



**Department of Continuing Education
Registration Form**

_____ _____ _____
Full Legal Name (First, MI, Last) Date of Birth Social Security Number

_____ _____ _____ _____
Address City State Zip Code

Email Address

_____ _____
Home Phone Number Cell Phone Number

What course(s) are you registering for? _____

Please provide payment information.

\$ _____ (payable to York County Community College)

Total Amount Check #

_____ _____ _____
MC, Visa or Discover Credit Card # Exp. Date

If you have any questions regarding payment/payment plans, please contact the Business Office at (207) 216-4438.

_____ _____
Signature Today's Date

***There are a number of ways to return this
registration form:***

- *By mail to:*
Enrollment Services
York County Community College
112 College Drive
Wells, ME 04090

- *By email to:*
EnrollmentServices@yccc.edu
- *By fax:*
(207)641-0837
OR
- *You may call (207)216-4344 to register by phone.*