



*Photo ID Required

Dauphin County Technical School
 6001 Locust Lane
 Harrisburg, PA 17109
 717.652.3170 ext. 7445
 Fax: (717) 901-6766
 @dcts-ace to 81010 to text
 AdultEd@dcts.org

For Office Use Only	
\$ Collected _____	<input type="checkbox"/> Cash <input type="checkbox"/> Etc
Date _____	<input type="checkbox"/> Check (# _____)
Collected By _____	
<input type="checkbox"/> Account Code _____	
<input type="checkbox"/> Registration Complete	<input type="checkbox"/> Payment Plan
<input type="checkbox"/> Balance Due \$ _____	by _____

ADULT EDUCATION – COURSE REGISTRATION FORM 2020-2021

ADULT LEARNER INFORMATION

Last Name		First Name		Middle Initial	Driver's License Number
Street Address			City	State	Zip Code
Cell Phone Number/Text (Y/N)	Home/Work/Alternate Phone #	Email		DOB: (MM/DD/YYYY)	
How did you hear about DCTS? <input type="checkbox"/> Google Search <input type="checkbox"/> Clipper Magazine <input type="checkbox"/> TV/Cable <input type="checkbox"/> Flyer <input type="checkbox"/> School Newsletter <input type="checkbox"/> Former Student <input type="checkbox"/> Employer <input type="checkbox"/> Internet <input type="checkbox"/> Radio <input type="checkbox"/> Facebook/Social Media <input type="checkbox"/> Friend/Family <input type="checkbox"/> Saw Building/Close By <input type="checkbox"/> Other _____					
Name of Individual/Company/Agency Paying for Course		Company/Agency Representative Signature (if applicable)		Company/Agency Representative Position (if applicable)	

PA DEPARTMENT OF EDUCATION requires the following INFORMATION (For state reporting purposes only; information will not be shared and/or sold and does not determine program eligibility):

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American	<input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Mixed Race	Special Population <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Economically Disadvantaged <input type="checkbox"/> Educationally Disadvantaged <input type="checkbox"/> Individual with Disabilities <input type="checkbox"/> Single Parent <input type="checkbox"/> Limited English
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PROGRAM/COURSE

Title	Cost	Date(s)	Special Requests or Comments
<input type="checkbox"/> Carpentry Fundamentals (30 Hrs)	\$500		
<input type="checkbox"/> CNA (Certified Nurse Aide)	\$1200		
<input type="checkbox"/> Electrical Fundamentals (30 Hrs)	\$500		
<input type="checkbox"/> Logistics and Warehouse Management (60 Hours)	\$540		
<input type="checkbox"/> Masonry Fundamentals (30 Hrs)	\$500		
<input type="checkbox"/> OSHA Compliant Forklift Operator Training (5 Hours)	\$150		
<input type="checkbox"/> PA Emissions Certification	\$160		
<input type="checkbox"/> PA State Safety Inspection	\$180		
<input type="checkbox"/> PA State Safety Inspection Add-ons	\$ 40 Each		
<input type="checkbox"/> Plumbing Fundamentals (30 Hrs)	\$500		
<input type="checkbox"/> Welding I or II (30 Hrs each)	\$500		
<input type="checkbox"/> Other _____	\$ _____		
TOTAL AMOUNT DUE			

PAYMENT and REFUND POLICY

- Cash, Credit Cards and Checks are accepted for payment; Make checks payable to "DCTS Adult & Continuing Education".
- For courses under \$500, full payment must be made to reserve a spot in the course.
- For courses over \$500, a 50% deposit is required to reserve a spot; full payment is due two weeks prior to the first day of class.
- Payment Plan schedules can be worked out on a case-by-case basis.
- Full refunds will be provided in the event a courses/program is cancelled due to low enrollment.
- Refund requests at least one week prior to the start of class will be permitted, minus a \$25 handling fee (\$50 for CNA).
- No refunds will be provided less than one week prior to the start of class.**
- Payments may be made by 3rd Parties. If the 3rd Party does not follow through with payment, the student is responsible for payment in full.
- SUBMIT FORM with a Copy of a **PHOTO ID *Required**

"I have read and understand the DCTS Payment and Refund Policy and acknowledge my compliance by signing below"

 Signature

 Date