dependents in your care <input type="checkbox"/> 14: Other	

Disclosure Statement: Your social security number is confidential and, under a federal law called the Family Educational Rights & Privacy Act, the college will protect it from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosure may be authorized for the purposes of state and federal financial aid, Hope/ Lifetime Learning tax credits, Employment Security, Job Placement Services, academic transcripts, or accountability research.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Additional Information for Cooperative Preschools

Preschool Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Class \_\_\_\_\_