

# FALL NIGHT COOP CLASS REGISTRATION FORM, 2011

*Bloomington Area Career Center*

*1202 E. Locust, P.O. Box 5187*

*Bloomington, IL 61701 309-829-8671*

**COST: \$185.00** *(there will be no refunds after the first class)*

**DATES: Tuesdays, Sept. 20 – Nov. 22, 2011**

**LOCATION: Normal Community West High School, Room 175**

**TIME: 5:00 p.m. to 7:30 p.m.**

**REGISTRATION DUE TO BACC BY MONDAY, SEPTEMBER 19, 2011**

Please print the following information (student must be 16 yrs. old to enroll):

Student Name \_\_\_\_\_

High School Currently Attending \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ PHONE \_\_\_\_\_

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

COUNSELOR SIGNATURE \_\_\_\_\_

\*\*STUDENT STATE ID # \_\_\_\_\_

**DESCRIBE THE JOB YOU PLAN TO USE FOR THE WORK SITE REQUIREMENT:**

Name of Business: \_\_\_\_\_

Job Title or Type of Work: \_\_\_\_\_

Employer Contact Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

**NOTE: You are required to work a minimum of 160 hours paid work experience by the end of the 10-week course in order to pass the work site portion of the course. All hours must be documented and verified by the employer.**

<b><u>BACC Office Use Only:</u></b>	<b><u>Payment by:</u></b>
Date Received _____	Cash _____
Packet Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Check _____
Enrollment Number _____	Money Order _____
<b>**There will be no refunds after the first class.</b>	