

**REGISTRATION FORM — Spring 2021**

**FOR OFFICE USE ONLY**

CK# \_\_\_\_\_ Amount \_\_\_\_\_

Reg.1 \_\_\_\_\_ Reg.2 \_\_\_\_\_ Reg.3 \_\_\_\_\_

Scholarship \_\_\_\_\_ Legacy \_\_\_\_\_

Academy for Lifelong Learning  
Cape Cod Community College  
2240 Iyannough Road  
West Barnstable, MA 02668-1599

**Please review the REGISTRATION INFORMATION in the catalog before completing your form.**

**\*\* Something new: If possible, please complete your form using your computer, tablet or phone BEFORE printing.**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact (required) \_\_\_\_\_ Phone No \_\_\_\_\_ Relationship \_\_\_\_\_

Is this a **NEW ADDRESS** since your last registration? \_\_\_\_\_ The best way to contact me: Phone \_\_\_\_\_ Email \_\_\_\_\_

I am a **FIRST TIME** member of ALL \_\_\_\_\_ How did you learn about ALL? \_\_\_\_\_

Please contact me about “coordinator” opportunities: Yes \_\_\_\_\_ No \_\_\_\_\_

**For the \$105 membership fee, you may select from the following options: (make check payable to ALL)**  
 \_\_\_\_\_ **four** 6-week courses \_\_\_\_\_ **two** 12-week courses \_\_\_\_\_ **one** 12-week course & **two** 6-week courses

Please list courses **in order of preference**, including alternate choices. If no alternate choices are listed it is assumed that none are desired. After the registration process is completed, paid members may join unfilled classes **after checking with the coordinator** at no additional cost.

**Preferred course(s)**

(Off. Use)	Course #	Course Name (preferred)	Day	Time	12 wks.	1st 6 wks.	2nd 6 wks.
_____	1. ALL _____	_____	_____	_____	_____	_____	_____
_____	2. ALL _____	_____	_____	_____	_____	_____	_____
_____	3. ALL _____	_____	_____	_____	_____	_____	_____
_____	4. ALL _____	_____	_____	_____	_____	_____	_____

**Alternate Choices in the event preferred courses are full**

_____	1. ALL _____	_____	_____	_____	_____	_____	_____
_____	2. ALL _____	_____	_____	_____	_____	_____	_____
_____	3. ALL _____	_____	_____	_____	_____	_____	_____
_____	4. ALL _____	_____	_____	_____	_____	_____	_____

**The ALL Registration process will open on Monday, January 11<sup>th</sup> at 9 a.m. for registration forms received by January 8<sup>th</sup>. No preference will be given to early postmarks or delivery dates. All registration forms must be submitted by mail. Be sure to include your SIGNED CHECK. Any form received without payment will lose its place in the queue.**