Automotive Basics for New Drivers

Are you a new driver? Want to learn more about the car you are driving?
This class will be "hands on" and led by our certified MassBay Automotive faculty.

This interactive 3-hour class will cover the essentials including:

- Checking oil & fluids
- Inspecting and changing windshield wipers
- Checking tire pressure
- How to change a tire
- Dashboard warning lights – what they mean
- Opening the hood and knowing what you are looking at
- Awareness of inspection sticker dates and where they should be located on the car
- Understanding your car's registration form
- What to do in an accident – reporting, information to gather
- How to safely add fuel after running out
- What to do when you get a flat i.e. safety on the side of road.

Automotive Basics for New Drivers

PRICE: $50

DATE: Sunday 12/8

TIME: 12:00PM - 3:00PM

4-DIGIT CLASS NUMBER: 8978

COURSE SUBJECT and NUMBER: AU77

SECTION: 300

LOCATION: Ashland Campus: 270 Eliot Street, Ashland, MA 01721 (Room 130)

Note: Because of the hands-on nature of this class, the enrollment is limited to 10.

To register: Use online registration form found at www.massbay.edu/registercpwd
or use the form on the back of this flyer and email it to: registrar@massbay.edu

Corporate Partnerships and Workforce Development
270 Eliot Street, Ashland, MA 01721
(508) 270-4100 • cpwd@massbay.edu

Office of the Registrar

50 Oakland Street, Wellesley Hills, MA 02481   Phone (781) 239-2550
19 Flagg Drive, Framingham, MA 01702   Phone (508) 270-4050
E-mail: registrar@massbay.edu   www.massbay.edu   TTY (781) 239-2513

MassBay
COMMUNITY COLLEGE

Corporate Partnerships and Workforce Development Registration Form (non-credit courses)

Please be advised that, if there are any, additional fees may be applied to your bill. Anyone who registers, in any acceptable way, and fails to attend classes is still subject to full tuition and fee charges. Students must officially drop or withdraw from class in order to be reimbursed according to the published refund schedule. **All charges must be paid in full at time of registration.** This form may be mailed to address as indicated above or emailed. **To complete the form:** Save this file to your desktop as a .pdf and open the .pdf version on your desktop; enter the required information into the form, print the form and sign the one (or two for credit card payment) field(s) on the printed form. The phone numbers and email addresses entered on this form will be used for the College's emergency notification system. Please contact the Office of Public Safety for more information or to opt out of the system.

1. _____ **OR** _____
   Social Security Number (optional)   **Student ID (if available)**

   SEMESTER & YEAR:
   FALL 20 **19** _____
   WINTER 20 _____
   SPRING 20 _____
   SUMMER 20 _____

2. _____
   Last Name   **First Name**   **Middle Initial**

3. _____   4. **Gender**: Male ☐   Female ☐
   Birth Date (mm/dd/yyyy)

5. **Home Phone** _____ **Cell Phone** _____ **Business Phone** _____

6. **Ethnic Group**:   American Indian or Alaskan Native ☐   Hispanic / Latino ☐   White ☐   Asian ☐
   Cape Verdean ☐   Black / African American ☐   Native Hawaiian or Pacific Islander ☐

7. _____
   Permanent Address   **City / State / Postal Code / Country**

8. _____
   Mailing Address (If different from above)   **City / State / Postal Code / Country**

9. _____ 10. **Military Status:** Active Military ☐ Active Reserve ☐ Veteran ☐ Not a Veteran ☐
   Personal E-mail Address

10. **Country of Citizenship:** _____

4-Digit Class Number	Course Subject & Number	Section Number	CourseTitle	Meeting Days	Meeting Times	Campus
8978	**AU77**	**300**	**Automotive Basics for New Drivers**	**SUN**	**12-3pm**	**ASH**

_____ _____ _____ _____
Signature of Student   **Date**   **If younger than 18, signature of legal**   **Date**
Sign after printing out the form   **parent/guardian & relationship to student**

Payment Options: ☐

☐ **Visa**   ☐ **MasterCard**   ☐ **Discover**   **Amount Authorized To Be Charged:** $ _____

Card Holder Name: _____   **Card Number:** _____

Expiration Date: _____   **Security Code:** _____ (Three digits from the back of the card)

Signature of Card Holder (sign after printing out form): _____   **Date:** _____

Office Use Only: Student ID #: _____   **Date Credit Card Processed:** _____   **Employee Initials:** _____

Rev: 01/29/19