



Kepler Community Learning Center Registration and Payment Form

TO: **Registrar, Kepler Community Learning Center**
4630 200th St. SW, Suite P
Lynnwood, WA 98036

Fax: 425-673-4983
Voice: 425-673-4292
Email: registrar@kepler.edu

Name: _____

Address: _____

PLEASE CHECK HERE IF YOUR ADDRESS HAS CHANGED.

E-mail: _____

PLEASE CHECK HERE IF YOUR E-MAIL HAS CHANGED.

Phone: _____

PLEASE CHECK HERE IF YOUR PHONE # HAS CHANGED.

Course Registration

Instructor Name / Course Name	Starting date (if any)	Cost

Payment Information

Amount Enclosed: \$ _____ <div style="text-align: center;"> <input type="checkbox"/> Check <input type="checkbox"/> Money Order </div> Please charge my: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Card #: _____ Expiration Date: _____	<p>Please double check the course fees and starting dates on the KCLC website at www.keplerclc.org/classes</p> <p>PLEASE NOTE:</p> <p>All courses taken must be fully paid for prior to enrollment in the course website.</p> <p>THERE ARE NO REFUNDS unless we specifically hear from the instructor that they approve of your withdrawal from the course. Any refund will have a 10% handling fee.</p>
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Your signature: _____ Date: _____

By signing this form, you agree to the terms and conditions above.