

REGISTRATION APPLICATION/CONSENT FORM

SUNY Ulster, DRIVER EDUCATION PROGRAM, Kingston Center of SUNY Ulster, 94 Mary's Avenue, Kingston, NY 12401

REGISTRATION IS EASY! Please complete this form and follow these directions.

- ONLINE:** Register online at sunyulster.edu/ce. Registration is NOT complete until the online portion is completed with payment and this form is returned with parent or guardian signature.
- MAIL:** Use Visa, MasterCard, Discover Card or send a check or Money Order payable to: UCCC. Return the form to the address above.
- IN PERSON:** Bring this completed registration form and fee to the Kingston Center of SUNY Ulster, 94 Mary's Avenue, Kingston. Office hours are Monday – Friday, 8:30am - 4:30pm. This must be completed prior to orientation.
- PHONE:** With Visa, MasterCard or Discover Card. Call 845-339-2025. You must also fill out and submit this form.
- FAX:** Fax form to 845-331-2331, 24 hours a day, 7 days a week.

PRINT FULL LEGAL NAME _____
Last First Middle

ADDRESS _____
Street City State Zip

Daytime Phone _____ Cell phone – This number will be used for text messages about your class _____ Evening/Alternate phone for texting _____

_____ **MALE** _____ **FEMALE** _____ / _____ / _____
Date of Birth Name of High School

COURSE # _____ **CIRCLE LOCATION:** Kingston, New Paltz, Wallkill, Rondout, Highland, Onteora, Saugerties

FEE: \$579 () **VISA** () **MASTERCARD** () **DISCOVER CARD** () **CASH** () **CHECK** () **MONEY ORDER**

CREDIT CARD: _____ - _____ - _____ - _____ / _____
Print Name of Card Holder Credit Card Number Exp. Date CCV Code

ADDRESS OF CARD HOLDER IF DIFFERENT THAN ABOVE _____

PERMIT/DRIVER LICENSE NUMBER: _____ **Email** _____
Required or you cannot register

PLEASE INDICATE AT LEAST 3 DAYS THAT YOU COULD SCHEDULE DRIVING TIME

Place number 1, 2, or 3 next to the day of the week you prefer, plus the earliest time you could drive. This is a request only and there are times when you may not get any of your choices. Drive times may be as late at 5:30 pm.

MON _____ **TUE** _____ **WED** _____ **THU** _____ **FRI** _____

I GIVE MY CHILD PERMISSION TO ENROLL IN SUNY ULSTER'S DRIVER EDUCATION PROGRAM.

Parent/Guardian (print) Signature Date

ASSIGNED DRIVING TIMES: _____

ASSIGNED LECTURE TIMES: _____