

Renaissance Center Student Registration Form

GENERAL INFORMATION

First Name _____ Last Name _____ MI _____
 Date of Birth ____ / ____ / ____ (Male/Female)
 Mailing Address _____
 City/Province _____ State _____ Zip Code _____
 Country _____ Email _____
 Phone: _____ Home _____ Cell _____
 _____ Work _____ Pager _____

Parental / Guardian Contact Information (Please provide if registrant is under 18)

Name _____
 Phone _____
 Emergency Contact Information (if different from above)
 Name _____
 Phone _____
 Relationship _____
 Special needs ____ yes ____ no
 Explanation _____

COURSE SELECTIONS

(If course number is unknown, print title and dates of occurrence.)

Course Number	Title	Day / Class Time	Tuition

Total tuition due \$ _____

PAYMENT INFORMATION

MAKE CHECKS PAYABLE TO THE RENAISSANCE CENTER.

_____ Cash Amount \$ _____
 _____ Check Check Number _____ Amount \$ _____
 Credit Card: Visa _____ MasterCard _____ AMEX _____ Discover _____
 Account Number _____ Exp ____ / ____
 Cardholder Name _____ Amount \$ _____

Employer Sponsored applicant: Name of Company/Organization _____
 Address _____ City _____ State _____ Zip code _____
 Contact person _____ Position _____ Phone Number _____

Employer contribution to student tuition: Amount \$ _____

Mailing Address: The Renaissance Center 855 Highway 46 South Dickson, Tennessee 37055

Attn: Registration Office

Registrar: Laura H Jackson

Website: www.rcenter.org

FAX: (615) 740-5618