

# REGISTRATION FORM

• DOWNTOWN CAMPUS • 1101 S. Yakima Ave • Tacoma, WA 98405 • 253.680.7000  
 • MOHLER CAMPUS • 2320 S. 19th Street • Tacoma, WA 98405 • 253.680.7700  
 • SOUTH CAMPUS • 2201 S. 78th St. • Tacoma, WA 98409 • 253.680.7400

PERSONAL	LAST NAME		FIRST		MI		SSN <small>(See Disclosure Statement)</small>		BIRTHDATE		SEX <input type="checkbox"/> Female <input type="checkbox"/> Male																																
	ADDRESS-NUMBER AND STREET, ROUTE, OR PO BOX							US CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF NOT, WHAT TYPE OF VISA DO YOU HAVE? (Please CHECK one) <input type="checkbox"/> IM ...Resident Alien/Immigrant <input type="checkbox"/> RF ...Refugee <input type="checkbox"/> M1 ...Vocational <input type="checkbox"/> ZZ ...Other or Unknown																																	
	CITY			STATE		ZIP		DAY PHONE		EVENING PHONE																																	
	IN CASE OF EMERGENCY NOTIFY: NAME						PHONE		EMAIL		Quarter of Registration (Please CHECK one) <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>ITEM No.</th> <th>Program/Class</th> <th>Course No.</th> <th>Section</th> <th>Building/Room</th> <th>Days</th> <th>Time</th> <th>Class Hours</th> <th>Starting Date</th> <th>Instructor</th> <th>Fee</th> </tr> </thead> <tbody> <tr> <td>5330</td> <td>FAMILY CHILD CARE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="11" style="text-align: center;"><b>STARS NUMBER</b></td> </tr> </tbody> </table>											ITEM No.	Program/Class	Course No.	Section	Building/Room	Days	Time	Class Hours	Starting Date	Instructor	Fee	5330	FAMILY CHILD CARE										<b>STARS NUMBER</b>										
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WORK / EDUCATION / RACE / FAMILY	<b>WHAT IS YOUR LONG-TERM INTENT IN ATTENDING BATES? (Please CHECK one)</b> <input type="checkbox"/> H .....Apprenticeship Program <input type="checkbox"/> K ..... Vocational Home and Family Life <input type="checkbox"/> J .....Improve present job skills				<b>PURPOSE FOR ATTENDING BATES TECHNICAL COLLEGE (Please CHECK one)</b> <input type="checkbox"/> 13 .....High School Diploma or GED <input type="checkbox"/> 15 .....Personal enrichment <input type="checkbox"/> 14 .....Explore career direction <input type="checkbox"/> 90 .....Other				<b>MILITARY SERVICE (Please CHECK one)</b> <input type="checkbox"/> 1 .....Veteran <input type="checkbox"/> 3 .....Vietnam Veteran <input type="checkbox"/> 2 .....In Service Now																																		
	<b>WHICH RACE DO YOU CONSIDER YOURSELF TO BE? (optional)</b> (Please CHECK one) <input type="checkbox"/> 597 .....American Indian or Alaska Native <input type="checkbox"/> 605 .....Chinese <input type="checkbox"/> 800 .....White <input type="checkbox"/> 611 .....Japanese <input type="checkbox"/> 870 .....Black or African American <input type="checkbox"/> 612 .....Korean <input type="checkbox"/> 608 .....Filipino <input type="checkbox"/> 619 ..... Vietnamese <input type="checkbox"/> 621 .....Other Asian <input type="checkbox"/> 799 ..... Other Race <input type="checkbox"/> 653 .....Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multiracial _____ Specify: _____				<b>ARE YOU OF HISPANIC/SPANISH ORIGIN? (optional)</b> (Please CHECK one) <input type="checkbox"/> 999 ..... No, not Spanish/Hispanic <input type="checkbox"/> 727 ..... Yes, Puerto Rican <input type="checkbox"/> 722 ..... Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> 709 ..... Yes, Cuban <input type="checkbox"/> 717 ..... Yes, Other Spanish/Hispanic (Argentinean, Colombian, Dominican, Nicaraguan, Salvadorian, etc.)				<b>HOW LONG DO YOU PLAN TO ATTEND BATES?</b> (Please CHECK one) <input type="checkbox"/> 11 ..... One quarter <input type="checkbox"/> 12 ..... Two quarters <input type="checkbox"/> 13 ..... One year <input type="checkbox"/> 14 ..... Up to two years, no degree or certificate planned <input type="checkbox"/> 15 ..... Long enough to complete a degree or certificate <input type="checkbox"/> 16 ..... Don't know <input type="checkbox"/> 90 ..... Other																																		
	<b>WORK STATUS WHILE ATTENDING BATES</b> (Please CHECK one) <input type="checkbox"/> 11 .....Full-time homemaker <input type="checkbox"/> 12 .....Full-time employment (including self-employed or military) <input type="checkbox"/> 13 .....Part-time off-campus <input type="checkbox"/> 14 .....Part-time on-campus <input type="checkbox"/> 15 .....Not employed, but seeking employment <input type="checkbox"/> 16 .....Not employed, not seeking employment <input type="checkbox"/> 90 .....Other				<b>EDUCATION LEVEL PRIOR TO ATTENDING BATES</b> (Please CHECK one) <input type="checkbox"/> 11 .....Less than High School Graduation <input type="checkbox"/> 12 .....GED <input type="checkbox"/> 13 .....High School graduate <input type="checkbox"/> 14 .....Some post High School, but no degree or certificate earned <input type="checkbox"/> 15 .....Certificate <input type="checkbox"/> 16 .....Associate Degree <input type="checkbox"/> 17 .....Bachelors Degree or above <input type="checkbox"/> 90 .....Other				<b>WHAT IS YOUR CURRENT FAMILY STATUS?</b> (Please CHECK one) <input type="checkbox"/> 11 .....Single parent with children or other dependents in your care <input type="checkbox"/> 12 .....Couple with children or other dependents in your care <input type="checkbox"/> 13 .....Without children or other dependents in your care <input type="checkbox"/> 14 .....Other																																		
	Do you have any physical or mental impairment that substantially limits one or more major life activities, such as seeing, hearing, speaking, walking, learning, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No (optional) Confidential information used for statistical reporting only. Persons with disability may be eligible for support services and should contact the Disability Support Services office at 253.680.7013 for information on services.																																										

Disclosure Statement: Your social security number is confidential and, under a federal law called the Family Educational Rights & Privacy Act, the college will protect it from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosure may be authorized for the purposes of state and federal financial aid, Hope/Lifetime Learning tax credits, Employment Security, Job Placement Services, academic transcripts, or accountability research.

Bates Technical College is an equal opportunity employer.

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_