2025 REGISTRATION FORM



Save time... Register online at carrollcc.edu/summerkids

Today's Date		College ID # (if known)			
Child's Date of Birth (required)					
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 N	lame:				
Parent/Guardian: Phone 1		Phone 2			
Child's Gender:	 YES, my child is a U.S. Citizen NO, my child is not a U.S. Citizer 		White	or Latino origin? Select one or more of the following categories: American Indian or Alaska Native merican INative Hawaiian or Other Pacific Islander	

Course Number	Course Title	Start Date	Start Time	Cost
	Non Corroll	County Maryland residents de	duct &E nor comp	

Non-Carroll County Maryland residents deduct \$5 per camp

or Carroll County residents deduct \$10 per camp

TOTAL

Online: www.carrollcc.edu/WBCEregistration Email: wbce@carrollcc.edu Telephone: 410-386-8100 Fax: 410-386-8111 Walk-In: Workforce, Business & Community Education (Room A115) Mail: Carroll Community College, Business Office CE 1601 Washington Road, Westminster, MD 21157 (make check payable to Carroll Community College)

Ways to Register:

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 🗅	Valk-In 🛛 Fax				
Charge to my:		ER AMERICAN EXPRESS						
Credit Card Number		CID# y	our CID# is the last three digits in the signature box on the back of	f your credit card				
Card Holder's Name		Credit Card Ex	xpiration Date					
Card Holder's Billing Address (rec	uired)							
Card Holder's Signature								