FAX WITH CREDIT/DEBIT CARD PAYMENT TO: 225.216.8446

NON-CREDIT REGISTRATION

☐ NEW STUDENT ☐ RETURNING STUDENT STUDENT ID: _____

Please print or type. Use a pencil or black ink pen.

PERSONAL INFORMATION

Print Name _____

Last First MI Former

Signature _____

Address _____

_____

City State Zip Parish

Note: Phone Numbers are used to contact for class information.

Home Phone _____ - _____ - _____

Cell Phone _____ - _____ - _____

Email _____

Gender ☐ Male ☐ Female

Date of Birth **(Required)** __ __ __ __ __ __

Mo. Day Yr.

Ethnic Code

☐ Black ☐ American Indian/Alaskan

☐ White ☐ Asian/Pacific Islander/Indian Subcontinent

☐ Hispanic ☐ Other

U.S. Citizen ☐ Yes ☐ No

How did you hear about us?

☐ TV ☐ Radio ☐ WEB ☐ Newspaper ☐Other

BUSINESS OR WORK INFORMATION

Business Name _____

Title _____

Address _____

_____

City State Zip Parish

Phone _____ - _____ - _____

Fax _____ - _____ - _____

PAYMENT INFORMATION

Note: No REFUND after 1st day of class.
NO EXCEPTIONS!

☐ Cash ☐ Discover

☐ Check ☐ Money Order

☐ MasterCard ☐ Visa

☐ P.O. must accompany registration

Account No. _____

Name on Card _____

Signature _____

Expiration Date _____

WCCE#	CRN#	COURSE TITLE	START DATE	FEE
			TOTAL	$