

2019 SUMMER! KIDS@CARROLL and TEEN COLLEGE REGISTRATION FORM

Save time... Register online at carrollcc.edu/summerkids

Today's Date _____ Last Four Digits of Child's Social Security Number _____ College ID # _____

Child's Date of Birth (required) _____ Age _____ Current Grade _____

Child's Last Name _____ Child's Legal First Name _____

Child's Preferred First Name (if applicable) _____ Middle Initial _____

Child's Home Address _____ Family Email Address (required) _____

City _____ State _____ Zip _____ County of Residence _____

Parent/Guardian Name: _____

Parent/Guardian: Home Phone _____ Business Phone _____ Cell Phone _____

Child's Gender: Male Female

YES, my child is a U.S. Citizen
 NO, my child is not a U.S. Citizen

1. *Is child of Hispanic or Latino origin?*
 Yes No

2. *What is child's race? Select one or more of the following categories:*

White American Indian or Alaska Native
 Black or African American Native Hawaiian or Other Pacific Islander
 Asian

Course Number	Course Title	Start Date	Start Time	Cost

Ways to Register:

Online: www.carrollcc.edu/summerkids
Email: cet@carrollcc.edu
Telephone: 410-386-8100
Fax: 410-386-8111

Walk-In: Continuing Education and Training, Room A115
Mail: Carroll Community College, Business Office CE
 1601 Washington Road, Westminster, MD 21157 (make check payable to Carroll Community College)

Non-Carroll County Maryland residents deduct \$5 per camp
 or Carroll County residents deduct \$10 per camp

	TOTAL





The Health and Emergency Contact Form must be received at the time of registration or no later than two weeks prior to the start of camp.

Health and Emergency Contact Form attached
 Health and Emergency Contact Form to be mailed

I hereby certify that the address and all other information given on this form are true and correct.

Parent/Guardian Signature (required): _____

For Office Use Only: Rec by: _____ Processor: _____ Date: _____ Phone Mail Walk-In FAX

Charge to my:    

Credit Card Number _____ CID# _____
Note: Your CID# is the last three digits in the signature box on the back of your credit card

Card Holder's Name _____ Credit Card Expiration Date _____

Card Holder's Billing Address (required) _____

Card Holder's Signature _____

Tuition \$200 or more?
 Use the FACTS program, a monthly payment program.
 Go to www.carrollcc.edu/factsplan for more information.