

## REGISTRATION INFORMATION FOR METROPOLITAN ADULT EDUCATION PROGRAM (MAEP) CLASSES

*\$20 annual registration fee due when registering for first class of the school year.*

### 3 EASY WAYS TO REGISTER:

1. Online Registration: Log on to www.MetroED.net, on home page click: 50+ Program or Community Interest Program. **Quick and Secured!**
2. Mail-in Registration: Complete the Registration Form below and mail it with your check or credit card (no cash) information to:
 

50+ Program Classes 4849 Pearl Ave., Rm 1 San Jose, CA 95136	Community Interest Program 4849 Pearl Ave., Rm 1 San Jose, CA 95136
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3. In Person: Register at the Erikson Adult Education Center, 4849 Pearl Avenue, Rm. 1, San Jose, CA 95136.

For information on classes please call (408) 723-6450.

## REGISTRATION FORM

PLEASE PRINT INFORMATION. USE DARK INK. FILL OUT COMPLETELY.

Date of Registration: \_\_\_\_\_ SESSION: Fall \_\_\_\_\_ Spring \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender M \_\_\_ F \_\_\_ Birth Date: \_\_\_\_\_ Returning Student: Yes  No

Street Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

**E-mail Address for Registration Confirmation:** \_\_\_\_\_

Native Language: \_\_\_\_\_ Years of School: \_\_\_\_\_ Highest Degree: \_\_\_\_\_

- Labor Force Status (Mark one):
- Employed
  - Not Employed/Not Seeking Work
  - Retired
  - Unemployed

- Ethnicity (Mark One):
- American Indian     Asian
  - Filipino
  - Hispanic
  - Black or African American
  - White                       Pacific Islander
  - Alaska Native         Other

Section	Course Title	Costs	Start Date	End Date	Day/Time	Ctr.

Please select classes carefully. **NO REFUNDS** unless class is filled, cancelled.

### METHOD OF PAYMENT

Class costs, \$5 program fee for ANCC, CNCC, CYSC, KCC, WSC (non-refundable) and if applicable, a \$20 annual registration fee\*: Check # \_\_\_\_\_

(\*Annual registration fee payable for first class only, covers 07/01/09-06/30/10)

Make Check payable to **MetroED**. A \$25 fee will be charged for returned checks.

Visa MasterCard Card Number \_\_\_\_\_ Exp: \_\_\_\_\_  
(circle one)

Authorized Signature: \_\_\_\_\_

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Office Use Only: \_\_\_\_\_

Date Received

Employee Initials

MAEP REGISTRATION