



**Central Carolina Community College**  
To register for ONLY Continuing Education Classes

Social Security Number \_\_\_\_\_

Date \_\_\_\_\_

Fire/Rescue see notice below

(Print) Name

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle/Maiden \_\_\_\_\_

Mailing Address

County \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**The NC Community College System Requires the following information**

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(DOB required)

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Race: White \_\_\_\_\_ Black \_\_\_\_\_ Indian \_\_\_\_\_

Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Other \_\_\_\_\_

Circle Highest Grade Completed 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 or GED

Home Phone ( ) \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_

Employment \_\_\_\_\_ Full \_\_\_\_\_ Part Time \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Unemployed \_\_\_\_\_ Retired \_\_\_\_\_

Email Address \_\_\_\_\_

**Signature required for all students**

\_\_\_\_\_  
Date \_\_\_\_\_

**\*\*For students affiliated with a public safety agency - this signature serves to attest that you are actively affiliated with the agency listed below and hold the job classification indicated.\*\***

**Course Information**

| Course #      | Course Title                         | Day            | Time    | Location | Reg Fee  | Start Date |
|---------------|--------------------------------------|----------------|---------|----------|----------|------------|
| EMS-4200 1190 | Emergency Medical Technician Initial | M,T,W,Th,F,S,S | 12:00AM | PMC      | \$180.00 | 3/3/2025   |

|                   |                 |
|-------------------|-----------------|
| Other Fee         | \$21.00         |
| Other Fee         |                 |
| <b>Total Fees</b> | <b>\$201.00</b> |

**Payment Information**

Method of Payment

Initials of Person receiving payment \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ CASH \_\_\_\_\_ CHECK

Bank Name \_\_\_\_\_

Check # \_\_\_\_\_

\_\_\_\_\_ CREDIT CARD

\_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ Discover

Third Party Billing (Fee Sheet Signature & Letter Required)

Company Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

Fee Remission: Reason for Fee Waiver

Department / Station Name \_\_\_\_\_

Vol. Fire Paid Fire Vol. EMS Paid EMS Paid Law

**If you work OR volunteer in any of the above capacities CIRCLE ALL that apply to YOU.**

**MAKE CHECKS PAYABLE TO CENTRAL CAROLINA COMMUNITY COLLEGE**

NOTE: Refunds shall not be made except under the following circumstances: (1) A 75% refund shall be made upon request of the student provided the refund is requested prior to the 10% point of Occupational Classes or the 20% point of Community Services classes. Refunds will not be considered after those points in the class: (2) Students that prepay and request a refund prior to the first day of class are eligible for a full refund: or (3) Students are eligible for a full refund if the class is canceled by the college.

**FIRE/RESCUE:** By my signature above, I authorize CCCC to release to NC Fire Rescue Comm. a report indicating I have successfully completed all requirements for certification. **Please note - Your full Social Security number is required for grade transfer.**