KENNEDY-KING COLLEGE ▪ CONTINUING EDUCATION

6343 S. HALSTED – ROOM W-220 ▪ CHICAGO, IL 60621 ▪ 773-602-5042

HTTP://KENNEDYKING.CCC.EDU/CONTINIINGEDUCATION ▪ E-MAIL: KKCCONTINUINGEDUCATION@CCC.EDU

POLICIES:

- Registration is continuous until the first class or until the class is filled.
- Pre-registration is required for all courses.

PAYMENTS:

- Make checks or money orders payable to Kennedy-King College. For your convenience we will also accept MasterCard and Visa – **up until 72 hours before the 1st class.**
- Cash payments can only be made during regular business hours and only to the Business Office.

WITHDRAWAL & REFUND POLICY:

- Students who want to withdraw from a course must do so in person 24 hours before the first class.
- There are NO REFUNDS issued on courses after the first class is in session.
- A full refund is issued on courses due to a College initiated cancellations.

CANCELLATIONS:

- If a course does not meet the minimum required student enrollment the College reserves the right to cancel that course. The College will attempt to notify all registrants by phone while also posting a sign on the door of the designated classroom.

HOW TO REGISTER…

BY MAIL >

FILL OUT THE FORM BELOW AND MAIL IT TO THE COLLEGE.

BY PHONE >

773-602-5042

PHONE-IN REGISTRATION WILL ACCEPT ONLY VISA OR MASTERCARD.

IN PERSON >

MON – FRI 9:30 AM TILL 5:30 PM & SATURDAY DURING OPEN REGISTRATION; SEE FRONT OF SCHEDULE.

BY FAX >

FILL OUT THE FORM BELOW AND FAX IT TO … 773-783-9458

PLEASE CALL AND CONFIRM RECEIPT OF ANY FAXED FORMS. THANKS

Kennedy-King College Continuing Education Registration Form

_____ M ( ) F ( ) ____/____/____

YOUR NAME SEX DATE OF BIRTH

_____ _____

PAYERS NAME IF DIFFERENT THAN ABOVE ADDRESS

_____ ( ) ( )

CITY STATE ZIPCODE HOME PHONE CELL PHONE

COURSE NAME:	COURSE NUMBER:	FEE:
1)		
2)		

Payment Method: Money Order ☐ Check ☐ Visa ☐ MasterCard ☐

NO Credit Cards Accepted by Mail or Fax 72 Hours Before the First Class of Each Session (1/16 & 3/26)

Name on Credit Card: _____ Expiration Date: _____

Your Signature: _____ Date: _____

Credit Card No: _____ / _____ / _____ / _____