



MOTT COLLEGE

Southern Lakes Branch Center

2100 W. Thompson Road • Room 1018 • Fenton, MI 48430

Telephone (810) 762-0587 • Fax (810) 750-8587

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"/> Female <input type="checkbox"/> Male		
<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 Other	

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"/> American Express
	<input type="checkbox"/> Discover				V-code# _____	PO# _____

Credit Card Number	Expiration Date	Cardholder's Signature

Cardholders name if different from registrant	Address, City, State and Zipcode