

Registration Form

To register, send the completed course enrollment form, along with your tuition payment to:
WQLN Education, 8425 Peach Street, Erie, PA 16509

Last Name

First Name

MI

Street Address

City

State

Zip

Telephone

Alternate Telephone

E-Mail Address

Social Security Number *(For Act 48 processing)*

Employer *(if currently employed)*

Employer Address

City

State

Zip

Director/Principal's Name

Course Name

Course Date

Tuition Enclosed

Type of Course

Learning Center Workshop

Online Course

Pennsylvania Director's Credential

I will be requesting:

Act 48 hours

DPW hours

College Credit

Payment enclosed *(payment must accompany course registration form)*

Check Visa Master Card Discover American Express

Name as it appears on card

Credit card number

Expiration Date (mm/yy)

Cardholder's Signature

Student Signature

Date

Your registration will be acknowledged with an official course confirmation letter which will contain additional important information about preparing for your course. Questions? Call 814.217.6001