



### BCIT ADULT EDUCATION REGISTRATION

Walk-in      Online Registration: [www.bcit.cc/adulted](http://www.bcit.cc/adulted)      Fax: 609-267-3752  
 Mail-in: B.C.I.T. Adult Education 695 Woodlane Road, Westampton, NJ 08060 Checks: payable to B.C.I.T.  
**Are you utilizing Financial Aid? \_\_\_ Yes \_\_\_ No**      **Veterans Benefits? \_\_\_ Yes \_\_\_ No**

Please visit our website and click Financial Aid for more information and to review the steps needed to determine your eligibility. Cosmetology, LPN, Dental Assisting, and Medical Assisting are the only programs eligible for Financial Aid.

Fall    Spring    Summer    Apprentice-Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

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

**(Name as it should appear on certificate PLEASE PRINT)**

Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

E-mail Address (required): \_\_\_\_\_

**\*\* Information regarding Age, Gender and Ethnic Background is required for federal reporting only\*\***

Ethnicity:  White/Caucasian    Black/African-American    Hispanic/Latino    Native Hawaiian/Pacific Islander    Asian  
 American Indian/Alaskan    Multi-racial

Gender:  Male       Female      Birthdate: \_\_\_/\_\_\_/\_\_\_\_      Social Security: \_\_\_-\_\_\_-\_\_\_\_

**TUITION REFUND POLICY AND INFORMATION:**

Refund requests must be in writing, and will be honored up to a week (7 days) prior to the 1<sup>st</sup> class with the exception of Practical Nursing, Certified Nurse Aide and Certified Homemaker/Home Health Aide. Withdrawals made less than 60 days prior to the start date of Practical Nursing are not eligible for reimbursement of acceptance fees. Withdrawals for Certified Nurse Aide and Certified Homemaker/Home Health Aide must be made at least 14 days prior to the start date of class. A student is not eligible for a refund after this time period has elapsed. **There will be no refunds or transfers for TEAS testing and BLS, NO EXCEPTIONS!** A \$50.00 registration fee will be deducted from the amount to be refunded for any class. If you have questions concerning this policy, please contact the Adult Education Office. A \$50.00 out of county residency fee will be applied to all classes, if applicable. There is an additional cost for make-up time/hours, if applicable.

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Program of Study: \_\_\_\_\_

Course Code \_\_\_\_\_ Course Title \_\_\_\_\_ (Circle days) M T W Th F Sa

**NOTE: Registration is not complete until payment is made in full.**

**Senior Citizens (50+) \$10 discount must be requested at time of registration. BCIT High School Alumni 10% discount must be requested at time of registration. Registration must be done in person for discounts to be applied. Are you utilizing an  alumni or  senior citizen discount?**

<input type="checkbox"/> ACH <input type="checkbox"/> Check / MO <input type="checkbox"/> PO <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash  Check/Money Order Number: _____  Credit Card # _____  Exp. Date _____ CVV Code ___-__ Approval # _____ <small>(CVV Code = 3 digit code on back of the credit card )</small>	<p style="text-align: center;"><b>FOR OFFICE USE ONLY</b></p> Amount paid: _____  Received by: _____ Date: _____  Entered in Computer By: _____ Date: _____
---	---

