

# Registration Form

## Excursions in Learning Youth Programs

Complete one form per student. Refunds according to college policy. Refund & Registration Deadline: 7/26/24, 5 PM.

**MAIL TO:** Excursions in Learning, Great Path - MS #16, P.O. Box 1046, Manchester, CT 06045-1046

**DROP OFF:** Office Suite, LRC B147 (ground floor of the LRC Building on campus)

Forms can be dropped off with staff or placed in the drop box in front of the suite door.

### APPLICANT INFORMATION

First Name		MI	Last Name		Banner ID (if known)	
New Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender	Date of Birth	Age	Grade	Any food allergies or special needs?	
Parent/Guardian Name(s)				Email for Registration Confirmation		
Home Address				City	State	Zip
Permission to photograph your child and use photographs for promotional purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No      Parent/Guardian Signature _____						
Phone		Best Phone During Class Time			Whose phone is this?	
How did you hear about us? <input type="checkbox"/> Email Blast <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Friend <input type="checkbox"/> Internet Search <input type="checkbox"/> Our Child's School <input type="checkbox"/> Town Library <input type="checkbox"/> Facebook <input type="checkbox"/> From MCC Student <input type="checkbox"/> Website Listing _____ <input type="checkbox"/> Other _____						

### LIST COURSES:

CRN	COURSE TITLE	COURSE DATES	TIME	ROOM	FEE

**TOTAL FEE:**

### PAYMENT

**Attach check or money order made out to "CT State, Manchester Campus"**

December 2020/PR

**OFFICE USE ONLY**

Regis. \_\_\_\_\_

Bursar: \_\_\_\_\_

Receipt #: \_\_\_\_\_

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