2021 Summer! Kids@Carroll and Teen College Registration Form

Save time… Register online at carrollcc.edu/summerkids

Today's Date _____ College ID # (if known) _____

Child's Date of Birth (required) _____ Age _____ Grade for 2021 – 2022 _____

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

Course Number	Course Title	Start Date	Start Time	Cost

Non-Carroll County Maryland residents deduct $5 per camp

or Carroll County residents deduct $10 per camp

TOTAL

Ways to Register:

Online: www.carrollcc.edu/CETRegistration
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)*

The Health and Emergency Contact Form must be received at the time of registration or no later than June 1.

☐ **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: ☐ VISA ☐ MasterCard ☐ Discover ☐ AMERICAN EXPRESS

Tuition $200 or more?
Use the Deferred Payment Plan.
Go to www.carrollcc.edu for more information.

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 _____

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