2024 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 2024 – 2025_____

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:

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

❏ 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
	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 3.

❏ 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

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 _____