

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. 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 845-339-0780, 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 - 101-24 Location: Kingston Center, 94 Mary's Avenue, Kingston

FEE: \$554 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).

7:00 am ___ 8:30am ___ 10:00am ___ 11:30am ___ 1:00 pm ___ 2:30 pm ___ 4:00 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: _____