

SAN JOSE LEARNING CENTER CLASS REGISTRATION FORM

Date: _____

Make checks or money orders payable to SJLC.

Birthdate: _____

First & Last Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Course Title	_____		
Days	_____		
Time	_____	Fee	\$ _____

Course Title	_____		
Days	_____		
Time	_____	Fee	\$ _____

Course Title	_____		
Days	_____		
Time	_____	Fee	\$ _____

Method of Payment

Visa ___ MasterCard ___ American Express ___ Discover ___ Check ___ Money Order ___

Card Number _____

Expiration Date _____ Billing Zip Code _____ 3 digit security # _____

Authorized Signature _____

Mail To: San Jose Learning Center, 490 West San Carlos Street, San Jose, CA 95110