2025 **REGISTRATION FORM**



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

		College ID # (if known) Age Grade for 2025 – 2026					
							Child's Last Name
Child's Preferred First Name (if ap	plicable)				Middle Ini	tial	
Child's Home Address			Family E	Email Address (re	equired)		
City State _		Zip	County	County of Residence			
Parent/Guardian Name:							
Parent/Guardian: Phone 1		Pho	ne 2				
Child's Gender:		1. Is child of Hispanic or Latino origin?					
	ild is a U.S. Citizen d is not a U.S. Citizen	White	race? Select o	American Ir	e following categorie ndian or Alaska Nativ aiian or Other Pacifio	re	
Course Number Course T		Γitle	:	Start Date	Start Time	Cost	
					educt \$5 per camp		
Ways to Register:	'	or Carroll County residents deduct \$10 per camp					
Online: www.carrollcc.edu/WE Email: wbce@carrollcc.edu	BCEregistration				IOIAL		
Telephone: 410-386-8100 Fax: 410-386-8111 Walk-In: Workforce, Business	& Community Education	(Room A115)	mus	The Health and Emergency Contact Form must be received at the time of registration or no later than June 1.			
Mail: Carroll Community Colle 1601 Washington Road, Westminster	arroll Community College	Community College) Health and Emergency Contact Form attache Health and Emergency Contact Form to be m					
I hereby certify that the address	and all other information g	iven on this form	are true and co	orrect.			
Parent/Guardian Signat	ure (required:)						
For Office Use Only: Rec by:	Processor:	Date:		Phone	☐ Mail ☐ Walk-In ☐) Fax	
Charge to my:	Master Card DISCO	AMERIC EXPRE	CAN ESS				
Credit Card Number		CID	# Your CIL	D# is the last three digits i	in the signature box on the back	of your credit card	
Card Holder's Name	Cre	Credit Card Expiration Date					
Card Holder's Billing Address (rec	quired)						
Card Holder's Signature							