

Continuing Studies Programs for Youth

Registration Form

Student ID # (If Known) _____ Birth Date ____/____/____ Sex: M F
Mo Day Yr

Last Name _____ First _____ MI _____

Street Address _____

City _____ State _____ Zip Code _____

(Area Code) Telephone Number (Home) (Area Code) Telephone Number (Work) _____

Email Address _____ Cell Number _____

Mother's Name: _____ **Emergency Phone Number:** _____

Father's Name: _____ **Emergency Phone Number:** _____

Alt. Emergency Contact: _____ **Emergency Phone Number:** _____

Family Physician: _____ **Emergency Phone Number:** _____

My child is under the custodial care of : (CHECK ONE)
 Both Parents Mother only Father only Other

Release Authorization: Children are released to authorized individuals only. Photo identification may be required. If you wish to have your child picked up by someone not on this list, you must provide us with a revised list 48 hours before pick-up date. No medication can be dispensed during this program.

Name	Relationship	Telephone	Name
	Relationship	Telephone	

If an emergency illness injury occurs, I hereby authorized Mercer County Community College to treat and/or send this person to a physician or hospital and authorize the necessary treatment. I also authorize the physician or hospital to release my child after treatment to a representative of Mercer County Community College.

Signature of Parent/Guardian: _____ Date: _____

Reference Number	Title	Date	Time	Cost
Registration fee (non-refundable)				\$10.00
Total Cost				

Payment: All fees are due upon registration. Questions? Please contact 609.570.3311.

Refund Policy: You may request a refund ONLY if you withdraw from a course at least seven (7) business days before the start of class. Regardless of your payment method, refunds will be issued by check and will be mailed to you 2-4 weeks after refunds are processed.

TYPE OF CARD: Visa MasterCard American Express Discover
 Number _____ CVV# _____ (3-digit number on back of card)

Charge customers only: Cardholder name _____ Card expiration date _____

Amount to be charged \$ _____ Checks: Make payable to Mercer County Community College.

Check number _____

Do not send cash.
 Mail registration to: MCCC, ATTN: Noncredit Registration/ Youth Registration Program, PO Box B, Trenton, NJ 08690

