



MOTT COLLEGE

Workforce Education Center

709 North Saginaw Street ❖ Flint, MI 48503
Telephone (810) 232-2923 ❖ Fax (810) 237-7611

Healthcare Programs Registration Form

Today's Date: _____

Full Name	Address	City	State	Zip	Social Security No.
Home Phone	Cell Phone	Birthdate	Gender	E-Mail Address	
()	()				
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> All Others					

Special Needs: (Interpreter, etc.)	
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Section Code	Course Name	Start Date	Time	Tuition
TOTAL				\$

PAYMENT METHODS				
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS PO# _____				
Credit Card Number	Expiration Date	Cardholder's Signature	V-Code	
Cardholders name if different from registrant		Address, City, State and Zipcode		