

**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 should be completed prior to orientation.

**PHONE:** With Visa, MasterCard or Discover Card. Call 339-2025. You must also fill out and submit this form.

**FAX:** Fax form to 339-0780, 24 hours a day, 7 days a week.

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

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

\_\_\_\_\_  
Daytime Phone Evening Phone Cell Phone – This number will be used to send text messages about your class.

\_\_\_\_\_  
**MALE** **FEMALE** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date of Birth Name of High School

**COURSE #** \_\_\_\_\_ **CIRCLE LOCATION:** **Kingston, New Paltz, Wallkill, Rondout, Highland, Onteora, Marlboro**

**FEE: \$554** ( ) **VISA** ( ) **MASTERCARD** ( ) **DISCOVER CARD** ( ) **CASH** ( ) **CHECK** ( ) **MONEY ORDER**

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

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

**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:** \_\_\_\_\_