



## CNC Technical Solutions Inc Engineering & Technical Training Center CLASS REGISTRATION FORM

(Please Print)

STUDENT INFORMATION					
Last Name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Today's Date:	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?	(Former name):		Birth date:	Age:      Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:		Home Phone Number: (    )		Work Phone Number or Cell: (    )	
P.O. box:	City:	State:	ZIP Code:		
Profession:	Employer:	Employer phone no.: (    )			

COURSE REGISTRATION			
Course Name: _____	Course Start Date:	_____	
Course Name: _____	Course Start Date:	_____	
Course Name: _____	Course Start Date:	_____	
Course Name: _____	Course Start Date:	_____	
How did you hear about us?			
<input type="checkbox"/> Internet	<input type="checkbox"/> Employer	<input type="checkbox"/> Friend/Colleague	<input type="checkbox"/> Other: _____
Are you a returning student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, which class did you take?	Method of Payment: <input type="checkbox"/> Purchase Order <input type="checkbox"/> Grant <input type="checkbox"/> Cash/Check <input type="checkbox"/> Credit Card: Type: _____ Expiration: _____ Number: _____	

IN CASE OF EMERGENCY			
Name of emergency contact:	Relationship to student:	Home phone number: (    )	Work phone number: (    )
I HEREBY ATTEST THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED STUDENT RELEASES CNC TECHNICAL SOLUTIONS INC, ITS OFFICERS, EMPLOYEES, INSTRUCTORS AND COACHES FROM ALL LIABILITY FOR ANY AND ALL DAMAGES AND INJURIES SUFFERED OR SUSTAINED WHILE ON THESE PREMISES, AND UNDER THE INSTRUCTION, SUPERVISION OR CONTROL OF CNCTS OR ITS EMPLOYEES.			
_____ <i>Student Signature:</i>		_____ <i>Date:</i>	