

Teacher's Convention Programs for Youth Registration Form

_____ Birth Date ____/____/____ Sex: M F
Social Security Number (optional) / Student ID # _____
Mo Day Yr

_____ Last Name First MI

_____ Street Address

_____ City State Zip Code
Is this a new address? Yes No

_____ (Area Code) Telephone Number (Home) (Area Code) Telephone Number (Work)
Is this a new phone number? Yes No

_____ Email Address Cell Number

Although government agencies require this information from the college, the completion of the following items is voluntary. Ethnic Group: Caucasian (1) African American (2) Hispanic (3) Asian (4) American Indian (5) Are you a U.S. citizen? Yes No*** If no, are you a permanent resident? Yes** No****(Attach a photocopy of your Alien Registration Card) ***(Attach a photocopy of your I-94 Arrival/Departure Card) If no to both, what status do you hold? _____ (F-1, B 1/2, etc.)

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. 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.

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	Dates	Day of Week	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
Number _____ CVV2# _____ (3-digit number on back of card)
Charge customers only: Cardholder name _____ Card expiration date _____
Amount to be charged \$ _____ Checks : Made 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
Phone Registration 609.570.3311 Fax: 609.570.3883