

2026 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 2026 – 2027 _____

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: Phone 1 _____ Phone 2 _____

Child's Gender: _____

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

☐ YES, my child is a U.S. Citizen

☐ NO, my child is not a U.S. Citizen

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/WBCRegistration

Email: wbce@carrollcc.edu

Telephone: 410-386-8100

Fax: 410-386-8111

Walk-In: Workforce, Business, and Community Education, 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: ☐ ☐ ☐ ☐

Credit Card Number _____ CID# _____ 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 _____