



**REGISTER ONLINE AT:** collaborative.org/licensure-courses

**OR, MAIL OR FAX REGISTRATION FORM TO:**

Educator Licensure Programs, Attention: Registrar  
Collaborative for Educational Services  
97 Hawley Street, Northampton, MA 01060  
413-586-2878 Fax

Office Phone: 413.586.4900—Option 5

**SEMESTER**

Please indicate what semester you are registering for:

Fall  Spring  Summer

**COURSE SELECTIONS**

**Course Name:** \_\_\_\_\_

Hybrid-online with:  Morning sessions  Afternoon sessions

Meeting Site for In-Person Sessions:  Marlborough  Northampton

Register-By Date: \_\_\_\_\_ Course Cost: \_\_\_\_\_

**Course Name:** \_\_\_\_\_

Hybrid-online with:  Morning sessions  Afternoon sessions

Meeting Site for In-Person Sessions:  Marlborough  Northampton

Register-By Date: \_\_\_\_\_ Course Cost: \_\_\_\_\_

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**Course Name:** \_\_\_\_\_

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Meeting Site for In-Person Sessions:  Marlborough  Northampton

Register-By Date: \_\_\_\_\_ Course Cost: \_\_\_\_\_

**COURSE INFORMATION**

All courses are offered in hybrid-online format (online coursework combined with face-to-face meetings) and the cost for individual course registration is \$800.

**REGISTER-BY DATES**

Registration for each course is open until 5:00pm on the date preceding the course start date (this is the register-by date).

**ADDITIONAL DETAILS ONLINE AT:**

collaborative.org/licensure-courses

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

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

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

Home Phone with Area Code ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone with Area Code ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

**An e-mail address is required for all course participants.**

School or Work Name \_\_\_\_\_

School or Work Address \_\_\_\_\_

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

School or Work Phone with Area Code ( \_\_\_\_\_ ) \_\_\_\_\_

If applicable:

School District \_\_\_\_\_

Position \_\_\_\_\_ Grade Level \_\_\_\_\_

I have no prior experience working as a teacher or paraprofessional in a school.

**WITHDRAWAL POLICY (applies to all registrants)**

If it becomes necessary to withdraw from a course, you must notify the CES Licensure Program office **in writing**, attention Registrar. Written withdrawals should be forwarded via mail, by fax (413.586.2878) or by e-mail (registrar@collaborative.org).

If a Notice of Course Withdrawal Form (available online) is received five or more days prior to the course starting date, registrants will receive a full refund of the course fee minus a \$50 withdrawal processing fee. After that date there will be no refunds or billing adjustments. Please refer to the full Course Withdrawal Policy and other policies at: collaborative.org/programs/licensure/student-resources.

I have read and I understand the above policy.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT FOR INDIVIDUAL COURSES MUST BE INCLUDED WITH REGISTRATION**

**Program enrollees are billed separately for tuition, but any applicable late fee(s) must still be included here.**

**Participation Level:**

Licensure Program Enrollee  
(Tuition payment plan per Commitment Letter)

Individual Course Registration:  
\$800 per course unless otherwise noted

TOTAL: \$ \_\_\_\_\_

**Form of Payment**— Individual course registrations and any late fees:

Check enclosed (Payable to Collaborative for Educational Services)

PO # \_\_\_\_\_

Credit Card:  Visa  MasterCard  Discover

**(ALL INFO below required)**

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CSV Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address for Card \_\_\_\_\_

Total Amount to Bill to Card: \$ \_\_\_\_\_

Signature \_\_\_\_\_

**All information above is REQUIRED for credit card payments.**