



17/C _____

REGISTRATION CHECK FOR THE FOLLOWING BEFORE PROCESSING:

- Health & Emergency Contact Form
- Completed Registration Form
- Payment

(FOR OFFICE USE ONLY)

**KIDS ON CAMPUS
STUDENT REGISTRATION FORM**
Division of Continuing Education & Workforce Training

Phone: 410-822-5400 ext. 2300 Fax: 410-827-9222

Student's Name: _____
Last First Middle

Student's Address: _____
Street P. O. Box

City State Zip

Home Phone: _____ **Parent's Work Phone:** _____ **Parent's Cell Phone:** _____

****Student's Social Security No.:** _____ ****Student's Date of Birth:** _____

*(Date of birth is required by the college to ensure the integrity of student records and to meet federal government reporting requirements.) **Online registration will be available soon for non credit students. A student's date of birth AND Social Security Number will have to be on file to be able to register online. Include both your date of birth and Social Security number on this registration form to be able to take advantage of ONLINE registration in the future.*

Ethnicity:

Part 1: Hispanic or Latino Origin: Yes (HIS) No (NHS)

Part 2: If you are not Hispanic or Latino, select one or more of the following:

Race:

American Indian or Alaska Native (AN)

Asian (AS)

Black or African American (BL)

Native Hawaiian or Other Pacific Islander

White (WH)

Gender: Female Male

I certify that I am a legal resident of _____ County, MD

FINANCIAL OBLIGATION:

I, _____ am responsible for the payment of fees for the above student.
Parent's/Guardian's Name

Parent's/Guardian's Signature

Date

Method of Payment: Check Money Order Credit Card Visa, Master Card, Discover Card, American Express

Card Number: _____ Expiration Date: _____

CID# _____ Cardholder's Name: _____

**Note: CID# is the last three digits in the signature box on the back of your credit card.*

Authorized Signature: _____ Date: _____

In order to process, payment must accompany completed registration form. If payment is made by credit or debit card, registration may be faxed to: **410-827-9222**.

Mail payment to: Chesapeake College Division of Continuing Education, P.O. Box 8, Wye Mills, MD 21679. **Attn: Nancy Barbieri.**

Complete Course Information Below:

DEPT	NUMBER	SECTION	COURSE TITLE	TUITION	FEE	TOTAL

NOTE: COMPLETED HEALTH AND EMERGENCY CONTACT FORM, REGISTRATION FORMS AND PAYMENT MUST BE SUBMITTED TO BE PROCESSED. INCOMPLETE FORMS WILL NOT BE PROCESSED.