

# REGISTRATION APPLICATION/CONSENT FORM

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

## REGISTRATION IS EASY!

**ONLINE:** Register online at [sunyulster.edu/ce](http://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.

**BY MAIL:** Complete this registration form using Visa, MasterCard or Discover or send a check or Money Order payable to: UCCC. Return the form to: SUNY Ulster, Driver Education Program, Continuing & Professional Education, Kingston Center of SUNY Ulster, 94 Mary's Avenue, Kingston, NY 12401

**IN PERSON:** Bring your completed registration form and fee to the Continuing & Professional Education Office, Kingston Center of SUNY Ulster, 94 Mary's Avenue, Kingston, Office hours are Monday – Friday, 8:30 am - 4:30 pm.

**BY PHONE:** Register by telephone using Visa, MasterCard or Discover. Call 845-339-2025. You must also fill out and submit this consent form.

**BY FAX:** Fax your completed registration form to 845-331-2331, 24 hours a day, 7 days a week.

**REFUND POLICY:** After two weeks from the start of the program no refunds will be issued.

PRINT FULL LEGAL NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street City State Zip

Home Phone Day Phone Cell Phone This number may be used to send text messages.

MALE FEMALE / /  
Date of Birth High School (Name)

COURSE # DEP - 1101-69 Location: Kingston Center, 94 Mary's Avenue, Kingston

**FEES: \$559** AMOUNT ENCLOSED \_\_\_\_\_ ( ) Cash ( ) Check ( ) Visa ( ) MasterCard ( ) Discover

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

Card holder address if different from above: \_\_\_\_\_

PERMIT/DRIVER LICENSE NUMBER: \_\_\_\_\_ Email Address: \_\_\_\_\_

The summer program consists of 16 ninety-minute driving classes and 16 ninety-minute lecture classes. **CLASSES ARE HELD MONDAY THROUGH FRIDAY. YOU MUST BE AVAILABLE ALL FIVE DAYS.**

### PLEASE INDICATE AT LEAST 3 TIMES THAT YOU COULD SCHEDULE DRIVING TIME

Indicate driving time preference by numbering (1, 2, or 3).

8:30am \_\_\_\_\_ 10am \_\_\_\_\_ 11:30am \_\_\_\_\_ 1 pm \_\_\_\_\_ 2:30 pm \_\_\_\_\_ 4 pm \_\_\_\_\_

I GIVE MY CHILD PERMISSION TO BE ENROLLED IN THE ABOVE DRIVER EDUCATION PROGRAM.

Parent/Guardian (print) Signature Date

ASSIGNED DRIVING TIMES: \_\_\_\_\_

ASSIGNED LECTURE TIMES: \_\_\_\_\_