

# Mind & Body

#### Winter 2024

## **Fit for Living**

Energize with others while you enhance your stretching, cardio and core muscles. Strength and flexibility are key.

Bring a towel and tennis shoes. Keyword: Fit

 March 4-April 18
 M
 5:30-6:15 p.m.
 \$29

 Falls City, FCLC, 109
 Meyer
 AREA-8593-FCSA

### **Cardio Drumming**

Join us for a new fitness trend, cardio drumming. Combining music, drumsticks and an exercise ball, create a full body workout for any fitness level. Turn simple movements and keeping a rhythm into a fun and motivating workout.



Bring a stability ball, and sticks (drumsticks, wooden spoons or a pool noodle cut in half) to class. **Keyword: Cardio** 

Jan. 22-Feb. 19 M 5:15-6 p.m. \$29 Falls City, FCLC, 109 AREA-8524-FCSA

#### **Meditative Mandalas**

Discover the geometric doodles of the circular mandala designs as you practice mindfulness skills, breathing exercises and expressions of gratitude.



Have a fine tip marker and paper ready for class. **Keyword: Mandalas**Feb. 6-13
T 6-7-30 p.m \$29

LIVE Online, Zoom Roseberry AREA-6744-TCSWA

#### **Location Key**

Falls City, FCLC.....Learning Center at Falls City, 3200 Bill Schock Blvd.



For your convenience, we are offering LIVE Online learning opportunities. These classes are delivered live via Zoom. They are not prerecorded videos. This allows you, the student, to participate from the comfort of your home.

Want to take a class that is listed as "LIVE Online, Zoom" but don't have a way to view the class or are having connection issues? Contact your Learning Center to see if other options are available.

For more information, contact Lisa Hunzeker at 402-323-3396 or lhunzeker@southeast.edu

# Check out all classes offered at southeast.edu/FallsCityLC Find us on Facebook at facebook.com/SCCLearningCenteratFallsCity

Cancellation/Refund Policy: You must call the Continuing Education office at 402-437-2700 or 800-828-0072 the day before the class begins to receive a 100% refund. If you call the day of the class or after it has started, no refund will be issued to flat class is cancelled or student drops (according to the refund policy), refunds will be issued to the student, unless a third party has been formally billed by SCC Business Office. ADA Reasonable Accommodations SCC provides services and reasonable accommodations to allow persons with disabilities to participate in educational programs and other College activities. For information on requesting ADA reasonable accommodations, contact the SCC Area Access/Equity Diversity Office.

| 5 | Southeast |
|---|-----------|
| 9 |           |

#### Registration Form - Non-Credit Course

Complete this form with payment information and send via mail to Southeast Community College, Continuing Education, 301 S. 68th St. Place, Lincoln, NE 68510 OR FAX to 402-437-2703

| Today's Date |   |  |  |  |  |  |
|--------------|---|--|--|--|--|--|
| 1            | 1 |  |  |  |  |  |

