

# REGISTRATION IS EASY!

Many classes have limited seating and registration deadlines. Be sure to register early!



**Online**  
www.stlcc.edu/CE

Email address required for online registration. Payment via credit/debit card is due at time of registration.

**Please note: A nonrefundable 2.75% fee will be added for class registrations made via debit or credit card.**

Payment may also be made via check with mail-in registrations.



**Mail**  
STLCC Continuing Education  
3221 McKelvey Rd, Ste 250  
Bridgeton, MO 63044

Complete the enrollment form and include check or money order for payment.

Students who register by mail will receive confirmation of enrollment by email.

STLCC is committed to keeping your information safe. We can only accept debit and credit card payments through our online system. You can register and pay online at stlcc.edu/CE. We will also accept registration and payment via check by mail. All payment for classes must be received by the class registration deadline (closed three business days prior to class start unless otherwise noted in the course description at stlcc.edu/CE.)

Please contact our **Call Center** with any questions you may have at **314-984-7777** or **CEdropbox@stlcc.edu**.

**Hours**

- M-Th 8:30 a.m.-4:30 p.m.
- F 8:30 a.m.-4 p.m.

*Enrollment in classes within this catalog is limited to persons 18 years or older except for youth classes or where otherwise noted.*

**Registration Deadline:** All non-credit courses are limited in enrollment. Advanced registration is required prior to first class meeting. For most classes, registration is closed three business days before the class start date. Please check the online course description for the last day to register. Some classes have additional registration deadline requirements.

**Confirmations and Cancellations:** Registration confirmations, course updates and cancellation notices will be delivered to the email address provided at registration. Please see Class Changes/Postponement/Cancellation section of General Information for further information.

## PLEASE REGISTER ME FOR THE FOLLOWING COURSES:

Course Code	Section	Course Title	Start Date	Day/Time	Fees
<b>Total:</b>					

I wish to participate in the classes selected for registration and, in consideration agree as follows: I acknowledge, understand and appreciate that as part of my participation in the program/class, there are implicit dangers, hazards and inherent risks, both known and unknown, to which I may be exposed. Therefore, I voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the program/class.

Name \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Address \_\_\_\_\_  
STREET OR POST OFFICE BOX

CITY STATE COUNTY ZIP CODE

Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Student # (optional) \_\_\_\_\_  Yes, I am age 60+

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**Payment:** Please include check or money order made payable to: **St. Louis Community College**.  
 To pay by credit/debit card, please register online at **stlcc.edu/CE**.