

# 2018 Summer Excursions in Learning Registration Form

Today Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ (First) \_\_\_\_\_ (Last) Name for name tag: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you a new Excursions student?  Yes  No Banner ID# (if known) \_\_\_\_\_  Male  Female Birth Date: \_\_\_\_\_

Grade (2017/2018 Year): \_\_\_\_\_ Age: \_\_\_\_\_ Parent/Guardian Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_ Preferred cell phone #: \_\_\_\_\_

## JUNE-JULY PROGRAMS

CRN#	COURSE TITLE	COURSE DATES	TIME	ROOM	FEE

## SUMMER ACADEMY FOR GIFTED AND TALENTED YOUTH JULY 30-AUGUST 10

MORNING CLASS				AFTERNOON CLASS			
	CLASS TITLE	CRN#	FEE		CLASS TITLE	CRN#	FEE
1st Choice				1st Choice			
2nd Choice <i>(if 1st choice is full)</i>				2nd Choice <i>(if 1st choice is full)</i>			

CHECK HERE	AUGUST EXTENDED DAY PROGRAMS		
	7/30-8/10	20589	AM Extended Day \$80
	7/30-8/10	20590	PM Extended Day \$80

### TUITION DISCOUNT OPTIONS • FOR ACADEMY CLASSES ONLY

SAVE \$15 PER COURSE • (See page 3)

CHOOSE 1 OPTION ONLY

\_\_\_\_\_ EARLY REGISTRATION (postmarked by 5/1/18)

**OR**

\_\_\_\_\_ MULTIPLE SIBLING DISCOUNT Sibling's Name \_\_\_\_\_

Subtotal: \_\_\_\_\_

Discount: (FOR ACADEMY CLASSES ONLY) \_\_\_\_\_

Total: \_\_\_\_\_

Applying for a scholarship? (for the TAG Academy only) see page 3

All students in The Academy receive a free T-shirt.

**Child Size**

- small (6-8)     small (S)     large (L)  
 medium (10-12)     medium (M)     extra large (XL)  
 large (14-16)

**Adult Size**

Where did you hear about us? (Check all that apply.)

- Mall Cart at Buckland     Internet Search     Facebook  
 Newspaper Ad     Our Child's School     Other: \_\_\_\_\_

**Make checks payable to MCC.**

**Mail to:**

Excursions in Learning  
 Manchester Community College  
 Great Path MS #16  
 P.O. Box 1046  
 Manchester, CT 06045-1046

**Have you included?**

- |                            |  |  |
|----------------------------|--|--|
| _____ Payment              | _____ T-Shirt Size   | _____ Scholarship Application (TAG Academy only) |
| _____ Health & Safety Form | _____ Student Recommendation Form (TAG Academy only) (August only) |  |

Check/money order # \_\_\_\_\_ enclosed.    I authorize the use of my  MasterCard     Visa     Discover Card     American Express  
 cardholder name (print) \_\_\_\_\_ cardholder signature \_\_\_\_\_  
 credit card # \_\_\_\_\_ exp. date (month/year) \_\_\_\_\_

**Office Use Only** \_\_\_\_\_ Regis. \_\_\_\_\_ Conf. \_\_\_\_\_ Receipt # \_\_\_\_\_

Banner ID \_\_\_\_\_ Date \_\_\_\_\_