|                                     |               | IIIIIIUIIIR EUUCALIOII      | , our s                       | . 00111 31. F1             | ace, Lilicoul, ive bod           | 10 OK FAX 10 402                   | :-43/-2/03                |                             |                                |                                      |
|-------------------------------------|---------------|-----------------------------|-------------------------------|----------------------------|----------------------------------|------------------------------------|---------------------------|-----------------------------|--------------------------------|--------------------------------------|
| * Required PLEASE                   | PRINT         | The College requests, but d | oes not r                     | equire, a student          | provide their Social Security nu | mber during the admission          | s process. Visit <b>s</b> | outheast.edu/academics/coll | ege-catalog.ph                 | <b>p</b> for additional information. |
| Social Security Number OR SCC Stude | ent ID Number | * Birth Date                | Name                          | : * Last                   |                                  |                                    | * First                   |                             | Middle                         | Initial                              |
|                                     |               |                             |                               |                            |                                  |                                    | ,                         |                             |                                |                                      |
| * Residence Mailing Address         |               |                             |                               | * City                     |                                  | * State                            | * Zip                     |                             |                                | County #                             |
|                                     |               |                             |                               |                            |                                  |                                    |                           |                             |                                |                                      |
| * Email Address                     |               |                             | * Cell Phone  Home Business F |                            | ?hone                            |                                    |                           |                             |                                |                                      |
|                                     |               |                             |                               |                            |                                  |                                    |                           |                             |                                |                                      |
|                                     |               | raska Resident              |                               | ity (select on<br>panic or | e):<br>Not Hispanic or           | Race (Select one  White            | or more):<br>Asian        | ☐ American                  | ı Indian/Alask                 | a Native                             |
|                                     |               | on-Resident                 | Lati                          | no                         | Latino                           | ☐ Native Hawaiian/Other Pacific Is |                           | ific Islander 🔲 Black/      | ander □ Black/African-American |                                      |
| cou                                 | IRSE NUMBER   |                             |                               |                            | TITLE                            |                                    |                           | START DATI                  | Ε                              | COST                                 |
| -                                   |               | <u>-</u>                    |                               |                            |                                  |                                    |                           |                             |                                | \$                                   |
|                                     |               |                             |                               |                            |                                  |                                    |                           |                             |                                | \$                                   |
|                                     |               |                             | _                             |                            |                                  |                                    |                           |                             |                                |                                      |

| SIGNATURE  |                     |
|--|---------------------|
| □Check □Mastercard □AMEX □Discover □VISA V Code  |                     |
| (Checks may be converted into an electronic fund transfer, resulting in funds being held or re | moved immediately.) |
| Name as it appears on card: Exp.D  | )ate                |
| CC#  |                     |
|  |                     |

For the protection of your personal credit card information, do not email this form to SCC. If faxing, only use the fax number listed or verify with SCC before using another SCC fax number

Would you like a receipt mailed to you?

☐ Yes ☐ No

SCC Staff Tuition Waiver ( )

TOTAL DUE

FOR OFFICE USE ONLY

ID#\_\_\_\_\_

DE\_\_\_\_

Submission of this form indicates that I understand: 1) that my registration is complete and that I am accountable for the tuition and fees and subject to a grade in the courses listed; 2) that should I officially drop, cancel, or withdraw, any refund in tuition will be determined by the date I submit my request to Continuing Education; 3) that falliure to attend a course does not constitute an official droply hithdrawl, the personal information contained herein is correct as shown; and 5) any changes in SSN, legal name, address, residency, etc. must follow the College procedures in the Student Handbook and College challed, SCC is an Equal-Opportunity co-educational college and does not discriminate abed on race, color, religion, sex\*, age, marrial status, national origin, ethnicity, veteran status, sexual orientation, disability, or other factors prohibited by law or College policy, southeasted up about Opter-secre-departments/access-equity-diversity-tille-ky/indeephp. \*The US. Department of Educations' Office for Civil Rights enforces Title IX's prohibition on discrimination on the basis of sex to also include discrimination based on gender identity.

# Register Online for SCC Continuing Education Classes

You must have an email account to register online.

- 1. Go to http://bit.ly/RegisterCE.
- Search for your class by entering either a key word in the title or the course number. Click Submit. (Enter information in only one field for broader results.)

Key Word Example: Driver

Course Number Example: TRAN-3398

- 3. Select the course for which you wish to register. Click Submit.
- 4. Enter your *personal information*, *certify your identification* and click *Submit*.

  \* You must provide your Social Security Number.
- 5. Optional: Enter your Additional Registration Information and click Submit.
- 6. If you want to register for additional classes, select **Search for more classes** under "Choose one of the following." If you are finished selecting the class(es) for which you want to register, select **Register now (check out)**. Select your **Payment Type**. Click **Submit**.
- 7. Enter your payment information. Click Submit.

You will see your *class acknowledgement* with information about your *SCC Student ID Number*, *SCC User ID* and *password*. *Print* this page for your records.

In the future it will be easy to register by logging in using your SCC User ID and password and it will not be necessary to provide your Social Security number again.

If you have problems getting registered, please call 402-437-2700 or 800-828-0072 for assistance.

